

Emotional Intelligence and Marital Quality among the Wives of Alcohol Dependents

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Abstract

Alcohol consumption is highly prevalent globally and it was found to be on raise in India in recent decades. Alcohol dependence was found to be associated with many serious issues such as socio-economic losses, violence, child neglect and abuse, absenteeism, poor performance, etc. One cannot deny the fact that, the alcohol consumption harms or affects others significantly related to them. Spouses of the alcohol dependents are more vulnerable to such effects in a family. The alcohol dependence can affect the marital quality and also can have an impact on the emotional intelligence of the spouses. Considering this, and the paucity of research in this area, the present study is an attempt to understand and measure the level of Emotional Intelligence and the Marital Quality among the Wives of Alcohol dependents (WAD). Thirty WDA were selected from TRISHUL- a De-Addiction centre, Madurai using simple random sampling technique. By using matching technique an equal number of Wives whose Husbands are not alcohol dependants were also selected. Comparative Cross Sectional Research Design was adopted for the study. The measures such as emotional intelligence scale and Marital quality scale was used to obtain the data from the participants. Chi-Square, 't'-test and correlation was done to analyse the data. The results revealed that wives of alcohol dependents had lower levels of emotional intelligence and poor marital quality when compared with their counterparts. Further, it was found that higher the Emotional Intelligence higher will be the Marital Quality among the Wife of Alcohol Dependents. The study emphasises need for planning various strategies to enhance the emotional intelligence and improving the marital quality of the spouses of alcohol dependents to ensure the well-being of these families.

Keywords: Emotional Intelligence, Marital Quality, Alcohol dependants.

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Introduction

Alcohol consumption is highly prevalent globally and it was found to be on raise in India in recent decades. According to the global strategy reports on alcohol and health in India the alcohol consumption was doubled in between 2005 and 2016 (World Health Organisation, 2018). Statistical reports suggested that Indians consumed 2.4 liters of alcohol in 2005, which increased to 4.3 liters in 2010 and scaled up to 5.7 liters in 2016 (WHO, 2018). Alcohol dependence was found to be associated with many serious issues such as socio-economic losses, violence, child neglect and abuse, absenteeism, poor performance, etc. Alcohol dependence contributes to the global

burden of diseases and injury. Apart from these issues, alcohol dependence affects the quality of life and well-being of others who are closely associated with these alcohol dependants. This is clearly emphasized in the WHO Global strategy that, “addressing the harm to other people due to alcohol consumption in the family as it includes women and children who are victimised or abused due to the alcohol abuse (WHO, 2014). Alcohol is proved to have an adverse effect on the physical, psychological and social spheres of the users as well as their family members (Edwards and Grant 1976).

Among various consequences of alcohol abuse, studies accentuate alcoholism was found to be related to lower emotional

intelligence of the alcohol dependants and also their family (Kun & Demetrovics, 2010). Researchers have established a positive association between Emotional Intelligence and mental health and physical health (Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke 2007). These findings are bound to end up in the conclusion that lower levels of emotional intelligence tend to impair the mental health of an individual. Emotional Intelligence is the “the ability to identify, regulate, and manage emotions in the self and others” (Goleman, 1995). “Alcohol affects the user's ability to perceive, integrate and process information and can increase the user's sense of personal power and domination over others especially their spouses” (Deepa, Khess, Bhattacharjee, Singh, 2017). Rotunda, Scherer & Imm (1995) argued that alcoholism has temporal association with marital and family disharmony, economic and financial crisis in the family, legal problems, and instances of violence and abuse and poor parenting”.

Studies also relate that the wives of persons with alcohol dependence are more prone to poor mental health and marital quality (Koustubh, Shrikant, Monika & Parth, 2015). Marital quality refers, “to an evaluation of marital satisfaction and marital adjustment of marriage partners” (Obradović & Cudina-Obradović, 1998). It includes positive experiences, such as feeling loved, cared for, and satisfied in a relationship, as well as negative experiences such as demands from one's spouse and marital conflicts (Umberson & Williams, 2005). The alcohol dependence of the spouse affects this positive experiences and results in various negative experiences such as lack of understanding, poor intimacy, leniency in the responsibilities vested within the family causing disruption in the marital quality.

These research evidences strongly emphasize that, there might be a high chance that the emotional intelligence of spouses of alcohol dependents is affected as they are highly vulnerable to physical and emotional abuse resulting in poor marital quality. However, there is hardly any research evidence

in India regarding the emotional intelligence of spouses of alcohol dependents. There are studies that suggest that spouses of alcohol dependents show poor marital satisfaction (Singh & Raju, 2012). Apart from alcohol dependence, emotional intelligence is reported to play a significant role in marital satisfaction and interpersonal relationships (Ciarrochi, Forgas & Mayer, 2001; Fitness, 2001; Zarch, Marashi, & Raji, 2014). Thus, researchers have established the fact that couples who have high Emotional Intelligence have better Marital Quality. Minimal studies have been conducted in this area among the diseased population such as mentally ill, Alcohol dependents, etc. Therefore, study about the association between the Emotional Intelligence and Marital Quality would have high implications. Considering this paucity of research in this area, the present study is an attempt to understand and measure the level of Emotional Intelligence and the Marital Quality among the Wives of Alcohol dependants (WAD)

Methodology

Study Site

The study was conducted at THRISUL a specialized voluntary residential De-addiction centre in urban Madurai, Tamil Nadu in South India. The centre offers a 23-day residential programme for patients with alcohol dependence and their spouses. This Centre is run under the aegis of M.S.Chellamuthu trust and research foundation which is a reputed Non-Governmental organization. It is a secular not for profit community level NGO that had its inception in 1992 and has worked in delivering mental health care and rehabilitation services to the people of southern Tamil Nadu. It has amongst its proud partners, The Ministry of Social Justice and Empowerment, Government of India, Government of Tamil Nadu, The Government of Japan and National CSR Hub of Tata Institute of Social Sciences, Mumbai.

Research Design: The present study adopted Comparative Cross Sectional Research Design. Since the researcher had attempted to compare the level of Emotional Intelligence and Marital

Quality of the wives of persons with and without Alcohol dependence.

Inclusion Criteria

- Women married and living for a minimum of 3 years with person's dependent on alcohol.
- Women aged between 25 to 35 years of age
- Women were accompanying their husbands in completing the 23-day residential programme at the de-addiction centre.
- Women providing written informed consent.
- Women were conversant and fluent in the Tamil language.

Exclusion Criteria

- Women with history or evidence of mental illness
- Women with intellectual disability

Sampling:

Using the inclusion and exclusion criteria, the authors have obtained a list of wives of Alcohol dependents. The list contains 67 such wives, and the researcher had selected 30, using Simple Random Sampling technique. Thirty participants of the study group who provided written informed consent who are getting treatment at THRISHUL De addiction centre at Madurai were considered for the study. Another 30 participants for the control group matched for four sociodemographic variables with the study group were selected, whose husbands were not dependent on alcohol, residing nearer to the wives of alcohol dependents, who was also from the same area.

Tools Used

1) **A semi-structured interview schedule** to detail the socio-demographic variables such as age, education in years, monthly family income, years since marriage, religion, family living arrangement and consanguinity of marriage was used.

2) **The Emotional intelligence scale developed by (Petrides, & Furnhan, 2006)**, consisted of 30 items which measures the Emotional Intelligence with four dimensions namely Wellbeing, Self-control, Emotionality and Sociability. The score range from 30 to 210. The reliability (Alpha 0.87) and validity (0.93) was established.

3) **Marital Quality scale developed by Shah (1995)** consisted of 50 items with a four-point rating The scale provides two types of score namely A) the total scale score. B) Scores on the 12 factors of the scale. The scale has got high reliability (Alpha =0.79) and validity scores (0.88). It is a negative scale and the scores higher the score poorer will be the Marital Quality

Data Collection procedure

Initially, the purpose of the study was explained and the consent from the participants was obtained from both the groups. The psychological tools measuring emotional intelligence and quality of life along with the interview schedule was administered to the participants. It took 35 to 40 minutes for one person to complete the data collection procedure. The data obtained was analyzed using appropriate statistics.

Results Table 1 shows the Matching the Two Groups WAD & Control

VARIABLE	TYPE	TEST	STATISTICAL RESULT
Age	Ratio	't' test	P>0.05 NS
Education	Ordinal	Chi-square	P>0.05 NS
Domicile	Nominal	Chi-square	P>0.05 NS
Total Monthly income of the Family	Ratio	't' test	P>0.05 NS

WAD and Control Groups were matched with two qualitative variables (Education & Domicile) and two quantitative variables (Age & Total Monthly Income of the Family). Since Chi-Square and 't' values are not significant for the two groups, the two groups are said to be matched with respect to those variables.

Table 2 Socio-Demographic Profile of Study Group and Control Group

Variables	Study Group (WAD)	Control Group
Age	31-25 yrs	31-25 yrs
Education (self)	Higher sec school	Higher sec school
Domicile	Urban	Urban
Total income of the family/month	Rs (3001-5000)	Rs (3001-5000)
Religion	Hindu	Hindu
Occupation of spouse	Coolie	Coolie
Education of spouse	10 th & above	10 th & above
Type of family	Nuclear	Nuclear
Type of marriage	Consanguineous	Consanguineous
Type of house	Tiles	Tiles

Table 2 shows the socio-demographic profile of the study group and the control group such as age, Education, domicile, Family income, religion, occupation of the spouse, Education of the spouse, family type, type of marriage and type of house. Participants from both the groups were chosen from similar socio-demographic profile.

Table 3 Showing the Mean Percentage Score and 't' values for WAD and Control group on Emotional Intelligence

Name of the factor	Mean % score WAD	SD	Mean % score CONTROL	SD	't' VALUE
Wellbeing	46.73	5.72	61.27	6.19	9.45*
Self control	44.24	7.61	56.11	8.23	5.80*
Emotionality	46.22	6.47	59.02	7.29	7.19*
Sociability	44.81	5.99	58.77	6.47	8.67*
Overall E I	45.56	6.78	60.94	7.56	8.30*

* $p < .05$

Table 4 Mean Percentage Score and 't' values for WAD and control group on the Marital Quality

Factors	Mean % score WAD	SD	Mean % score Control	SD	't' value
Understanding	67.38	5.12	38.21	4.22	24.08*
Rejection	54.35	4.11	51.66	3.96	2.58*
Satisfaction	49.66	6.87	37.50	4.63	8.04*
Affection	65.14	7.26	35.55	5.72	17.54*
Despair	52.08	5.80	42.91	6.05	5.99*
Decision making	63.47	6.19	43.47	5.89	12.82*
Discontent	82.91	8.02	42.50	6.10	21.97*
Dissolution potential	45.00	6.34	28.33	5.73	10.68*
Dominance	58.33	5.91	61.25	4.59	2.14**
Self-Disclosure	63.33	7.09	33.05	5.97	17.89*
Trust	40.00	4.22	31.66	3.85	8.00*
Role functioning	73.33	6.71	44.52	4.74	19.21*
Total MO	60.39	5.23	41.72	6.21	12.60*

** $p < .01$ * $p < .05$ **Table 5 Correlation between the Marital Quality and Emotional Intelligence of Wife of Alcohol Dependents**

Factors of MO	Total E I Score
Understanding	-0.78**
Rejection	-0.69**
Satisfaction	-0.71**
Affection	-0.66**
Despair	-0.62**
Decision making	-0.74**
Discontent	-0.68**
Dissolution potential	-0.73**
Dominance	-0.67**
Self-Disclosure	-0.82**
Trust	-0.79**
Role functioning	-0.62**
Total MO	-0.84*

** $p < .01$ * $p < .05$

Discussion

With reference to table the results revealed that the study group which comprises the wives of alcohol dependents were found to have less scores on emotional intelligence and its dimensions such as well-being, self-control, emotionality and sociability than the control group. From the results it can be inferred that the wives of alcohol dependents were found to have low level emotional intelligence than their counterparts. The reason for the discrepancy in the levels of the emotional intelligence of the study group and control group is attributed to the alcohol dependence of their spouses, since all other parameters of comparability was found to be same. The Wives of alcohol dependents are bound to face quite a lot of challenges in everyday life due to the alcohol dependence that is prevailing within the family such as frequent quarrel, disharmony in the family relationship, facing embarrassment in the public and neighborhood, financial stress, etc. might have led to the difficulty in controlling or managing one's own emotion and also failure in understanding others emotions due to the distress due to the alcohol dependence of their spouses. The finding of the current study is in agreement with the research findings of (Kun & Demetrovics, 2010), which argued that "alcoholism was found to be related to lower emotional intelligence of the alcohol dependants and also their family".

From Table 4 it was observed that the Wives of alcohol dependents had obtained high scores on the marital quality which indicated poor marital quality than the control group. Hence, it can be inferred that, the Wives of alcohol dependents were found to have poor Marital Quality when compared to the Control group. This could be due to the reason that there may not be a cordial relationship between the couples due to the alcohol dependence affecting the marital quality to a greater extent. The findings of the present study are supported by the earlier research findings of Rotunda, Scherer & Imm (1995), stating that "alcoholism has temporal association with marital and family disharmony, economic and financial

crisis in the family, legal problems, and instances of violence and abuse and poor parenting". Studies indicate that Marital adjustment and marital satisfaction between the couple of alcoholic husband are poorer compared to the non-alcoholic husband. Bora et al (2017) found that alcohol dependence was highly associated with poor marital quality because alcohol dependence is proved to have a positive relationship with faulty communication pattern and related behaviour that are related to poor adjustment, negative feelings, and increased dissatisfaction with relationships. Kishor, Pandit & Raguram (2013) found that spouses of men with alcohol dependence tend to have a high level of psychological distress and psychiatric morbidity, whereas their marital satisfaction is low.

The table 5 shows that there exists a significant and negative relationship between MQ & its dimensions with Emotional Intelligence. From this finding it can be inferred that the Wives of alcohol dependents who have more Emotional Intelligence score have better Marital Quality and its dimensions (Note: In Marital Quality Scale higher the score poorer the Marital Quality.) Since, there are no significant studies carried out among these variables, the findings of the present study are considered to be noteworthy.

Implications of the study

1. The present study signifies the challenges faced by spouses of alcohol dependents which needs immediate attention to enhance their well-being.
2. Both the Government and Non-government organizations can work out various ways and means to help these families to ensure better livelihood.
3. The study highlights the need to enhance one's emotional intelligence to overcome the hurdles faced in day to day life and also to ensure better marital quality. Significant training programmes can be organized to help people deal with their emotions appropriately.

Limitations of the study

The study findings have limited generalizability for the population as the sample size was 30 in each group. This underscores the need for replication studies with larger sample sizes in future. We also acknowledge the possibility of bias due to lack of blinding for the assessments. This is the study which was done in a De-addiction centre in south India. The study is relatively easier to replicate in other centres.

Conclusion

From the study results, we have been able to establish a definite correlation between quality of married life and emotional intelligence of spouses of persons with alcohol dependence. This correlation is starkly different from what is observed in spouses of persons with no alcohol dependence. Lower emotional intelligence appears to impact the quality of married life in spouses of persons with alcohol dependence more than that which is observed amongst spouses of persons with no alcohol use. Hence strategies aimed at enhancing emotional intelligence or improving marital quality is more helpful in addressing the needs of a couple with one partner having alcohol dependence. It is known that family stressors and negative life events tend to adversely impact the outcome of patients with alcohol dependence. Hence strategies aimed at reducing such stresses in the dyadic relationship will have a far-reaching impact on clinical outcomes and overall community health.

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