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Interpersonal Perception between Alcoholics and their Spouses

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Abstract

The aim of the study was to assess the perception of self by alcoholics and their spouses, their perception of each other and their perception of an ideal spouse. The study also aimed to examine whether the interpersonal perceptions were congruent or discrepant. Forty alcoholics and their spouses were administered the Interpersonal Checklist. Results revealed significant discrepancies in interpersonal perceptions on both the Dominance and Love dimensions of the checklist. Whereas the spouses would like the alcoholic to be higher on the Dominance dimension, the alcoholics would like the spouses to be higher on the Love dimension. Results are discussed in terms of implications for intervention.

Key words -

Interpersonal Perception, Alcoholics, Spouses, Dominance, Affiliation

Excessive drinking is liable to cause profound social disruption, particularly in the family. Martial and family tension is virtually inevitable and the wives of heavy drinkers are likely to become anxious, depressed and socially isolated. The family processes significantly affected are: communication, role performance and emotional involvement with the family on the part of the alcoholic. Communication is often distorted, inappropriate or even absent, leading to emotional isolation among the family members. As the family members begin to function in an isolated manner, role performance is adversely affected and the alcoholic's spouse has to frequently take on multiple roles, putting a further strain on her already fragile emotional defences and coping styles. The emotional distancing of the alcoholic from his family leads to discontent, anger and hostility among the other family members [1]. As the spouse becomes increasingly reproachful and intolerant of the husband's drinking the resulting marital disharmony contributes an additional threat to the marital and family stability. As the pressure mounts, the chances of the family disintegrating become very real. This accounts for the increased incidence of dissolution of the marital relationship in alcoholic families in terms of separation or divorce.

Research studies in the past few decades have indicated that incongruent perceptions and unrealistic expectations within the marital dyad are responsible for at least a part of the marital dysharmony found between alcoholics and their spouses. A comparison of alcoholic and non-alcoholic marriages indicated that the central perceptual difference between the groups lay in the relationship between the husband's self-description and his wife's view of him. Controls achieved a close

match while the patients descriptions were discrepant [2]. Barry [3] further reported that martial happiness was related to the wife's perception of the husband being congruent with this self-perception but there was no relationship between martial adjustment and the congruence of the husband's perception of his wife with her self perception. Orford [4], [5] reported high levels of discrepancies in interpersonal perception among alcoholic husbands and their wives than among normal couples. There was a discrepancy between husbands and wives descriptions of the wives levels of dominance, with husbands attributing more dominance. In a later study, Orford and his co-workers [6] reported that reduction in drinking was associated with an increase in husband to wife affection, some increase in wife to husband affection and husband task involvement but with no change in favourability of wife perception of husband.

Billings [7] and Billings and co-workers [8] found that alcoholic couples' communications are similar in many respects to those of distressed couples. They evidenced more reciprocity of negative communications and negative acts as suggested by the comparatively greater exchange of hostile-dominant acts in terms of Leary's quadrants.

Alcoholic couples have been found to be similar to conflicted couples with respect to struggles for control, a pattern of wife dominance, a responsibility-avoiding style of communication by the alcoholic husband and impaired perceptual accuracy [9]. Neeliyara, Nagalakshmi and Ray [10] found that alcoholics perceive themselves as being dominant and loving while significant others in their family, mainly, their spouses, perceived them as being less dominant and loving.

According to Spiegel and Wissler [11] the quantification of the divergence of views within the family would help in the evaluation and treatment of families of psychiatric patients, analogous to the role of psychological testing in individual work. Incongruence in perceptions is a measure of each individual's relative isolation, and its assessment is a necessary prerequisite to effective intervention.

The present investigation was carried out to examine interpersonal perception between alcoholics and their spouses. The aim of the study was to assess the perception of self by the alcoholics and their spouses, their perception of each other and their perception of an ideal spouse, as well as to examine whether these perceptions were congruent or discrepant.

Methodology

The sample consisted of 40 alcoholics and their spouses. The ICD-9 criteria of alcohol dependence was used to select the sample. Patients were selected from both the out patient and inpatient settings of NIMHANS. It was a purposive sample. Both the alcohol is and the spouses had to literate in Kannada or English. As a result, consecutive patients could not be included in the study if they did not meet the language criteria. Informed consent to participate in the study was obtained from both the alcoholics and their spouses. In cases where only one spouse gave consent, couple was not included in the study. The mean age (years) of alcoholics and their spouses was 39.40 ± 3.47 and 32.55 ± 4.64 respectively and the mean education (years) of alcoholics and their spouses was 11.75 ± 3.18 and 10.35 ± 2.66 respectively. The mean length of marriage was 12.93 ± 4.42 years.

Interpersonal perception was assessed using Leary's [12] Interpersonal Checklist (ICL). The ICL is a checklist which provides a classificatory system for ordering varieties of interpersonal behaviour. The classificatory system is made up of 16 basic interpersonal variables which are arranged in the form of a circular continuum. The 16 behavaiourally defined segments are represented as a two factor circumplex: Dominance Vs. Submission and Hate Vs. Love. The 16 categories are combined into distinctively labelled pairs, thus reducing the circle to 8 categories. The dual label for each octant share the characteristic that the first word indicates a mild or not intense form of the behaviour in question, while the second refers to its extreme form. The 8 categories are: Managerial-Autocratic; Responsible-Hyper-normal; Co-operative Over conventional; Docile Dependent;

Self-effacing-Masochistic; Rebellious-Distrustful; Aggressive- Sadistic and Competitive-Narcissistic. The card sorting method of administering the ICL was used in the present study. There are altogether 128 cards classified under the 8 varieties of inter personal behaviour and marked accordingly, to aid in scoring. The ICL was administered separately to the alcoholics and their spouses. The alcoholics were administered the ICL thrice to obtain: Patient's perception of Self (PS); Patient's Perception of Spouse (PSP) and patient's Perception of Ideal Spouse (PIS). Similarly, the ICL was administered thrice to the spouses to obtain: Spouse's Perception of Self (SPS); Spouse's Perception of Patient (SPP) and Spouse (SPIS).

The data obtained were analysed using the t-test to examine whether the inter-personal perceptions were congruent or discrepant. Eleven interpersonal perceptions were analyzed:

(1) PS & PSP
 (2) PSP & PIS
 (3) SPS & SPP
 (4) SPP & SPIS
 (5) PS & SPS
 (6) PS & SPP
 (7) PS & SPIS
 (8) PSP & SPS
 (9) PSP & SPP
 (10) PIS & SPS
 (11) PIS & SPIS.

Results

The means and SDs obtained by the alcoholics and their spouses on the ICL octants are given in Table I.

Table Ia - Means and SDs of the alcoholics and their spouses on the ICL OctantsTable Ia - Means and SDs of the alcoholics and their spouses on the ICL Octants

Table Ib - Means and SDs of the alcoholics and their spouses on the ICL Octants

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AP: Managerial - Autocratic; BC: Competitive- Narcissistic; DE: Aggressive-Sadistic:

FG: Rebellious-Distrustful; HI: Self-effacing-Masochistic; JK: Docile-Dependent;

LM: Co-operative-Overconvential; NO: Responsible-Hypernormal

Table II gives the 't' values of inter personal perception on the ICL octants.

 Table IIa - 't' values of interpersonal perception on the ICL Octants

Table IIa - 't' values of interpersonal perception on the ICL Octants

Table IIb - 't' values of interpersonal perception on the ICL Octants

Table IIb - 't' values of interpersonal perception on the ICL Octants

*: Significant at .05 level **: Significant at .01 level

It can be seen from Table II that there are significant discrepancies in interpersonal perception between alcoholics and their spouses. The alcoholics have a very positive image of themselves. They perceive themselves as being responsible, co-operative and able to manage others and as being low in traits making up the octants of aggressive - sadistic and rebellious - distrustful. Although the alcoholics perceive their spouse perception of themselves is discrepant. The spouses perceive themselves as being significantly less aggressive - sadistic and rebellious - distrustful than what the alcoholics perceive them to be. That is, the alcoholics perceive their spouses as being significantly more bitter, cynical, suspicious, hostile, critical and indulging in verbal and non-verbal attacking behaviours which tends to inspire rejection in others. On the other hand, the spouses perceive the alcoholics as being high on these traits, leading to discrepancy in perception of each other. In addition, they perceive the alcoholics as being low in traits making the octants of self-effacing masochistic, docile-dependent, co-operative over conventional and responsible-hypernormal. That is the spouses perceive the alcoholics as being low on helpfulness, supportiveness, affection, affiliation co-operation and obedience. The spouses would ideally like the alcoholics to be more dominating, assertive, able to carry out designated tasks efficiently and to be less disaffiliative and critical and more loving and sympathetic. The alcoholics would ideally prefer their spouses to be more dominating, managing others and bearing responsibilities independently. At the same time, they would like the spouses to be uncomplaining, friendly, co-operative and sympathetic. For them, the strongest need is that the spouses should be affiliative and soft-hearted, provoking acceptance, tenderness and love from others. Thus, the spouses would like the alcoholics to be higher on the Dominance dimension and the alcoholics would like the spouses to be higher on the Love dimension.

Discussion

The discrepancies in interpersonal perception between the alcoholics and their spouses are fraught with implications, about the nature of their interpersonal relationship. The discrepancies can lead to lack of understanding of each other, a failure to appreciate the other's view point, differential expectations from each other, conflicts in need satisfaction and tension in reciprocal relationships. Further, the unrealistic exceptions of the alcoholics from their spouses can put further strain on their relationship and lead to marital instability. There appears to be a basic core of insecurity and lack of self-confidence in the alcoholics which requires the spouse to be secure, confident and strong enough to pull both of them through the tribulations of life.

One of the implications of these findings is that treatment of alcoholics will be incomplete if it does not focus attention on the problems within the marital dyad in its intervention program. According to Pearson and Anderson [13], the unresolved conflict within the alcoholic marriage is perpetuated by the inability of the alcoholic to engage in the appropriate affective expressions of aggression and affection. To facilitate work with the marital system, the therapist must establish a good working relationship with the non-alcoholic spouse who is generally more motivated to change. Frankenstein et al [14] report that alcoholics have problems with assertiveness and with appropriate dominance. Alcohol functions to implement a low-level type of dominance which does not lead to constructive outcomes. They point out that the clinical implications are that family-based treatment for alcoholism should consider the fact that the alcoholism should consider the fact that the alcoholism should consider the fact that the alcoholism should make the fact that the alcoholism should consider the fact that the alcoholic needs help in asserting appropriately and in understanding and implementing a balance of power.

Murray [15] and Spratley [16] note that the focus of treatment has expanded from drinking behaviour to include the emotional life, interpersonal relations, the job and home environment of the alcoholic. Improved interaction between spouses and improved family dynamics, which are also the goals of marital and Family Therapy, have benefitted many alcoholics. Thus, marital stability is an important component for the positive outcome of therapy for male alcoholics.

Alcoholics perception of themselves as fairly well-adjusted, can lead to difficulties in treatment initiation and compliance. In this connection, O'Farrell [17] suggested that intervening at the marital/family level with non-alcoholic family level with non alcoholic family members can motivate an initial commitment to change in the alcoholic who is unwilling to seek help. Adding marital therapy as a component of an alcoholism treatment program, will enhance treatment outcomes, in terms of treatment compliance, ability to cope with drinking, subjective well-being and marital stability and satisfaction [18], [19].

Marital therapy should specifically aim at

(a) increasing congruence in interpersonal perception.

(b) decreasing incongruence and

(c) decreasing unrealistic expectations from each other.

This could improve the quality of the relationship within the marital dyad, which would in turn lead to better marital stability. The ICL can be sued as a pre and post therapy measure to examine whether reducing discrepancies in interpersonal perception does indeed lead to improved interpersonal relationships.

Conclusions

- 1. There are significant discrepancies in interpersonal perception between alcoholics and their spouses.
- 2. The alcoholics perceive the spouses as being low on the love dimension.
- 3. The spouses perceive the alcoholics to be low on both the Dominance dimension and Love dimension.
- 4. The alcoholics would ideally like their spouses to be higher on the Love dimension.
- 5. Ideally, the spouses would prefer the alcoholics to be higher on the Dominance dimension.
- 6. Marital therapy may be beneficial in bringing about greater congruence in interpersonal perception and thereby improving the marital relationship.

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