

Research Article



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Living with an Alcoholic Partner: An Ethnographic Study among Al-Anon Groups

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Alcohol addiction is a disease that engulfs not only addicts but also their significant others around them. The psychosocial and economic disruptions it can cause in the dependent family members' lives lay the study's background. The immediate and most significant persons facing the consequences are the spouses of addicts. They are labeled as an alcohol addict's spouse and attributed to be responsible for the addict's irresponsibility over his life and time. Al-Anon Family Groups are a Self-help model of group education for spouses and those who are affected by the alcoholism of an addict. This paper shares the results of an ethnographic study among two selected Al-Anon group meetings in Tamil Nadu, India. Al-Anon group meetings were chosen in concordance with strict adherence to anonymity. It was observed that the women participating in Al-Anon groups could develop confidence in dealing with their alcoholic husbands and select strategies to face their life situations resiliently. The study is relevant as significantly few structured programs are designed to care for the most critical caregivers of the addicts. The study calls for the attention of health givers, psychologists, social workers, and psychiatrists to the plight of alcoholics' wives.

INTRODUCTION

Alcoholism is a term coined by Magnus Haas in 1849 (Begam *et al.*, 2015). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) refers to it as Alcohol Use Disorder (AUD) (American Psychiatric Association [APA], 2013). The United States National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines it as a chronic brain disorder that impairs the ability to stop or control alcohol use despite adverse health, occupational, and social consequences (NIAAA, 2021). However, the brain disease model of addiction (Volkow & Koob, 2015) presents it as a chronic disease characterized by a) compulsive decision-making, b) impulsive behavior, and c) relapse (Elkins, 2020). (*Is Alcoholism a Disease or a Choice?*, n.d.) Despite the controversy surrounding this disease framework, it significantly reduces the stigma associated with addiction (Volkow and Koob, 2015). This social work research referred to alcoholism as alcohol addiction, a socially stigmatizing disease affecting not only addicts but also their families, friends, and colleagues.

Globally, 3 million deaths each year (5.3% of all deaths) are the result of the harmful use of alcohol; Also,

alcohol addiction is a causative factor in more than 200 diseases and injuries (World Health Organization [WHO], 2022) ("Alcohol," 2022). Overall, alcohol accounts for 5.1% of the global burden of disease and injury, measured in disability-adjusted life years (DALYs) (WHO, 2022). Per capita consumption of alcohol in India increased by 2.4 litres (L), 4.3 L, and 5.7 L in 2005, 2010, and 2016 respectively (WHO, 2018). The factors contributing to addiction are behavioral, biological, environmental, and psychological. Its impact extends to the mental, emotional, financial, and social spheres of addicts and their non-addicted relatives, especially spouses.

The greatest tragedy of alcoholism is that marital relationships deteriorate into alienation (Wiseman, 2018). Wives of alcoholics are the primary sufferers and those who help male alcoholics recover. An alcoholic's wife feels more anxious and fearful when she finds herself cut off from social contact, the victim of cruel remarks and brutal beatings amid a drunken rage, and frustrated by the failure of all professional treatment efforts (Wiseman, 2018). They face significant problems such as uncertainty about their husbands' behavior, social embarrassment, poor

communication, fear of the future, and frustration at being unable to change their husbands' drinking habits (Shanathi and Veeramuthu, 2017). Their courage to come to grips with themselves and their lives ultimately turns them into a new kind of warrior, something they never wanted or imagined when they first married (Asher, 2018).

Al-Anon (Short for Alcoholics Anonymous) Family Group is an international mutual aid organization for people impacted by another person's alcoholism. As a mutual support program, Al-Anon offers hope to families and friends of alcoholics. Robert Holbrook Smith (aka Dr. Bob), and William Griffith Wilson (aka Bill Wilson or Bill W.), founded Alcoholics Anonymous (AA) in 1935 (Alcoholics Anonymous World Services [AAWS], 2021). Lois W., wife of Bill W. and Anne B., founded Al-Anon in 1951. These self-directed groups use peer support to promote recovery from the trauma of addiction (Pickard *et al.*, 2012). Al-Anon follows the 12 -step program developed by Bill and Dr. Bob as their path to recovery (Figure 1). By sharing daily experiences and applying Al-Anon principles, families and friends of alcoholics can bring about positive changes in their situations, even if they do not acknowledge alcoholism as a problem or seek help (Al-Anon Family Groups [AAFG], n.d.).

Al-Anon helps family members better cope with a loved one's alcoholism and life stressors related or unrelated to alcoholism (O'Farrell and Fals-Stewart, 2002; Timko *et al.*, 2012). Al-Anon facilitation helps them deal with problems, and group participants feel less stressed, angry, and confused about coping and more relaxed and hopeful (Timko *et al.*, 2013). Against this background, this

ethnographic study was conducted in an Al-Anon group of wives of addicts in Tamil Nadu, India, to find out how these meetings help them deal with their real-life situations.

METHOD

This ethnographic study involved observing the wives of alcoholic men in their environment, namely an Al-Anon meeting, to understand their experiences, perspectives, and activities in Al-Anon meetings. The study was intended to give a voice to wives of alcohol addicts, a seldom-heard group, and the perspectives of their Al-Anon meetings that have been overlooked.

Wives of alcohol addicts living in a major city in Tamil Nadu were the study's participants. The study was conducted in two geographically separated open Al-Anon groups of 12 members. The groups were selected purposively, considering the participation of Al-Anon members for more than six months.

The study's general objective was to understand the changes that participation in Al-Anon meetings brought to the lives of alcohol addicts' wives. Specifically, this inquiry looked into the participants' change in perception of self and the change in their aspirations with their participation in Al-Anon meetings. The researcher attended seven Al-Anon meetings for this ethnographic study over three months.

The study commenced with obtaining access to Al-Anon meetings from officials of the organization. This was a study related to a sensitive topic involving alcoholism and the participation of wives of alcoholics in Al-Anon groups. Considering their right to privacy and anonymity, identifying information has not been used anywhere in the paper. Moreover, the research was of societal importance with social work implications and exposes the participants to no risks. It also helped avoid the participant bias of 'being observed,' thereby adding to the quality of the study.

The researcher established a good relationship with the groups to build trust. Qualitative data were recorded by making field notes on the observed participants' behavior, comments, and the researcher's reflections and interpretations after the meetings. Data analysis involved reading and re-reading field notes using a constant comparison method, comparing each finding with the existing ones. The findings were validated by sharing, interpreting, and discussing them with participants.

Step 1	Admitting powerlessness
Step 2	Believing in a Greater Power
Step 3	Turning our will over to the Higher Power
Step 4	Searching and inventing moral selves
Step 5	Admitting the real self
Step 6	Growing spiritually
Step 7	Changing attitude
Step 8	Building personal relations
Step 9	Taking responsibility for the well-being of others
Step 10	Examining motives
Step 11	Meditating for consciousness
Step 12	Restoring instincts to true purpose

Figure 1. Twelve Steps of Alcoholics Anonymous Groups

RESULTS

The wives-only Al-Anon group meetings gave the participants a platform to share their experiences, fears, and anxieties, as well as relate them to each other's feelings. Table 1 shows the major observations and interpretations.

Table 2 shows the significant experiences that the participants shared in the groups and their interpretations.

The ethnography of women spouses attending Al-Anon meetings revealed that women attend these meetings as it gives them an uninhibited, non-judgmental platform to share what they feel in reality. They can openly share the anger, sadness, guilt, helplessness, and emotional upheavals from their husband's drinking. The women identify themselves as individuals affected by a common problem. Hence, they console each other and share lighter moments by laughing at some of the activities of their husbands under addiction. This enables the new members to hope that there is always a light at the end of the tunnel. The senior members take up the role of 'Sponsors' who can be reached out to during emotional issues or for clarity. The sponsors are not professionally trained, but their experience enables them to be counselors and give an optimistic view of the problem.

The study results confirmed that financial crisis, fear of abuse, anxieties about the future, depression, alienation by family members, and feeling of incompetence are impacts of their husbands' alcoholism on wives. However, participation in Al-Anon meetings transformed their self-perception. They developed hope and aspirations to live life to the fullest and move ahead, leaving their fears and anxieties behind.

Table 1. Observations and Interpretations

Observation	Interpretation
a) Participants openly shared their anger, sadness, guilt, helplessness, and emotional upheavals from their husband's drinking.	A) Al-Anon meetings gave them an uninhibited, non-accusing platform to share their feelings.
b) Participants were consoling each other.	B) Al-Anon group members identified themselves as individuals affected by a common problem, which made them relate and empathize with each other.
c) The participants shared light moments as they laughed at some of the actions of their alcoholic husbands.	C) Group sharing helped the Al-Anon members to relieve stress.
d) Senior members took on the role of 'sponsors,' facilitating confidential sharing, clarification of doubts, and protection from emotional breakdowns.	D) Sponsors helped relatively new members gain hope in the effectiveness of the Al-Anon mutual aid program to overcome their problems.

DISCUSSION

Al-Anon groups provide a platform for women to come together, fostering a sense of autonomy. The aim is to develop social bonds and solve problems arising from addiction in a tolerant manner within their respective cultural milieu. The major intention of the Al-Anon group is to support those who live with alcohol addicts.

This study's findings revealed that participation in Al-Anon serves the purpose of having a platform to share their feelings without inhibition among those who have experienced similar feelings. Moreover, it serves as a forum for spreading awareness on the existence of a support group, the need for empowerment, and reality orientation. The underlying principles Of Al-Anon are surrendering oneself to the ultimate power, growing spiritually, and being responsible for oneself. Challenges in dealing with addicted husbands in recovery are also a part of the group discussions. This enables a better adaptation to the husband's recovery process and managing the withdrawal challenges.

In light of the stressor theory of codependency, Stanley (2004) argued for therapeutic interventions for alcoholics' wives because the stressors of living with an alcoholic can contribute to a partner's personality deficits. The family members of alcohol addicts, especially the women, are most vulnerable to psychological and physical trauma and economic consequences. The attention of health givers, psychologists, social workers, and psychiatrists is inevitable as each family is different, and so is the therapeutic intervention. Tailor-made solutions are required as one-size-fits would not work in alcoholism-induced situations. Ethnographic consideration is required

Table 2. Excerpts and Interpretations

Excerpt	Interpretation
a) Every evening, when it is time for him to come home, the children and I shudder in fear. I tell the children that it is time for Appa(father) to come home. So, switch off the TV, fall asleep, or pretend asleep. Otherwise, he will not allow you to sleep...When his footsteps come closer, we are under fear as to what he will do next.	A) Wives of alcoholics face the fear of physical and mental abuse.
b) While drunk, he orders me to do many chores and speaks ill about me, the kids, and my parents, which I hate. Still, I cannot express my hatred. I smile and follow his instructions as if there is no other way. I think several times before I speak because the repercussions at night would be unimaginable	
c) Throughout the day, I toil very hard to make both ends meet as his income is unstable and sometimes not enough for his needs.	B) Participants face a severe financial crunch due to the alcoholism of their husbands.
d) I was depressed due to the financial crisis, as my husband had been unemployed for the last two months. He went for treatment and was unable to return to work.	C) Financial crisis leads to depression in participants.
e) I do not know what the future has for me.	D) Wives of alcoholics are uncertain about their future.
f) My relatives never understand me, they criticize me and tell me to leave my husband.	E) Al-Anon members are alienated by their family members.
g) Although I try to help my husband recover, sometimes he slips (relapses) into alcoholism.	F) Participants occasionally feel incompetent.
h) Sometimes, my husband clings to our pet dog as if it is his daughter. He constantly talks to the dog, and the poor thing also suffers because it lives with us. (Group members laughed)	G) Group sharing relieves stress for members.
i) When I first came here, I was relieved that many fellows had traveled a similar path to mine.	H) Group members relate to each other and feel relieved.
j) There is a magic that is happening... I do not know how to describe it. I feel this fellowship is making me feel that I am not alone. We all are equal and are affected by the same problem to varying degrees.	
k) We have learned to take things as they come...live today to the fullest. We have no control over what happens tomorrow. So, we decided to live today. Enjoying the day in the best possible way... So, I avoid arguments and talking about the past.	I) Al-Anon members gain self-acceptance to live well.
l) I can see myself feeling empowered after attending the meetings. I share my life experiences which make me stronger every day. I can give hope when new members come to the group.	J) Al-Anon group participation made the study participants feel empowered and hopeful.

in this regard. Ethnographic studies are to be employed to list out the client's cultural constructs and to enable a coherent understanding of the client's world to facilitate a better intervention. Training on ethnographic questioning is to be integrated into counseling education and practice.

Alcoholism is associated with periods of remission and relapse, leading to never-ending trauma for the addict's wife and other family members. Women can experience

denial and burnout and become vulnerable to depression. Therapists need to focus on wives on how to deal with relapse and repeat the entire cycle. Social workers and NGOs can regularly conduct community education programs to prevent addiction, treat addicts and manage rehabilitation. Programs should be provided to promote the mental health of family members by allowing them to express their feelings and seek professional help.

There is much potential for experimental and empirical research in Al-Anon groups. The so-called Alateen groups for children are less studied because of their anonymity. Besides, there is a scope for applying social work methods like casework and group work in the groups of alcoholics' wives. As part of community organizations, awareness programs can be conducted at de-addiction centers. Moreover, NGOs may be encouraged to provide referral services. Impact evaluation of all the above interventions will go a long way in empowering the wives of alcoholic men.

CONCLUSION

The suffering of men going through addiction is highly discussed, but the trauma on the spouses is still neglected. The spouses need to be focused as they can aid their husbands' recovery and support themselves and family from intense psychological trauma. Inculcating a solid sense of self-esteem, creating awareness of the effects of alcoholism on the family members, detachment from unhealthy dependency on the addicts, aiding in their recovery by optimistic participation in the treatment process, awareness and increased access to self-help groups like Al-Anon groups, etc. can go a long way in enabling peace and mental health among the wives of addicts. Alcohol addiction is followed by periods of abstinence and relapse in which the chances of an individual returning to problematic alcohol usage may recur even with the slightest trigger. Resilience, confidence in self, and motivation to the husbands to prevent relapse are the ways the wives can support. There is an urgent need for more research and application to clinical practice as far as the psychopathology of spouses of alcohol addicts is concerned. More models of professional intervention should be framed and made accessible to the wives to ensure their psychological well-being.

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