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Psychological distress, social burden and coping among wives of alcoholics: A correlational study

Revathi E
Lecturer, V.H.S.M.A. Chidambaram College of Nursing, Chennai, Tamil Nadu, India
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Abstract
Alcohol dependence is a major public health problem that adversely affects not only the individual but also family members, particularly spouses. This study investigated psychological distress, social burden, and coping strategies among wives of alcoholics and examined the relationships among these variables. A quantitative descriptive correlational research design was adopted, and data were collected from 60 wives of individuals whose husbands screened positive for hazardous or dependent alcohol use on the Alcohol Use Disorders Identification Test (AUDIT), selected through purposive sampling from selected community settings. Standardized instruments, including the Kessler Psychological Distress Scale (K10), Family Burden Interview Schedule (FBIS), and Brief COPE Inventory, were used for data collection. The findings revealed that 43.3% of the participants experienced severe psychological distress, while 40.0% reported moderate distress. Regarding social burden, 50.0% experienced a moderate burden and 36.7% reported a severe burden. Nearly half of the participants (46.7%) demonstrated moderate coping strategies, whereas 28.3% exhibited good coping. The mean scores for psychological distress, social burden, and coping strategies were 28.46 ± 6.25, 32.81 ± 7.18, and 48.63 ± 8.42, respectively. A strong positive correlation was observed between psychological distress and social burden ($r = 0.68$, $p < 0.001$), while psychological distress and coping strategies showed a significant negative correlation ($r = –0.52$, $p < 0.01$). Similarly, social burden was negatively correlated with coping strategies ($r = –0.45$, $p < 0.05$). Significant associations were found between psychological distress and education, family income, and duration of alcohol use. The study concluded that wives of individuals with hazardous or dependent alcohol use experience substantial psychosocial challenges, highlighting the need for targeted counseling, family support, and coping enhancement interventions to improve their psychological well-being and quality of life.

Keywords: Alcohol dependence, Alcohol Use Disorders Identification Test (AUDIT), psychological distress, social burden, coping strategies, wives of alcoholics, family burden, mental health, correlational study

Introduction

Alcohol dependence is a chronic behavioral and public health problem that affects millions of individuals and families worldwide [1]. Excessive and prolonged alcohol consumption not only impairs the physical and mental health of the affected individual but also creates significant disruptions within the family system [2]. Family members often become indirect victims of alcohol dependence, experiencing emotional distress, financial instability, social isolation, and interpersonal conflicts [3]. Among all family members, wives of alcohol-dependent individuals are particularly vulnerable because they are frequently exposed to the consequences of their spouse's drinking behavior and often bear the responsibility of maintaining family functioning despite ongoing challenges [4].

Living with an alcohol-dependent husband exposes women to multiple stressors, including domestic violence, marital dissatisfaction, economic hardship, uncertainty regarding family responsibilities, and social stigma [5]. Continuous exposure to these adverse circumstances may result in psychological distress characterized by symptoms of anxiety, depression, hopelessness, emotional exhaustion, and reduced quality of life [6]. Psychological distress adversely affects emotional stability, decision-making ability, interpersonal relationships, and overall well-being [7]. Previous studies have consistently reported higher levels of psychological distress among spouses of alcohol-dependent individuals than among spouses of non-alcoholics, highlighting the substantial emotional burden associated with alcohol dependence within the family [8].

In addition to psychological distress, wives of alcohol-dependent individuals frequently experience considerable social burden, which refers to the physical, emotional, social, and financial strain experienced by family members while living with or caring for an individual suffering from a chronic condition [9]. Alcohol dependence often disrupts family relationships, reduces social participation, creates financial difficulties, and leads to social embarrassment and stigmatization [10]. The cumulative effect of these challenges can significantly impair social functioning, reduce opportunities for personal growth and community engagement [11], and contribute to social isolation, inadequate social support, and increased caregiving responsibilities, thereby further intensifying emotional distress [12]. To cope with these ongoing stressors, wives adopt various coping strategies that may be either adaptive or maladaptive. Effective coping mechanisms can reduce psychological distress and enhance resilience, whereas ineffective coping may worsen emotional problems and negatively affect overall quality of life.

The novelty of the present study lies in its integrated examination of psychological distress, social burden, and coping strategies among wives of alcohol-dependent individuals within a single correlational framework. While previous research has primarily examined psychological outcomes or family burden separately, this study simultaneously investigates the interrelationships among psychological distress, social burden, and coping strategies, providing a more comprehensive understanding of the

psychosocial experiences of spouses affected by alcohol dependence. Furthermore, by focusing on wives of individuals identified in selected community settings whose husbands screened positive for hazardous or dependent alcohol use on the Alcohol Use Disorders Identification Test (AUDIT), the study generates evidence that may support the development of targeted psychosocial interventions and family-centered support programs.

Accordingly, the objectives of this study were to assess the level of psychological distress, social burden, and coping strategies among wives of alcohol-dependent individuals; to determine the relationships between psychological distress and social burden as well as between psychological distress and coping strategies; and to identify the association of psychological distress, social burden, and coping strategies with selected demographic variables. The findings are expected to contribute to the existing body of knowledge by providing empirical evidence regarding the psychosocial impact of alcohol dependence on spouses. They will also offer valuable insights for psychiatric nurses, mental health professionals, counselors, and social workers in designing family-centered interventions and counseling programs, while emphasizing the importance of strengthening adaptive coping mechanisms and social support systems to reduce psychological distress and improve the quality of life of wives living with alcohol-dependent partners.

Review of Literature

1. Psychological Distress

Alcohol dependence affects not only the individual but also family members, especially spouses. Studies have reported that wives of alcohol-dependent individuals frequently experience high levels of psychological distress, including anxiety, depression, and emotional instability, sleep disturbances, and chronic stress [13]. Continuous exposure to alcohol-related problems such as family conflicts, financial difficulties, and unpredictable behavior contributes significantly to emotional suffering [14]. Many wives experience feelings of helplessness, fear, frustration, and loneliness, which negatively affect their mental health and overall quality of life [15].

2. Social Burden

Social burden refers to the strain experienced by family members due to the behavioral, emotional, and financial consequences of alcohol dependence [16]. Several studies have shown that wives of alcoholics face considerable social challenges, including social isolation, reduced participation in community activities, financial hardship, and family conflicts [17]. They often assume additional responsibilities related to childcare, household management, and financial support [18].

3. Coping Strategies

Coping strategies play an important role in helping individuals manage stressful situations. Studies have identified various coping methods used by wives of alcoholics, including seeking social support, problem-solving, religious practices, emotional expression, acceptance, avoidance, and denial [19]. The type of coping strategy adopted often influences psychological outcomes [20].

4. Relationship between Psychological Distress and Social Burden

Several studies have examined the relationship between psychological distress and family burden among spouses of alcoholics [21]. Findings consistently indicate that increased social burden is associated with greater psychological distress [22]. Financial difficulties, caregiving responsibilities, marital conflicts, and social stigma contribute to both emotional stress and perceived burden [23].

5. Relationship between Psychological Distress and Coping Strategies

Research has shown that coping strategies influence the level of psychological distress experienced by individuals facing stressful situations [24]. Effective coping mechanisms help reduce emotional stress and improve adaptation, whereas ineffective coping methods may worsen psychological problems [25].

6. Association of Demographic Variables with Study Variables

Various demographic factors have been found to influence psychological distress, social burden, and coping behaviors among wives of alcoholics [26]. Factors such as age, education, occupation, family income, duration of marriage, and duration of the husband's alcohol use may affect how women perceive and respond to stressful situations [27].

7. Research Gap

Although several studies have examined the impact of alcoholism on family members, most research has focused separately on psychological distress, family burden, or coping strategies. Limited studies have investigated these three variables together among wives of alcohol-dependent individuals [28]. Furthermore, there is insufficient evidence regarding the relationship between psychological distresses, social burden, and coping strategies within a single study framework [29]. Therefore, the present study was undertaken to assess these variables simultaneously and to determine the relationships among them, thereby providing a more comprehensive understanding of the psychosocial challenges faced by wives of alcoholics.

Problem Statement

Alcohol dependence is a major social and health problem that adversely affects not only the individual but also family members, particularly wives who often experience emotional stress, social isolation, financial difficulties, and increased caregiving responsibilities [30]. These challenges may lead to significant psychological distress and social burden, influencing their ability to cope effectively with daily life situations. Despite the growing recognition of the impact of alcoholism on family well-being, limited attention has been given to understanding the relationship between psychological distresses, social burden, and coping strategies among wives of alcohol-dependent individuals. Therefore, the present study aims to assess psychological distress, social burden, and coping strategies among wives of alcoholics and to examine the relationship among these variables.

Methodology

The present study adopted a quantitative research approach with a descriptive correlational research design to assess psychological distress, social burden, and coping strategies among wives of alcoholics and to determine the relationships among these variables. The study was conducted in selected community settings. A total of 60

wives of individuals whose husbands screened positive for hazardous or dependent alcohol use on the Alcohol Use Disorders Identification Test (AUDIT) were selected using a non-probability purposive sampling technique. Data were collected using a self-structured demographic proforma, the Kessler Psychological Distress Scale (K10), the Family Burden Interview Schedule (FBIS), and the Brief COPE Inventory. A pilot study was conducted to assess the feasibility of the study. Ethical approval was obtained from the concerned authority, written informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the study. Data were analyzed using IBM SPSS Statistics, employing descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (Pearson's correlation coefficient, Chi-square test, independent *t*-test, and one-way ANOVA). The study was guided by the Stress and Coping Theory.

1. Setting of the Study

The study was conducted in selected community settings. Husbands residing in the selected communities were screened using the Alcohol Use Disorders Identification Test (AUDIT), and wives of those who met the screening criteria were recruited for the study.

2. Population

The target population consisted of wives of individuals residing in selected community settings whose husbands screened positive for hazardous or dependent alcohol use on the Alcohol Use Disorders Identification Test (AUDIT).

3. Sample and Sampling Technique

A total of 60 wives of individuals whose husbands screened positive for hazardous or dependent alcohol use on the Alcohol Use Disorders Identification Test (AUDIT) were selected using a non-probability purposive sampling technique. Participants were recruited based on the predefined inclusion and exclusion criteria.

4. Criteria for Sample Selection

The study included wives aged 20–60 years who were living with their husbands, whose husbands screened positive for hazardous or dependent alcohol use on the Alcohol Use Disorders Identification Test (AUDIT), were able to understand the questionnaire, and were willing to participate. Women with severe mental illness and those who were separated, divorced, or widowed were excluded from the study.

5. Variables of the Study

The primary study variables were psychological distress, social burden, and coping strategies. Demographic variables included age, educational status, occupation, family income, duration of marriage, duration of the husband's alcohol use, and type of family.

6. Instruments for Data Collection

Data were collected using a self-structured Demographic Proforma to obtain demographic information. The Alcohol Use Disorders Identification Test (AUDIT) was used to screen husbands and identify eligible participants. Psychological distress among wives was assessed using the Kessler Psychological Distress Scale (K10), social burden was measured using the Family Burden Interview Schedule (FBIS), and coping strategies were evaluated using the Brief COPE Inventory.

7. Data Collection Procedure

After obtaining permission from the concerned community authorities, households in the selected community settings were approached. Husbands who consented were screened using the Alcohol Use Disorders Identification Test (AUDIT). Wives of individuals who met the screening criteria were invited to participate after providing written informed consent. Data were collected in a private setting using structured questionnaires, and each participant required approximately 30–45 minutes to complete the study instruments.

Results

1. Distribution of Participants According to Demographic Variables

The demographic characteristics of the participants were analyzed using frequency and percentage. The majority of the wives were aged between 31–40 years, had secondary-level education, were homemakers, belonged to nuclear families, and had been married for more than 10 years. Most participants reported that their husbands had been consuming alcohol for more than five years.

Table 1: Distribution of Participants According to Age (n = 60)

Age Group (Years)	Frequency	Percentage (%)
20–30	12	20.0
31–40	26	43.3
41–50	15	25.0
51–60	7	11.7
Total	**60**	**100**

Table 1 shows the age distribution of the participants. Among the 60 participants, 43.3% were aged 31–40 years, followed by 25.0% in the 41–50 years age group. Participants aged 20–30 years and 51–60 years accounted for 20.0% and 11.7% of the sample, respectively. The findings indicate that most participants were in the middle adulthood age group.

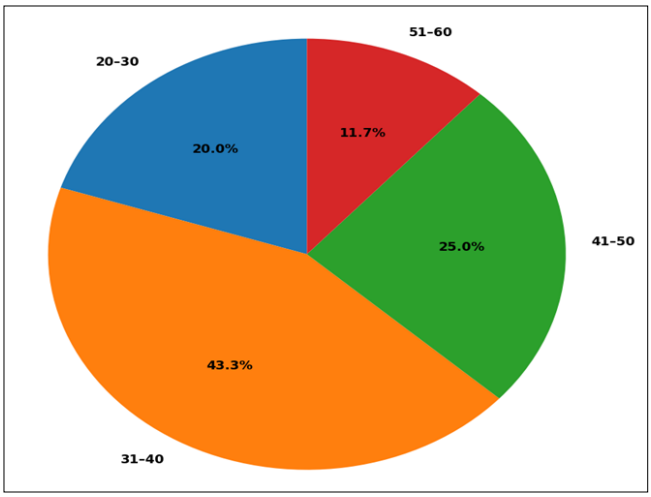

Fig 1: Pie Chart Showing Distribution of Participants According to Age Group

Figure 1 shows the distribution of participants according to age group. The largest proportion of participants (43.3%)

belonged to the 31–40 years age group, followed by 25.0% in the 41–50 years age group. Participants aged 20–30 years accounted for 20.0% of the sample, whereas 11.7% were aged 51–60 years. The figure indicates that the majority of the participants were in the middle adulthood age group.

2. Assessment of Psychological Distress among Wives of Alcoholics

The level of psychological distress was assessed using the Kessler Psychological Distress Scale (K10). The findings revealed that a considerable proportion of participants experienced moderate to severe psychological distress.

Table 2: Level of Psychological Distress (n = 60)

Level of Distress	Frequency	Percentage (%)
Mild	10	16.7
Moderate	24	40.0
Severe	26	43.3
Total	60	100

Table 2 shows the level of psychological distress among the 60 participants included in the study. Most participants (43.3%) experienced severe psychological distress, while 40.0% reported moderate psychological distress. Only 16.7% of the participants had mild psychological distress. These findings indicate that most participants experienced considerable emotional and psychological distress.

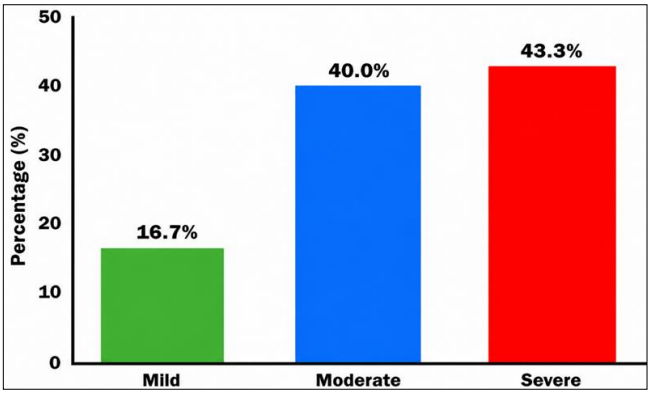

Fig 2: Bar Graph Showing Levels of Psychological Distress among Wives of Alcoholics

Figure 2 shows the levels of psychological distress among the participants. The highest proportion of participants (43.3%) experienced severe psychological distress, while 40.0% reported moderate psychological distress. Only 16.7% of the participants had mild psychological distress. The figure indicates that the majority of the participants experienced moderate to severe levels of psychological distress.

3. Assessment of Social Burden among Wives of Alcoholics

The social burden experienced by the participants was measured using the Family Burden Interview Schedule. The results indicated that most participants experienced moderate social burden.

Table 3: Level of Social Burden (n = 60)

Level of Social Burden	Frequency	Percentage (%)
Mild	8	13.3
Moderate	30	50.0
Severe	22	36.7
Total	60	100

Table 3 shows the level of social burden experienced by the wives of alcoholics. Half of the participants (50.0%) reported a moderate level of social burden, while 36.7% experienced severe social burden. Only 13.3% of the participants reported a mild level of social burden. The findings indicate that the majority of wives of alcoholics faced moderate to high levels of burden in their social and family lives.

4. Assessment of Coping Strategies among Wives of Alcoholics

The Brief COPE Inventory was used to assess coping strategies. Most participants demonstrated moderate coping abilities.

Table 4: Level of Coping Strategies (n = 60)

Coping Level	Frequency	Percentage (%)
Poor	15	25.0
Moderate	28	46.7
Good	17	28.3
Total	60	100

Table 4 shows the level of coping strategies among the participants. Nearly half of the participants (46.7%) demonstrated a moderate level of coping, while 28.3% exhibited good coping strategies. A quarter of the participants (25.0%) had poor coping abilities. These findings indicate that although many participants demonstrated moderate coping abilities, a considerable proportion had poor coping strategies.

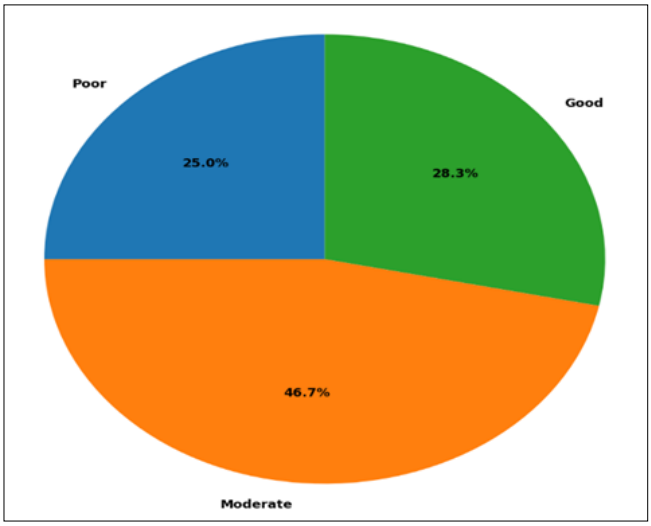

Fig 3: Pie Chart Showing Distribution of Coping Strategy Levels

Figure 4 shows the distribution of coping strategy levels among participants. The largest proportion of participants (46.7%) demonstrated a moderate level of coping, followed by 28.3% who exhibited good coping strategies. A smaller proportion (25.0%) reported poor coping abilities. The figure indicates that while many participants adopted moderate coping mechanisms to manage stress, a substantial number still experienced difficulties in coping effectively with the challenges associated with their husbands' alcohol dependence.

5. Mean and Standard Deviation of Study Variables

The mean and standard deviation scores were calculated to compare the levels of psychological distress, social burden, and coping strategies.

Table 5: Mean and Standard Deviation of Study Variables

Variable	Mean	Standard Deviation
Psychological Distress	28.46	6.25
Social Burden	32.81	7.18
Coping Strategies	48.63	8.42

Table 5 shows the mean and standard deviation scores of psychological distress, social burden, and coping strategies among the participants. Coping strategies had the highest mean score (48.63 ± 8.42), followed by social burden (32.81 ± 7.18) and psychological distress (28.46 ± 6.25). The standard deviation values indicate a moderate variation in responses across all study variables. These findings suggest that participants experienced considerable levels of distress and burden while demonstrating varying degrees of coping abilities.

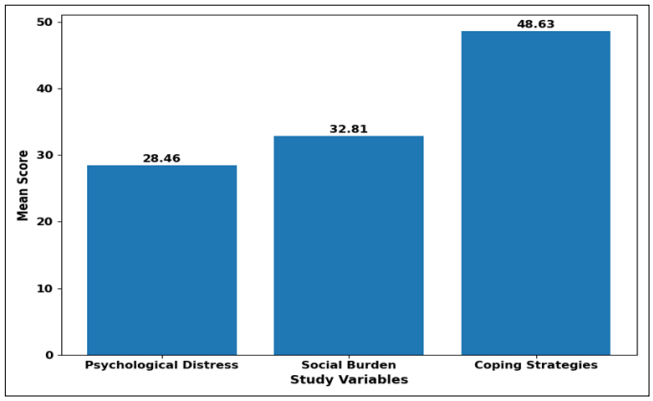

Fig 4: Clustered Bar Graph Comparing Mean Scores of Psychological Distress, Social Burden, and Coping Strategies

Figure 4 shows the clustered bar graph comparing the mean scores of psychological distress, social burden, and coping strategies among the participants. Among the three variables, coping strategies recorded the highest mean score (48.63), followed by social burden (32.81) and psychological distress (28.46). The differences in mean scores indicate varying levels of experiences and responses among the participants. The figure provides a clear comparison of the overall magnitude of each study variable and highlights the prominence of coping strategies among the participants.

6. Correlation between Psychological Distress and Social Burden

Pearson's correlation coefficient was used to determine the relationship between psychological distress and social burden.

Table 6: Correlation between Psychological Distress and Social Burden

Variables	r-value	p-value
Psychological Distress and Social Burden	0.68	<0.001

Table 5 shows the correlation between psychological distress and social burden among the participants. The obtained correlation coefficient (r = 0.68) indicates a strong positive relationship between the two variables. The p-value (<0.001) demonstrates that the relationship is statistically highly significant. These findings suggest that higher levels of social burden are associated with increased psychological distress among the participants.

The findings indicate a strong positive correlation between psychological distress and social burden, suggesting that increased burden is associated with higher psychological distress.

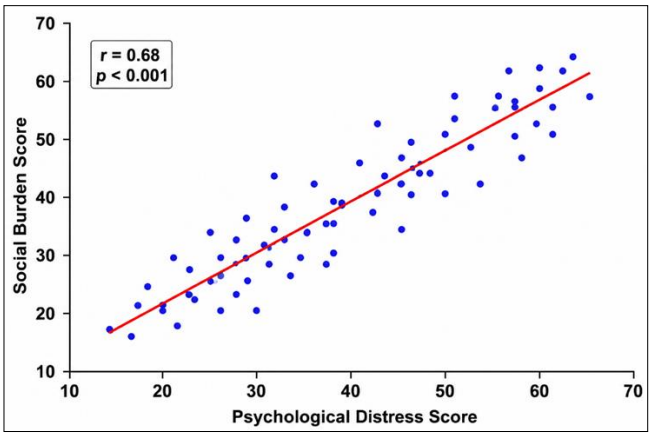

Fig 5: Scatter Plot Showing Correlation between Psychological Distress and Social Burden

Figure 5 shows the scatter plot illustrating the relationship between psychological distress and social burden among the participants. The upward trend of the data points indicates a positive correlation between the two variables. As social burden increases, psychological distress also tends to increase among the participants. The figure visually supports the statistical finding of a strong positive and significant correlation (r = 0.68, p < 0.001) between psychological distress and social burden.

7. Correlation between Psychological Distress and Coping Strategies

Pearson's correlation coefficient was used to determine the relationship between psychological distress and coping strategies.

Table 7: Correlation between Psychological Distress and Coping Strategies

Variables	r-value	p-value
Psychological Distress and Coping Strategies	-0.52	<0.01

Table 7 shows the correlation between psychological distress and coping strategies among the participants. The correlation coefficient (r = -0.52) indicates a moderate negative relationship between the two variables. The p-value (<0.01) confirms that the relationship is statistically significant. These findings suggest that higher coping strategy levels are associated with lower psychological distress among the participants.

The results reveal a moderate negative correlation, indicating that better coping strategies are associated with lower psychological distress.

8. Correlation between Social Burden and Coping Strategies

Table 8: Correlation between Social Burden and Coping Strategies

Variables	r-value	p-value
Social Burden and Coping Strategies	-0.45	<0.05

Table 8 shows the correlation between social burden and coping strategies among the participants. The correlation coefficient (r = -0.45) indicates a moderate negative relationship between the two variables. The p-value (<0.05) shows that the relationship is statistically significant. These findings suggest that participants with better coping strategies tended to experience lower levels of social burden.

The findings indicate a significant negative relationship between social burden and coping strategies.

9. Association between Psychological Distress and Selected Demographic Variables

Chi-square analysis revealed a significant association between psychological distress and family income, educational status, and duration of husband's alcohol use. No significant association was observed with age and type of family.

Table 9: Association between Psychological Distress and Selected Demographic Variables

Demographic Variable	χ^2 Value	p-value	Significance
Age	3.24	0.356	NS
Education	8.42	0.038	S
Family Income	9.65	0.021	S
Duration of Alcohol Use	10.74	0.013	S

Table 9 shows the association between psychological distress and selected demographic variables among the participants. The findings revealed that education (χ^2 = 8.42, p = 0.038), family income (χ^2 = 9.65, p = 0.021), and duration of alcohol use (χ^2 = 10.74, p = 0.013) had a statistically significant association with psychological distress. However, age (χ^2 = 3.24, p = 0.356) was not significantly associated with psychological distress. These results suggest that socioeconomic and alcohol-related factors play an important role in influencing the psychological well-being of the participants.

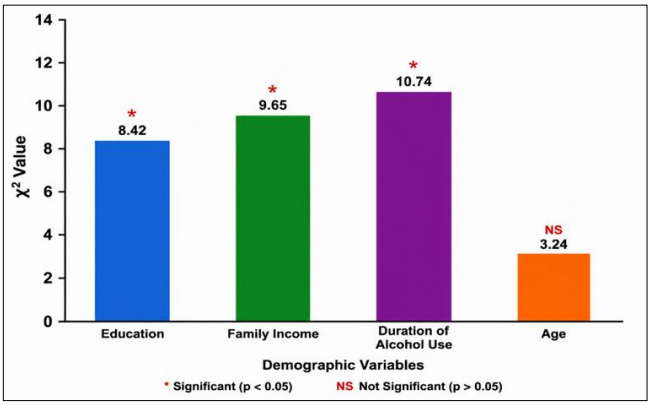

Fig 6: Column Chart Showing Significant Demographic Associations with Psychological Distress

Figure 6 shows the column chart illustrating the association between psychological distress and selected demographic variables. The chart indicates that education, family income, and duration of alcohol use were significantly associated with psychological distress, as evidenced by their p-values being less than 0.05. In contrast, age did not show a significant association with psychological distress. The figure highlights the importance of socioeconomic and alcohol-related factors in influencing the psychological well-being of the participants.

Discussion

The present study was conducted to assess psychological distress, social burden, and coping strategies among wives of individuals whose husbands screened positive for hazardous or dependent alcohol use on the Alcohol Use Disorders Identification Test (AUDIT) and to examine the relationships among these variables. The findings revealed that a majority of the participants experienced moderate to severe psychological distress. This may be attributed to the emotional, social, and financial challenges associated with living with a spouse who has hazardous or dependent alcohol use. The study also demonstrated a strong positive relationship between psychological distress and social burden, indicating that increasing family burden is associated with greater psychological distress. Furthermore, coping strategies showed a significant negative relationship with psychological distress and social burden, suggesting that effective coping mechanisms may help reduce emotional distress and improve psychosocial well-being among the participants.

Conclusion and Future Work

The present study assessed psychological distress, social burden, and coping strategies among wives of individuals whose husbands screened positive for hazardous or dependent alcohol use on the Alcohol Use Disorders Identification Test (AUDIT) and examined the relationships among these variables. The findings revealed that a majority of the participants experienced moderate to severe levels of psychological distress and social burden. A significant positive relationship was observed between psychological distress and social burden, whereas coping strategies showed significant negative relationships with both psychological distress and social burden. These findings highlight the substantial psychosocial challenges experienced by the participants and emphasize the need for community-based counseling services, family support programmes, and interventions aimed at strengthening adaptive coping strategies to improve psychological well-being and quality of life.

Future studies should include larger sample sizes and participants from diverse community settings to improve the generalizability of the findings. Longitudinal studies are recommended to examine changes in psychological distress, social burden, and coping strategies over time. Future research may also evaluate the effectiveness of community-based counseling programmes, stress management interventions, support groups, and psychoeducational strategies in enhancing coping abilities and reducing psychological distress among spouses of individuals with hazardous or dependent alcohol use. In addition, qualitative studies may provide deeper insights into the lived experiences, emotional challenges, and support needs of these women, thereby contributing to the development of culturally appropriate family-centered interventions.

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