

Psychopathology and coping in spouse of poly-substance abuser

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Abstract

Background: Substance related disorder have impact on individual health, family, community and also have criminal and legal problems. So it has become matter of global concern¹. Alcohol is the most commonly used substance i.e. 5.7%. Drug use is also often associated with domestic violence, risk of transmission of STD/HIV and aggravates physical and emotional distress among family members³. The last few years rise in substance abuse in society has put more pressure on families especially on wives of addicts. The conflicts developed in families raises the level of wives victimization which leads them to adopt various coping mechanisms. **Aims and Objectives:** To understanding the psychopathology and coping strategies adapted by the spouse of poly-substance abuser. **Material and Methods:** In this cross sectional study, 30 spouse of patients with polysubstance abuse enrolled as study subjects. All the subjects recruited from psychiatry IPD service in Government medical college, Aurangabad, Maharashtra, India. **Results:** Age of the spouses was between 25 and 44 years. In total study sample 46% (14) spouses had primary education, 40% (12) had secondary, 7% (2) higher secondary and 7% (2) had more than higher education. 40% (12) spouses were working and 60% (18) were non-working. 40% (12) spouses were living in nuclear family and 60% (18) in joint family. 80% of the spouses were affected between 5-10 years. Those affected less than 5 years and more than 10 years were 10% each. **Conclusion:** The domains like social dysfunction and somatic symptoms were significantly affected depending upon the age and number of year wife affected the addiction of husband respectively. The most common coping seen in wives of our study was escape avoidance followed by passivity, fatalism, problem solving and expressive action.

Key Word: poly-substance abuser

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INTRODUCTION

Substance related disorder have impact on individual health, family, community and also have criminal and legal problems. So it has become matter of global concern¹. As per WHO, 3.5%-5.7% of 15-60 years old reportedly use illicit substance globally². Alcohol is the most commonly used substance i.e. 5.7%. The United Nation office on

Drugs and Crime 2010 (UNODC) estimated that, cannabis was the most commonly used illicit drug with prevalence rate 2.6–5% in the population aged 15–64 years, followed by amphetamines (0.4–1.2%), opioid (0.6-0.8) and then cocaine (0.3%–0.4%). Ministry of Social Justice and Empowerment, Government of India (2002) reported that drug abuse leads to various kinds of problems affecting not just individual user but also on the family and community. The adverse effect of drug use on families is very large. Drug use is also often associated with domestic violence, risk of transmission of STD/HIV and aggravates physical and emotional distress among family members³. Heavy consumption can cause disruption of the family, long-term effects in the children, wife and the burden on the community as the drinker's working efficiency and ability to support himself and his family decreases⁴. Study related with substance abuse in family is important because family members are at high risk^{5,7}. In recent times substance abuse is increasing fast in society. More people are

becoming drug abuser⁸. The last few years rise in substance abuse in society has put more pressure on families especially on wives of addicts. The conflicts developed in families raises the level of wives victimization which leads them to adopt various coping mechanisms. The study revealed that the wives are under high burden because they take the major responsibility of looking after the family and the drug user⁸. According to the DSM-IV, a diagnosis of poly-substance dependence must include a person who has used at least three different substances (not including caffeine or nicotine) indiscriminately, but does not have a preference to any specific one. The most commonly used substances were alcohol, cocaine and heroin along with opiates, cannabis, amphetamines, hallucinogens, inhalants and benzodiazepines are also used in combination⁹. Research on psychiatric morbidity and coping among spouses of polysubstance abuser are limited. As there is a significant prevalence of problems related to alcohol and other drug use in the Indian context, there is a need to do more research into this aspect. So, in the present study we aimed to understanding the psychopathology and coping strategies adapted by the spouse of poly-substance abuser, which can be helpful in planning and initiating appropriate interventions for those who are affected.

AIMS AND OBJECTIVE

To assess psychopathology and coping strategies adopted by spouse of polysubstance abusers.

MATERIALS AND METHODS

In this cross sectional study, 30 spouse of patients with polysubstance abuse enrolled as study subjects. All the subjects recruited from psychiatry IPD service in Government medical college, Aurangabad, Maharashtra, India after obtaining necessary permission and ethical clearance from the relevant authorities. The subjects were interviewed by interviewer conducting the study. The interview consisted of semi structured pro-forma which included socio-demographic data. The spouse were asked question mentioned in the scale about psychopathology and coping. The data was then organized and analysed qualitatively as well as quantitatively by ratification on scales to gauge whether and how much they were in accordance with the aims and objectives of this study.

TOOLS USED

Socio demographic data sheet- The socio demographic data sheet will consist of information related to age, sex, religion, marital status, education, occupation, income, domicile, type of family and duration of substance intake in partner.

General health questionnaires (GHQ)¹⁰

Scaled GHQ is a 28 item questionnaire which is modified version of GHQ 28 of Hiller and Goldberg (1972) and has been used as for general population. GHQ is a method to identify possible psychological morbid cases. Scale GHQ has 4 sub tests: A) Somatic symptoms B) Anxiety and insomnia C) Social dysfunction D) Severe depression. A score of 0 is given to the first two answers (a, b) and score of one is given to the next two answers (c, d). All the scores in all four dimensions are added and a score of five and above are considered as cases of psychiatric morbidity. Test- retest reliability has been reported to be high (0.78-0.9) and interrater and intrarater reliability have both been shown to be excellent (Cronbach's alpha 0.9-0.95). It also has high internal consistency. Time to administer is less than 5 min.

Mechanism of coping scale¹¹

This is a 30 item instrument derived from the ways of coping scale by Folkman and Lazarus. Divided into five individual ways of coping as -Escape avoidance, Fatalism, Expressive action, Problem solving, Passivity. The scores are calculated for each of these factors. The average score for each factor is calculated by dividing the total score by number of items comprising that factor to arrive at the mean factor score. Time to administer is 5 to 10 min.

RESULTS

Socio demographic profile

Age: Age of the spouses was between 25 and 44 years. 16 (57%) spouses were in the 20 to 30 age group with mean age of 28.12 years, 12 (36%) in 31 to 40 age group with mean age 33.31 years and 2 (7%) above 40 years of age with mean age 43 years.

Education: In total study sample 46% (14) spouses had primary education, 40% (12) had secondary, 7% (2) higher secondary and 7% (2) had more than higher education.

Working status: In total study sample 40% (12) spouses were working and 60% (18) were non-working.

Type of family: In our study sample 40% (12) spouses were living in nuclear family and 60% (18) in joint family.

Number of years spouse was affected due to addiction of the partner: In study sample 80% of the spouses were affected between 5-10 years. Those affected less than 5 years and more than 10 years were 10% each.

Psychopathology: Psychopathology was assessed with GHQ. The score more than 4 is associated with psychiatric morbidity. Higher the score more is the psychopathology. In our sample, 28 out of 30 (93.3%) spouses scored more than four.

Table 1: GHQ score distribution among study samples

Score	Frequency	Percentage
0	0	0
1	0	0
2	0	0
3	2	6.7
4	0	0
5	0	0
6	0	0
7	1	3.3
8	3	6
9	1	3.3
10	2	6.7
11	2	6.7
12	6	20
13	1	3.3
14	1	3.3
15	4	13.3
16	3	10
17	0	0
18	0	0
19	2	6.7
20	0	0
21	1	3.3
22	0	0
23	0	0
24	0	0
25	1	3.3
26	0	0
27	0	0
28	0	0
Total	30	100

Table 2: Distribution of domain wise score of GHQ in the study samples

Domain	N	Min	Max	Mean	SD
Somatic Symptoms	30	0	6	3.57	1.569
Anxiety/Insomnia	30	1	7	4.03	1.299
Social Dysfunction	30	0	7	2.33	1.826
Severe Depression	30	0	6	2.7	1.685

The table shows that the anxiety/insomnia was seen more among the spouses (mean 4.03) followed by somatic symptoms (3.57), severe depression (2.70) and social dysfunction (2.70).

Table 3: Showing association between psychopathology and type of family

Domains	Family status	N	Mean	SD	t	p value
Somatic symptoms	Nuclear	12	3.25	1.96	0.9	0.376
	Joint	18	3.78	1.263		
Anxiety/ Insomnia	Nuclear	12	4	1.595	0.113	0.911
	Joint	18	4.06	1.11		
Social Dysfunction	Nuclear	12	2.5	2.195	0.402	0.691
	Joint	18	2.22	1.592		
Severe Depression	Nuclear	12	2.92	2.065	0.568	0.574
	Joint	18	2.56	1.423		
Total GHQ	Nuclear	12	12.67	6.513	0.03	0.976
	Joint	18	12.61	3.534		

We found that there were no statistical significant difference in psychopathology between spouses living in nuclear and joint family.

Table 4: Relationship of psychopathology and working status among study subjects

Domains	Working status	N	Mean	SD	T	p value
Somatic symptoms	Working	12	2.92	1.443	-1.939	0.063
	Nonworking	18	4	1.534		
Anxiety/Insomnia	Working	12	3.5	1.243	-1.918	0.065
	Nonworking	18	4.39	1.243		
Social Dysfunction	Working	12	1.58	1.881	-1.92	0.065
	Nonworking	18	2.83	1.654		
Severe Depression	Working	12	2.58	2.275	-0.305	0.763
	Nonworking	18	2.78	1.215		
Total GHQ	Working	12	10.58	5.282	1.989	0.057
	Nonworking	18	14	4.116		

We found that there were no statistical significant difference in working and non-working group of study subjects.

Table 5: Domain wise score in coping

Domain	N	Min	Max	Mean	Mode	SD
Escape Avoidance	30	5	12	7.67	7	1.668
Fatalism	30	1	9	5.97	6	1.829
Expressive Action	30	2	7	4.93	5	1.258
Problem Solving	30	2	9	5.53	5	2.08
Passivity	30	3	9	6.27	6	1.596

Most common coping mechanism used by the spouses was escape avoidance (mean 7.67) followed by passivity (6.27), Fatalism (5.97), problem solving (5.53) and expressive action (4.93).

Table 6: Relation between coping and number of year spouse was affected due to addiction of partner

Domains	Age	N	Mean	SD	F	p value
Escape Avoidance	< 5 yrs	3	8	1	0.351	0.707
	5-10 yrs	24	7.54	1.769		
	> 10 yrs	3	8.33	1.528		
Fatalism	< 5 yrs	3	4.67	3.215	0.998	0.382
	5-10 yrs	24	6.04	1.706		
	> 10 yrs	3	6.67	1.155		
Expressive Action	< 5 yrs	3	5.33	1.528	0.171	0.843
	5-10 yrs	24	4.88	1.329		
	> 10 yrs	3	5	0		
Problem Solving	< 5 yrs	3	5	2.646	0.132	0.284
	5-10 yrs	24	5.38	1.996		
	> 10 yrs	3	7.33	2.082		
Passivity	< 5 yrs	3	6	2	0.044	0.957
	5-10 yrs	24	6.29	1.654		
	> 10 yrs	3	6.33	1.155		

DISCUSSION

Substance related disorders are matters of global concern because of effect on individual health, family, society, criminal and legal problems. Its effect on family is tremendous. In our study psychopathology was present in 93.3% of the participants (mean GHQ score more than 4). This may be due to the increased interpersonal problems in between the poly-substance abuser and the spouse owing to the behaviour due to polysubstance abuse. Further its

effect on financial and social domains in turn adding to more stress. In psychopathology anxiety/insomnia was seen more among spouses followed by somatic symptoms, depression and social dysfunction. Study conducted by United Nations Office on Drug and Crime, UNODC, on Burden on Women due to Drug Abuse by Family Members in 2002 found similar results. In their study anxiety and isolation (55%), insomnia (47%), weight loss (40%), depression(47%) were more common followed by frequent

suicidal thoughts (35%), aches and pains (23%) in wives of drug abuser⁸. Jackson observed that the neurotic manifestations showed by the wives of alcoholics may be due to the stress of living with an alcoholic, rather than due to any pre-existing personality defect.^{12,13} Levkovich VP, *et al.* in their study found that the husband's habitual drinking resulted in adverse effect on wives' health, such that wives suffered from various disorders such as insomnia, depression and neurosis¹⁴. On analysing the relationship of psychopathology with socio-demographic characteristic we found that social dysfunction was seen more in wives above 30 years of age. Available literature about social dysfunction has mentioned that families with members using substance tend to be less involved in social, religious and cultural activities¹⁵. Brennan, *et al.*, who conducted study on spouse of late-life problem drinkers has mentioned poorer health related and social functioning in spouses.¹⁶ Escape avoidance was the most common coping mechanism used by wives in our study. This finding is supported by Indian study by Rao TSS, *et al.*, they report that the most common coping behaviour resorted to by the wives is discord, avoidance, indulgence and fearful withdrawal. They also noted that wives who reported that their husbands had become violent and aggressive had reacted with quarrelling avoidance, anger and helplessness, pretending to be drunk themselves, locking the husband out of the house and seeking a separation.^[17] On analyzing the relation of coping mechanism with socio-demographic characters we found that coping mechanism used by non-working spouses was escape avoidance and fatalism. And expressive action coping was used by spouses who were working. No literature has mentioned possible relation between them. But it may be due to, that working wives instead of relying on fate and withdrawing, avoiding the situation express her problems and seek for advice and help. In our study problem solving coping was used by spouses living in nuclear family. This may be due to, that to maintain harmony the spouse in nuclear family need to take full responsibility of psychological and financial support of family for which she need to become more resilient and to develop problem solving skill.

CONCLUSION

The most common psychopathology seen in wives of polysubstance abuser was anxiety followed by somatic symptoms, severe depression and social dysfunction. The domains like social dysfunction and somatic symptoms were significantly affected depending upon the age and number of year wife affected the addiction of husband respectively. The most common coping seen in wives of

our study was escape avoidance followed by passivity, fatalism, problem solving and expressive action. Escape avoidance, fatalism and expressive action coping used by wives was found to be affected by working status and problem solving by family status.

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