

Codependency and Coping Strategies in the Spouses of Substance Abusers

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Abstract

Original Research Article

Introduction: Addiction affects not only the person himself but the entire family where the family members knowingly or unknowingly nurture, protect and support the addict. As it is in the human nature to help others but sometimes this behavior works as a double edged sword and will make it easier for the addict to continue the downward spiral of the addiction. One of the crucial step in creating a healthy environment for the addict and their family members is to identify these behaviors. In order to prevent these codependent behaviors the family members must learn to avoid such codependent behaviors. The presence of a substance addict in the family is an extremely difficult experience which affects the social, economic, physical and psychological condition of the entire family. Coping strategies refer to the attempts that people employ to tolerate and reduce the stressful situations or events.

Objective: To study the codependency and evaluate various coping strategies employed by the spouses of substance abusers and assess the severity of addiction among the substance users. **Materials And Methods:** The study was conducted on spouses of (N=100) patients with 50 opioid and 50 alcohol dependence syndrome presenting to DMC&H and psychiatric evaluation was done using Spann Fischer Codependency Scale, Coping Questionnaire and Performa for Severity of Addiction. **Results:** All the spouses in our study were females. All the spouses showed codependency out of which 60% of the spouses showed higher codependency. Spouses used engaged, tolerant and withdrawal strategies as their coping mechanism. Though no significant difference was found between coping strategies used by the spouses of opioid and alcohol dependent individuals. It was associated significantly with socio-economic status, age of the patient, duration of substance dependence and type of substance abuse. **Conclusion:** Our study showed that the spouses of substance dependent individuals showed codependency and in order to deal with the menace of addiction they use various coping strategies such as engaged, withdrawal and tolerant coping. Caregivers need to get the knowledge about what they are getting into when they are looking after the patients with dependence syndrome.

Keywords: Spouse, Coping strategies, Codependency, Spann Fischer, Substance abusers.

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INTRODUCTION

Addiction affects not only the addicted person but the entire family where the family members knowingly or unknowingly nurture, protect and support the substance abuser. For it is an attribute of human nature to help others but sometimes this behavior might work as a double edged sword and may make it easier and simpler for the substance abuser to continue the downward spiral of continuing the substance abuse. Because of substance addiction, no matter how much they are messed up, one of the family members will always be there to rescue and nurture their behavior. If oneself gets engaged in such behavior we indirectly hamper their path of recovery. This kind of help seems meaningless and in order to prevent these codependent

behaviors the family members must learn to identify and avoid such behaviors. These Codependent behaviors allow the substance abuser to avoid the consequence of their action. Perhaps the family members often might act as the parents because one of them knowingly or unknowingly carries out the role of being an enabler. Early identification of such behaviors and creating a healthy surrounding for them and their loved ones forms the crucial step. Studies reveal that the spouses of the substance abusers at some point or other during the relationship indulge themselves into drinking or abused drugs and made excuses to cover up for the addict. In the addicted family system, the addicted person becomes the central finger around which the family members organize their actions and behaviors.

Codependency is a term used synonymously with the substance abuser for fostering their needs. Addiction affects each of the family member in one way or the other. In an addictive family system, the disease becomes the sorting principle. The addicted person tends to seek help from their family members in order to fulfill their need of addiction where the caregiver unknowingly acts as an enabler. When you love someone who is into substance addiction, it creates a penetrating emotional pain and agony that compels one to help. Their behavior begins knowingly or unknowingly as a well intentioned need to help, but in later stages of 2 addiction they end up acting out of distress. The other family members often tend to over function and the substance abuser tend to underfunction, thus skewing the family dynamics. Resentfulness is formed on each side uplifting the expectations of drug user that the loved one who already overfunctions will continue to support, protect, nurture and still make things right even when one doesn't meet their responsibilities. Stopping such behavior isn't easy. It requires great amount of faith and courage to weigh down the sequel and to work against their behavior creating anguish on both sides. The pressure for codependents can be intense, specifically those coming from angry addicts who generally influence the family members to get their unsaid and self understood needs met. Often substance abusers aren't aware of their actions when they are under the effect of substance. The family members often experience anger, fear, guilt, grief and isolation due to the presence of an substance abuser in the family [1, 2].

When loved ones develop the wisdom and therefore the courage to prevent the codependent behavior for addicts, changes start to happen. The spouses who had poor social support, less coping resources and had less impairment in employment had increased chances of developing codependence [3]. The non substance abusing family members often experience family dysfunction [4]. Codependents usually sacrifice themselves to accommodate for other's needs, solve other's problems and assume more than their share of responsibility at handling chores and relationships. Learning to be decisive and setting boundaries are often the initial steps in stopping codependent behaviors. Codependent individual often is unable to foresee the natural consequences their behavior towards the substance dependent individual. Codependents often feel compelled to solve other people's problems. Their behavior starts as a well intentioned desire to help but in later stages of substance abusing they act out of disheartenment. Examples of codependent behavior would include giving money to an 3 addict, repairing property that they broke under the effect of the substance, lying to other people in order cover up for their addictions, fulfilling the addict's commitments to others or making excuses for them. Having a family member with substance use problems affects the entire family

dynamics, which may lead to increased medical problems and increased health care utilization and expenses in the family members.

The spouses often find it difficult to express their feelings, forming or maintaining close relationships and find it difficult to adjust with the change. They constantly find it difficult to make decisions and may feel sense of shame and decreased self confidence over perceived failure's in one's life. Codependency is helping a person achieve their needs which they could not achieve by themselves i.e. they become dependent. In addition children in the family would have a poor role model by seeing the patient's behavior. They often feel unable to know what normal behavior is, always seek exaggerated need for the approval of others, feel confused about making decisions, may lie and exaggerate when it would be easy to tell the truth. This may finally lend them into obsession, subdued feelings, lack of trust, poor communication low self worth [5].

When one member of the family abuses substance, it causes dysregulation and loss of harmony within the family and thus, every member suffers [6]. Codependency is a psychosocial condition characterized by preoccupation and extreme dependence – emotionally, socially and sometimes physically. Enabling is basically disabling. A codependent person is one who has let another person's behavior affect him or her and is enthusiastic to controlling that person's behavior sacrificing his / her own interest or feelings. It's vital for oneself to start to calm one's sense of autonomy and take steps wherever required to not allow the addict's drug use to place the caregivers into perilousness [7].

Psychological distress and psychiatric morbidity in spouses of 4 substance abusers are high, with marital satisfaction being low, more than fifty percent of the caregivers feel stressed [8].

The codependent behaviors seem to unravel the issues of substance dependence in order that the addict is under lesser stress thereby decreasing their motive to abuse. Though their intensions are good but they find themselves being destructive. Engaged coping is a sort of coping during which the spouses of substance abusers gets vigorously engaged with their husband through active intervention. They tend to use various emotional, helping and controlling behaviors to vary his addiction habit. Coping behavior or enabling behavior described among spouses of substance abusers include refraining, coddling and fearful withdrawal. Many a times, in initial few years they begin with tolerant styles, in a hope to get things better but ultimately their efforts goes in vain as they unknowingly hinder the pathway of recovery for the substance abuser [9].

MATERIALS AND METHODS

Source of Data

The study was conducted on spouses of patients with substance abusers presenting to DMC&H, Ludhiana.

Method of Collection of Data Sample Collection

The study included spouses of total 100 patients in age group of 18-60 years, 50 patients of alcohol dependence and 50 patients of opioid dependence presenting to the Department of Psychiatry in DMC&H Ludhiana.

Inclusion Criteria

- The spouses of patients with a diagnosis of opioid and alcohol dependence syndrome according to ICD-10 criteria presenting to DMC&H, Ludhiana.
- Age group between 18 years to 60 years.
- Spouses of patients who consented for the study.

Exclusion Criteria

- Any other major physical or psychiatric disorder in subjects on AXIS I.
- Spouses of patients who didn't consent for the study.

- Age below 18 years and above 60 years.

METHODOLOGY

The study was conducted on spouses of (N=100) patients with 50 cases of opioid dependence and 50 cases of alcohol dependence syndrome presenting to DMC&H. Socio-demographic Proforma was filled containing the basic information about the spouse, Codependency amongst spouses of substance users was assessed using Spann Fischer Codependency Scale, Coping strategies employed by spouses of substance users was assessed using Coping Questionnaire and Severity of addiction amongst substance users was assessed using Performa for Severity of Addiction.

TOOLS:

1. SOCIO-DEMOGRAPHIC PROFORMA
2. SPANN-FISCHER CODEPENDENCY SCALE [10]
3. COPING QUESTIONNAIRE [6]
4. ADDICTION SEVERITY INDEX PROFORMA [3]

RESULTS

Table 1: Association and Comparison between Patient Primary Substance and Proforma for Severity of Addiction and Coping Questionnaire Parameters

Parameters	Patient Primary Substance		p value
	Alcohol (n = 50)	Opioid (n = 50)	
Number of Times Admitted for Medical Problems			0.069 ²
Never	14 (28.0%)	19 (38.0%)	
1-5 Times	22 (44.0%)	26 (52.0%)	
>5 Times	14 (28.0%)	5 (10.0%)	
How Troubled/Bothered by Medical Problems			0.280 ²
Mild	12 (24.0%)	19 (38.0%)	
Moderate	21 (42.0%)	19 (38.0%)	
Severe	17 (34.0%)	12 (24.0%)	
Is Treatment for Medical Problems Important Now (Yes)	32 (65.3%)	39 (78.0%)	0.161 ²
Education Completed			0.344 ¹
Illiterate	2 (4.1%)	1 (2.0%)	
Upto Matric	33 (67.3%)	26 (52.0%)	
Graduate	12 (24.5%)	19 (38.0%)	
Post Graduate	2 (4.1%)	4 (8.0%)	
Someone Contributes To Support (Yes)	10 (20.0%)	9 (18.0%)	0.799 ²
Support Constitutes The Majority Of Your Support (Yes)	13 (26.0%)	8 (16.0%)	0.220 ²
How Troubled/Bothered By Employment Problem			0.527 ²
Mild	10 (20.0%)	14 (28.0%)	
Moderate	25 (50.0%)	25 (50.0%)	
Severe	15 (30.0%)	11 (22.0%)	
Which Substance Major Problem***			<0.001 ²
Alcohol	49 (98.0%)	0 (0.0%)	
Raw Opium	1 (2.0%)	27 (54.0%)	
Heroin	0 (0.0%)	23 (46.0%)	
How Many Times Overdosed***			0.006 ²
Never	13 (26.0%)	26 (52.0%)	
1-5 Times	21 (42.0%)	19 (38.0%)	
>5 Times	16 (32.0%)	5 (10.0%)	
How Many Times Treated For Drug Problem***			0.014 ²
Never	10 (20.0%)	13 (26.0%)	
1-5 Times	26 (52.0%)	34 (68.0%)	
>5 Times	14 (28.0%)	3 (6.0%)	

Ever Been Arrested***			<0.001 ²
Never	19 (38.0%)	36 (72.0%)	
1-5 Times	20 (40.0%)	14 (28.0%)	
>5 Times	11 (22.0%)	0 (0.0%)	
Blood Relatives Ever Been On Drugs (Yes)	18 (36.0%)	16 (32.0%)	0.673 ²
Relations With Loved Ones			0.068 ²
Good	9 (18.0%)	17 (34.0%)	
Not Good	41 (82.0%)	33 (66.0%)	
Psychiatric Comorbidity (Yes)	26 (52.0%)	27 (54.0%)	0.841 ²
Engaged Coping: Refused Money***			<0.001 ¹
No	27 (54.0%)	10 (20.0%)	
Once Or Twice	2 (4.0%)	5 (10.0%)	
Sometimes	17 (34.0%)	5 (10.0%)	
Often	4 (8.0%)	30 (60.0%)	
Engaged Coping: Talked About***			<0.001 ¹
No	0 (0.0%)	11 (22.0%)	
Once Or Twice	3 (6.0%)	3 (6.0%)	
Sometimes	2 (4.0%)	26 (52.0%)	
Often	45 (90.0%)	10 (20.0%)	
Engaged Coping: Argued			0.501 ¹
No	2 (4.0%)	3 (6.0%)	
Once Or Twice	2 (4.0%)	6 (12.0%)	
Sometimes	8 (16.0%)	8 (16.0%)	
Often	38 (76.0%)	33 (66.0%)	
Engaged Coping: Pleaded			0.877 ¹
No	1 (2.0%)	0 (0.0%)	
Once Or Twice	3 (6.0%)	2 (4.0%)	
Sometimes	2 (4.0%)	2 (4.0%)	
Often	44 (88.0%)	46 (92.0%)	
Engaged Coping: Upset			0.675 ¹
Once Or Twice	2 (4.0%)	0 (0.0%)	
Sometimes	6 (12.0%)	6 (12.0%)	
Often	42 (84.0%)	44 (88.0%)	
Engaged Coping: Rules & Regulations			0.067 ²
No	10 (20.0%)	9 (18.0%)	
Once Or Twice	5 (10.0%)	6 (12.0%)	
Sometimes	5 (10.0%)	15 (30.0%)	
Often	30 (60.0%)	20 (40.0%)	
Engaged Coping: Oath***			<0.001 ¹
No	7 (14.0%)	0 (0.0%)	
Once Or Twice	3 (6.0%)	2 (4.0%)	
Sometimes	17 (34.0%)	3 (6.0%)	
Often	23 (46.0%)	45 (90.0%)	
Engaged Coping: Moody***			<0.001 ¹
No	7 (14.0%)	0 (0.0%)	
Once Or Twice	8 (16.0%)	4 (8.0%)	
Sometimes	15 (30.0%)	5 (10.0%)	
Often	20 (40.0%)	41 (82.0%)	
Engaged Coping: Checked Up***			<0.001 ¹
No	33 (66.0%)	0 (0.0%)	
Once Or Twice	1 (2.0%)	3 (6.0%)	
Sometimes	10 (20.0%)	31 (62.0%)	
Often	6 (12.0%)	16 (32.0%)	
Engaged Coping: Wont Accept Reasons***			<0.001 ¹
No	12 (24.0%)	1 (2.0%)	
Once Or Twice	9 (18.0%)	3 (6.0%)	
Sometimes	1 (2.0%)	8 (16.0%)	
Often	28 (56.0%)	38 (76.0%)	
Engaged Coping: Family Contribution			0.930 ¹
No	2 (4.0%)	1 (2.0%)	
Once Or Twice	2 (4.0%)	1 (2.0%)	
Sometimes	6 (12.0%)	6 (12.0%)	
Often	40 (80.0%)	42 (84.0%)	
Engaged Coping: Accused***			<0.001 ¹
No	12 (24.0%)	0 (0.0%)	
Once Or Twice	8 (16.0%)	1 (2.0%)	
Sometimes	20 (40.0%)	12 (24.0%)	

Often	10 (20.0%)	37 (74.0%)	
Engaged Coping: Sort Out			0.455 ¹
No	1 (2.0%)	3 (6.0%)	
Once Or Twice	1 (2.0%)	3 (6.0%)	
Sometimes	12 (24.0%)	14 (28.0%)	
Often	36 (72.0%)	30 (60.0%)	
Engaged Coping: Searched			0.201 ²
No	10 (20.0%)	4 (8.0%)	
Once Or Twice	6 (12.0%)	6 (12.0%)	
Sometimes	19 (38.0%)	28 (56.0%)	
Often	15 (30.0%)	12 (24.0%)	
Tolerant Coping: Put Yourself***			0.001 ¹
No	2 (4.0%)	2 (4.0%)	
Once Or Twice	22 (44.0%)	8 (16.0%)	
Sometimes	4 (8.0%)	17 (34.0%)	
Often	22 (44.0%)	23 (46.0%)	
Tolerant Coping: Given Money***			0.015 ¹
No	43 (86.0%)	31 (62.0%)	
Once Or Twice	1 (2.0%)	8 (16.0%)	
Sometimes	4 (8.0%)	4 (8.0%)	
Often	2 (4.0%)	7 (14.0%)	
Tolerant Coping: Felt Frightened***			<0.001 ²
No	29 (58.0%)	4 (8.0%)	
Once Or Twice	11 (22.0%)	11 (22.0%)	
Sometimes	8 (16.0%)	14 (28.0%)	
Often	2 (4.0%)	21 (42.0%)	
Tolerant Coping: Felt Hopeless***			<0.001 ²
No	16 (32.0%)	3 (6.0%)	
Once Or Twice	28 (56.0%)	8 (16.0%)	
Sometimes	5 (10.0%)	11 (22.0%)	
Often	1 (2.0%)	28 (56.0%)	
Tolerant Coping: Give Threats***			<0.001 ²
No	31 (62.0%)	2 (4.0%)	
Once Or Twice	3 (6.0%)	8 (16.0%)	
Sometimes	14 (28.0%)	26 (52.0%)	
Often	2 (4.0%)	14 (28.0%)	
Tolerant Coping: Indecisive			0.077 ²
No	32 (64.0%)	26 (52.0%)	
Once Or Twice	4 (8.0%)	14 (28.0%)	
Sometimes	7 (14.0%)	5 (10.0%)	
Often	7 (14.0%)	5 (10.0%)	
Tolerant Coping: Unchangable***			<0.001 ²
No	36 (72.0%)	4 (8.0%)	
Once Or Twice	7 (14.0%)	6 (12.0%)	
Sometimes	4 (8.0%)	8 (16.0%)	
Often	3 (6.0%)	32 (64.0%)	
Tolerant Coping: Made Excuses			0.535 ¹
No	28 (56.0%)	23 (46.0%)	
Once Or Twice	12 (24.0%)	17 (34.0%)	
Sometimes	8 (16.0%)	6 (12.0%)	
Often	2 (4.0%)	4 (8.0%)	
Tolerant Coping: Things Normal***			0.024 ²
No	24 (48.0%)	31 (62.0%)	
Once Or Twice	10 (20.0%)	8 (16.0%)	
Sometimes	6 (12.0%)	10 (20.0%)	
Often	10 (20.0%)	1 (2.0%)	
Withdrawal Coping: Put Interest			0.145 ²
No	11 (22.0%)	3 (6.0%)	
Once Or Twice	22 (44.0%)	26 (52.0%)	
Sometimes	9 (18.0%)	12 (24.0%)	
Often	8 (16.0%)	9 (18.0%)	
Withdrawal Coping: Left Alone***			0.012 ²
No	28 (56.0%)	12 (24.0%)	
Once Or Twice	11 (22.0%)	21 (42.0%)	
Sometimes	5 (10.0%)	9 (18.0%)	
Often	6 (12.0%)	8 (16.0%)	

Withdrawal Coping: New Interest***			<0.001 ²
No	41 (82.0%)	8 (16.0%)	
Once Or Twice	3 (6.0%)	16 (32.0%)	
Sometimes	3 (6.0%)	8 (16.0%)	
Often	3 (6.0%)	18 (36.0%)	
Withdrawal Coping: Avoided Him***			<0.001 ²
No	26 (52.0%)	2 (4.0%)	
Once Or Twice	15 (30.0%)	8 (16.0%)	
Sometimes	6 (12.0%)	17 (34.0%)	
Often	3 (6.0%)	23 (46.0%)	
Withdrawal Coping: Got On With			0.632 ²
No	6 (12.0%)	6 (12.0%)	
Once Or Twice	7 (14.0%)	6 (12.0%)	
Sometimes	20 (40.0%)	26 (52.0%)	
Often	17 (34.0%)	12 (24.0%)	
Withdrawal Coping: Stood With Him***			<0.001 ¹
No	5 (10.0%)	2 (4.0%)	
Once Or Twice	23 (46.0%)	7 (14.0%)	
Sometimes	14 (28.0%)	29 (58.0%)	
Often	8 (16.0%)	12 (24.0%)	
Withdrawal Coping: Put Yourself***			0.049 ¹
No	36 (72.0%)	28 (56.0%)	
Once Or Twice	12 (24.0%)	11 (22.0%)	
Sometimes	1 (2.0%)	8 (16.0%)	
Often	1 (2.0%)	3 (6.0%)	

***Significant at p<0.05, 1: Fisher's Exact Test, 2: Chi-Squared Test, 3: Wilcoxon-Mann-Whitney U Test

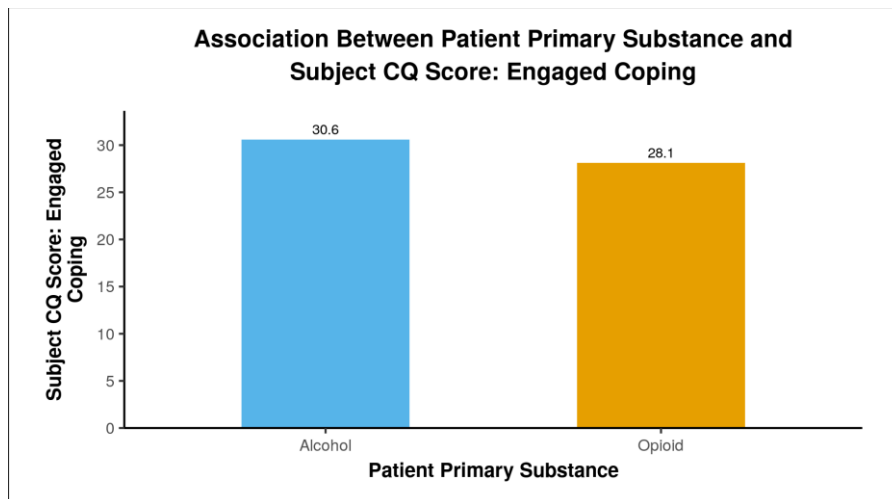


Figure-1: Association Between Patient Primary Substance And Subject CQ Score: Engaged Coping

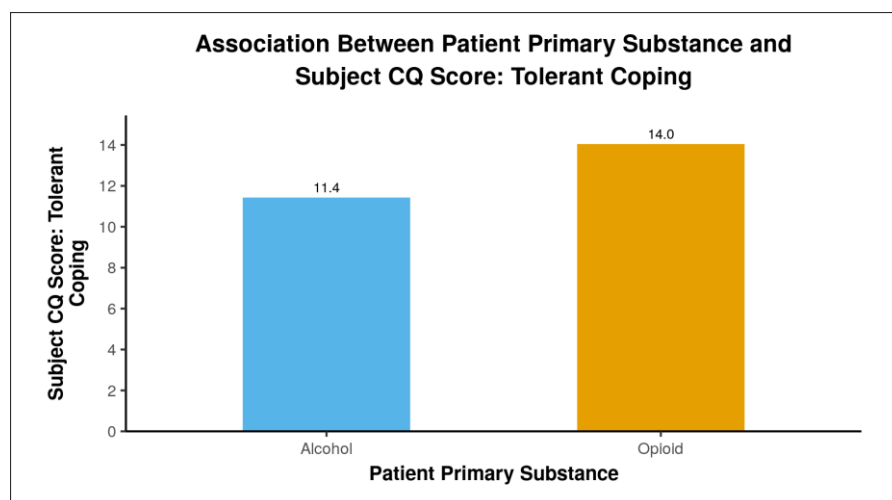


Figure-2: Association between Patient Primary Substance and Subject CQ Score: Tolerant Coping

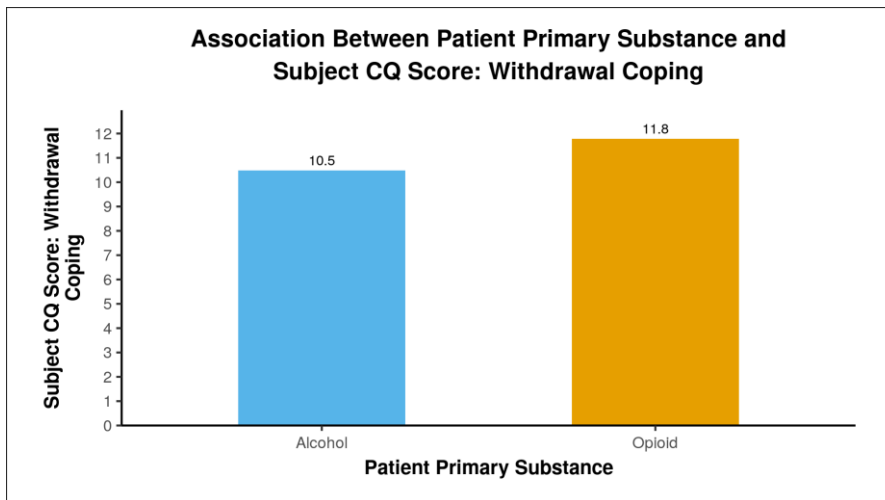


Figure-3: Association between Patient Primary Substance and Subject CQ Score: Withdrawal Coping

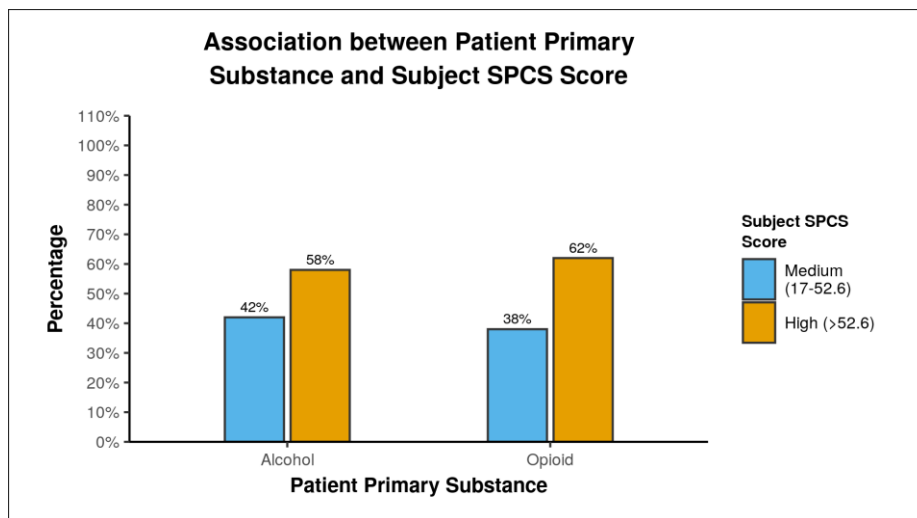


Figure-4: Association between Patient Primary Substance and Subject SPCS Score

DISCUSSION

The spouses used various ways of coping which included engaged, tolerant, withdrawal coping styles as reflected by the coping questionnaire. Some of the spouses often used engaged coping styles included actions such as sitting together and talking about substance abused, which was reported to be used often by 93.4% wives while in our study it was 90% in alcoholic spouses and only 20% in spouses of opioid dependents. 93.4% of them also reported that their partners dependence was making them upset often (and in our study it was AS84% and OS -88%) Another 93% of them used pleading their partners for not abusing the substance as engaged coping style (AS 88%; OS 92%). Arguing is also considered to be another form of engaged coping which was used often by 70% wives (AS - 76%, OS – 66%). The ratings on the tolerant coping revealed that very few wives of alcoholics often used this coping strategy. It was only 3% of them who often gave money to their partner (AS - 4%, OS – 14%), only 13% of them often considered the problem as a part of life that could not be changed (AS6% ,OS - 64%). It was only 6% of them who used tolerant coping

to an extent to make excuses for their partner (AS - 4%, OS – 8%). The third commonly employed coping strategy was that of withdrawal coping. Almost one-fourth of the study wives reported using avoidance as coping strategy while another 23% reported that they tried getting on 119 their own things as their coping mechanism (AS - 34%, OS - 24%) study by Sharma *et al.*, [6].

It was also observed that the risk of spouses being codependent was 14.3 times more if the coping resources were less. If the coping resources were more, then the chances of becoming codependent in the spouses of dependent patients were 10 times more if the duration of abuse by husband’s were less than 10 years. This could be due to desensitization of perceived stress over time by the spouses of the dependent patients or it may be considered due to the improvement in the coping strategies of spouses over time as the family members becomes reorganized with time and adjust themselves according to the family ‘s requirement. Also the risk of having codependency amongst the spouses of substance abusers were 5 times higher if the patients

had impairment in employment status than if they did not have on expected line. It was also seen that the spouses with poor coping resources had more risk of being codependent. Patients' impairment in employment contributes to lower social support to wife. As social support minimizes negative impact of stressors [3, 11].

In our study spouses using Engaged Coping strategy were 60% of OS who refused to lend money compared to 8% of AS, 90% of AS sat together and talked about substance problem compared to 20% of OS, 90% of OS made their husband's take oath for not consuming substance compared to 46% AS, 82% of OS got emotional or Moody compared to 40% of AS, 32% of OS kept close eye or a check on substance abuse compared to 12% of AS, 76% of OS refused to accept reasons for consuming substance compared to 56% of AS, 74% of OS accused the husband of not loving compared to 20% of AS. Spouses using Tolerant Coping strategy revealed that 46% of OS put themselves out for him compared to 44% of AS, 14% of OS gave money knowing it would be spend on substance compared to 4% of AS, 56% of OS felt hopeless to do anything compared to 2% of AS, 28% of OS gave threats to not carry out substance abuse compared to 4% of AS, 64% of OS thought the problem of substance abuse as unchangeable compared to 6% of AS, 20% of AS treated things normal as it was before the substance abuse by husband compared to 2% of OS. Spouses using Withdrawal Coping strategy revealed 36% of OS looked for new interests or occupation for themselves compared to 6% of AS, 46% of OS tried avoiding as much as possible compared to 6% of AS and 24% of AS stood with him compared to 16% of OS. The SFCS scores for AS were 58% and 62% for OS thus higher for the spouses of opioid dependent individuals.

SUMMARY AND CONCLUSION

The present study focused on the Codependency and Coping Strategies in the spouses of substance abusers which was influenced by the educational status of the participants, duration of substance abuse by their husbands and type of substance abused. In our study we noted the following points:-

- All the spouses in our study were females. Majority of the spouses were educated upto matriculation 50% and AS were 56% and OS were 44%.
- 73% of the subjects were housewives in which the spouses of alcohol consuming individuals were 78% and spouses of opioid dependent individuals were 68%.
- Majority (46%) of addicts in our study were abusing substance from 1-5 years.
- Majority of the addicts in our study were having substance dependence 36% alcohol abusers duration of substance abuse more than 10 years and

58% opioid abusers duration of substance abuse between 1-5 years.

- 54% of husband's abused Raw opium and 46% abused heroin amongst opioid addicts.
- 58%, 34% and 8% belonged to joint, nuclear and extended family type which was a contradictory finding.
- 14% of the spouses were not aware of their husband's substance abuse problem and type of substance abused. 26% of spouses of opioid dependent individuals were not aware of their Husband's substance abuse compared to 2% in the spouses of alcohol dependent individuals. Thus spouses of Alcohol dependent individuals were more aware of the substance consumption by their husband's.
- Psychiatric comorbidity was found in 53% of substance dependent individuals.
- Mean and SD of Spouse CQ score for Engaged coping, Tolerant coping and Withdrawal coping was 29.35 (6.36), 12.74 (8.68) and 126 11.13 (4.02).
- 60% of spouses had SFCS score more than 52.6 which indicated high codependency.
- Mean and S.D. of Engaged, Tolerant and Withdrawal coping were 29.35 ± 6.36 , 12.74 ± 8.68 and 11.13 ± 4.02 .
- Majority of 54% spouses of opioid consuming individual were between 26 - 35 years of age.
- The majority of spouses of Alcohol dependent individuals used engaged coping 30.58 ± 4.68 compared to 28.12 ± 7.53 . Thus AS had higher engaged coping scores compared to OS. The percentages of tolerant coping and withdrawal coping strategies were nearly similar in AS and OS. Though no significant differences could be established between two subgroups.
- The SFCS scores for AS were 58% and 62% for OS, significant relationship could not be established due to lesser number of cases being studied. All the spouses showed codependency though 60% had higher SFCS score.
- The patient age, type of substance abuse by the patient, subject age, education showed significant relationship in our study.
- In Engaged Coping significant relation was found in which spouses used coping by taking a stand for the problem of substance abuse majority sat together and talked about the substance abuse ,often made husband take oath to leave the substance consuming behavior, often got moody, emotional while talking about substance abuse by spouse, didn't accept reasons given by their husband for abusing substance, often accused him of not loving him and gave money to their husband knowing it will be spent on substance to avoid altercations with husband.
- In Tolerant Coping significant relation was found where the spouses used inactive coping by putting

up with the problem of abusing substance by their husband. Majority of the Spouses denied the fact that nothing could be done to solve this problem of addiction, they overcame their feelings of hopelessness, overcame their fears regarding the problem.

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