

Family Interaction Pattern and Family Environment Among Spouses of Alcohol Dependence Patients And Normal Control

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ABSTRACT: *The impact of alcohol problems on family members of the alcohol dependence individuals is wide-spread; virtually it can penetrate into every area of life, e.g., physical and psychological health, finances, employment, social life and relationships. Alcoholism and substance dependence problem no longer remains a source of problem limited not only to the alcohol dependence person; rather it usually becomes a continuous source of stress and suffering to all those people who are closely associated with the alcohol dependence person especially to the alcohol dependence spouse. Problematic alcohol use can have a particular impact on the family, its structures and functions. The aim of the study was to examine the difference in the perception of family interaction pattern, family environment and co dependency between the spouses of alcohol dependent persons and spouses of normal individuals. The present study consisted of 60 samples, among which 30 participants from the spouses of individuals with alcohol dependence and 30 participants from the spouses of normal individuals. Statistical analysis was performed by using the SPSS programme. The spouses of patients with substance dependence have significant poor score on family interaction pattern and family environment than spouses of normal control. The spouses of patients with substance dependence have family interaction pattern and family environment than spouses of normal control.*

KEY WORDS: *Family interaction pattern, Family environment, spouse and alcohol dependence.*

I. INTRODUCTION

The impact of alcohol problems on family members of the alcohol dependence individuals is wide-spread; virtually it can penetrate into every area of life, e.g., physical and psychological health, finances, employment, social life and relationships. Alcoholism and substance dependence problem no longer remains a source of problem limited not only to the alcohol dependence person; rather it usually becomes a continuous source of stress and suffering to all those people who are closely associated with the alcohol dependence person especially to the alcohol dependence spouse. Problematic alcohol use can have a particular impact on the family, its structures and functions. Alcohol dependence has been regarded as family and social disease because often causal factors of alcoholism are embedded in the family systems of the dependent individuals. Alcoholism has excessively negative effects on the marital lives of the people with alcohol dependence. Spouses of alcohol dependent persons may have feelings of hatred, self-pity, avoidance of social contacts, may suffer exhaustion and become physically or mentally ill. Very often the spouse has to perform the roles of both parents. Family responsibilities shift from two parents to one parent. As a result, the non-alcoholic parent may be inconsistent, demanding, and often neglect the children. Having financial difficulties is another issue that families of alcoholics have to deal with. The family may have to give up certain privileges because of the large amount of money spent on alcohol and also possible joblessness. Now from many researches it was found that family and marital problems often start because of alcoholism, but spouses and children of alcohol dependent individuals may contribute to the drinker's habit and make it worse. Some of the families allow heavy drinking to continue rather than deal with serious family problems, and keep the habit going in exchange for keeping the family together. Denial is an essential problem for alcohol dependent people and their family members. Family members use denial to rationalize the drinker's alcohol dependency. In the beginning, denial is understandable because every family loves and wants to protect its members, but there comes a time when denial negatively affects family members. When family members deny the obvious and refuse to look for help, their behavior can trigger multiple emotional problems in the children of the family.

Families with alcohol dependent persons often encounter problems pertaining to family interaction among members, underperformance of families in several essential areas like providing care and nurturance to all members, fulfilment of emotional and attachment related needs of members, economic hardship and truncation of family's interaction with greater community. Velleman (1993) suggested that there were seven key aspects of family life that could be adversely affected by prolonged alcoholism, such as: roles, rituals, routines, social life, finances, communication and conflict. Drinking problems may negatively alter the marital and family functioning by inadequate fulfilment of needs and expectations of spouse and other family members by the alcohol dependence person as well as disposing off the responsibilities to other members. In families of alcohol dependence individuals family members have often been seen to take extra responsibilities to compliment the vacuum which is created by the underperforming alcohol dependence individual. Therefore it can be said that drinking and family functioning are strongly and reciprocally linked (Zweben& Pearlman, 1983). Another concern involves determining the possible family influences on how individuals develop problems with alcohol. Consequently, these professionals sought to apply their understanding of these interactional patterns to the rehabilitation of the family as well as the identified patient (Kitchens, 1991). Global environment or climate of these families is also deeply affected by alcohol dependence to key members like husbands since those people have to take lead roles in all aspects regarding family affairs. If the environment of the family is not found to be conducive then members' personal needs and demands are not fulfilled and the family fails to emerge as an omnipotent unit to serve its members and become a place for growth and development of its members'. Pathological family environment may become a breeding ground for persons with pathology and inadequacy in many areas of life functioning.

II. SCOPE AND OBJECTIVES

The presence of individual with alcohol dependence in the family affects various aspect of family like leisure time and activities, family and social relationship and finances. Chronic alcohol dependence creates problems not only to the person who takes alcohol but his immediate family members too. Prolonged alcohol intake can become a threat to the socio-occupational repertoire of the alcohol dependence people and family members of these people like spouses have to suffer the maximum level. Family's all functioning be the necessary or secondary, can become inadequate or inappropriate due to this problem. Family's important functioning like interpersonal relationship; general family atmosphere may become pathological because of this problem. As there is a very few studies have conducted in India, to the best of our knowledge, the current study is an attempt to examine the family interaction pattern, family environment and in spouses of alcohol dependence and normal control. The objectives of the study was to compare the quality of family interaction and family environment between the spouses of alcohol dependent persons and spouses of normal individuals.

III. METHODOLOGY

The present study consisted of 60 samples, among which 30 participants from the spouses of individuals with alcohol dependence and 30 participants from the spouses of normal individuals. Purposive sampling techniques were used and data collected from outpatient and inpatient department of RINPAS, Ranchi. Patients were selected as per ICD -10 DCR criteria. The both groups were age and sex matched. Tools: Socio-demographic data, GHQ-12, Severity of Alcohol Dependence Questionnaire, Family Interaction Pattern Scale, and Family environment scale.

IV. RESULTS

Table-1: Socio demographic variables of spouses of alcohol dependent and normal controls:

*-Significant $p < .05$

| Variable | | Group N=60 | | X ² / t | df | p |
|--------------------------|---------------|----------------------|-------------------|--------------------|----|-------|
| | | Alcoholic n=30(%) | Normal n=30(%) | | | |
| Income of family | Lower | 18(60.0) | 16(53.3) | .271 | 1 | .795 |
| | Middle | 12(40.0) | 14(46.7) | | | |
| Type of Family | Nuclear | 23(76.7) | 22(73.3) | .089 | 1 | 1.000 |
| | Joint | 7(23.7) | 8(26.7) | | | |
| Education of Spouse | Illiterate | 14(46.7) | 4(13.3) | 7.937 | 1 | .010* |
| | Literate | 16(53.3) | 26(86.7) | | | |
| Occupation of Spouse | Housewife | 29(96.7) | 25(83.3) | 3.296 | 2 | .226 |
| | Labourer | 1(3.3) | 3(10.0) | | | |
| | Govt. Service | 0(0) | 2(6.7) | | | |
| Religion | Hindu | 18(60.0) | 18(60.0) | .000 | 1 | 1.000 |
| | Non Hindu | 12(40.0) | 12(40.0) | | | |
| Age of spouse (In Years) | | 36.46±7.33 | 37.76±7.06 | -.699 | 58 | .487 |

Table (1) shows comparison of the income of family, type of family, education of spouse, occupation of spouse, religion and age of spouses of persons with alcohol dependent and normal control. This table

indicates that spouses of alcohol dependence patients were significantly less educated ($p < .05$) as compare to normal controls. However there is no significant difference found in income of family, type of family, occupation of spouse, religion and age of spouse between these two groups. And also this table shows that most of the spouses of alcohol dependence patients were from lower socioeconomic status, nuclear family, house wife's and belonged to Hindu religion. The age of spouses of alcohol dependent patients were 36.46 ± 7.33 years.

Table-2: Socio- demographic and clinical variables of the Patients' group:

| Variables | | Sample-N= 30 Mean± S.D. |
|--------------------------------|-------------------------|----------------------------|
| Age (In Years) | | 41.96±7.46 |
| Age of onset (In years) | | 31.86±8.45 |
| Duration of illness (In years) | | 10.00±5.62 |
| Education of the Patient | ≤10 th class | 14 (46.70) |
| | ≥10 th class | 16 (53.30) |

Table (2) shows the socio-demographic and clinical variables of the patients with alcohol dependence. This table indicated that the mean age of the patient was 41.96 ± 7.46 years and mean age of onset of alcohol dependence was (31.86 ± 8.45) . Result also revealed that the mean duration of illness was (10.00 ± 5.62) . Majority of the patient were studied above 10th standard.

Table-3: Comparisons of scores of family interaction pattern scale between spouses of alcohol dependent individuals and individuals of normal control group

| Scales (Domains of Family Interaction Pattern Scale) | Group N=60 | | t Value (df=58) | p |
|--|---------------------|------------------|--------------------|-------|
| | Alcoholic (n=30) | Normal (n=30) | | |
| | Mean±S.D. | Mean±S.D. | | |
| Reinforcement | 23.20±5.15 | 20.56±3.86 | 2.238 | .029* |
| Social support system | 29.10±4.67 | 29.30±4.99 | -1.160 | .873 |
| Role | 60.53±12.08 | 54.63±7.69 | 2.256 | .028* |
| Communication | 59.90±13.58 | 58.30±8.99 | .538 | .593 |
| Cohesion | 35.80±9.42 | 33.13±5.08 | 1.364 | .178 |
| Leadership | 42.06±8.44 | 39.53±7.62 | 1.220 | .227 |
| Total | 45.41±2.47 | 36.20±2.35 | 1.323 | .206 |

*Significant $p < .05$

Table (3) shows comparison between spouses of persons with alcohol dependence and spouses of normal individuals on total score as well as various domains of Family Interaction Pattern Scale (Bhatti et al., 1986) like reinforcement, social support system, role, communication, cohesion, and leadership. It reveals that the spouses of alcohol dependence patients had scored significantly higher on reinforcement and role domains of Family Interaction Pattern Scale compared to spouses of normal controls ($p < .05$). There were no differences on Social support system, Communication, Cohesion, leadership and total score of family interaction pattern scale between the two groups.

Table-4: Comparisons of scores of family environment scale between the spouses of individuals with alcohol dependent and spouses of normal controls:

| Scales (Domains of Family Environment Scales) | | Group N=60 | | t Value (df=58) | p |
|---|-------------------------------------|-------------------|----------------|--------------------|----------|
| | | Alcoholic n=30 | Normal n=30 | | |
| | | Mean±S.D. | Mean±S.D. | | |
| Relationship | Cohesion | 18.53±5.55 | 22.23±3.78 | -3.017 | <.004** |
| | Expressiveness | 15.43±3.39 | 17.06±5.27 | -1.426 | .159 |
| | Conflict | 12.90±4.01 | 54.63±7.69 | -1.664 | .101 |
| Personal Growth | Independence | 20.70±4.99 | 25.63±4.64 | -3.961 | <.000*** |
| | Achievement Orientation | 17.76±3.46 | 21.56±3.53 | -4.210 | <.000*** |
| | Intellectual & Cultural Orientation | 16.66±3.95 | 19.40±3.35 | -2.883 | <.006** |
| | Recreational Orientation | 12.13±3.12 | 15.06±3.93 | -3.195 | <.002** |
| | Moral & Religious Emphasis | 17.66±4.64 | 21.50±4.05 | -3.406 | <.001** |
| System Maintenance | Organization | 17.50±4.54 | 21.10±4.44 | -3.101 | <.003** |
| | Control | 14.90±3.43 | 18.63±5.22 | -3.270 | <.002** |

Significant $p < .01$, *Significant $p < .001$

Table (4) shows comparison between spouses of persons with alcohol dependent and spouses of normal individuals on various domains like Cohesion, Expressiveness, Conflict, Independence, Achievement orientation, Intellectual cultural orientation, Active recreational orientation, Moral religious emphasis, Organization and Control. It reveals that spouses of alcohol dependence patients had scored significantly low on Cohesion, Independence, Achievement orientation, Intellectual cultural orientation, Active recreational orientation, Moral religious emphasis, Organization and Control ($p < .01$, $p < .001$). There were no differences between these two groups on Expressiveness and Conflict of family environment scale.

V. DISCUSSION

In the present study, the sample size was 60, out of which 30 were spouses of individuals with alcohol dependence, and 30 were spouses of normal individuals. The similar kinds of studies were done by Singh & Kumar (2007) and Singh et al (2009) respectively. In the present study spouses of alcohol dependence were mostly illiterate [$n=14(46.7\%)$]. The mean age of spouses of alcohol dependence patients was 36.46 ± 7.33 years. Whereas patients' mean age was 41.96 ± 7.46 years and mean age of onset of taking alcohol was 31.86 ± 8.45 years. Result also revealed that the mean duration of taking alcohol was 10.00 ± 5.62 years. Majority of the patients were studied above 10th standard. Almost same kinds of findings regarding socio-demographic data were found in two aforesaid studies. Earlier Steinglass (1980) postulated a life history model to understand how these families get along with problematic drinking behavior of their fellow member/s or how family system in general reaches a the 'homeostasis'.

He found that in those families chronic alcoholism to one or more members tends to produce distortions in the normative family life cycle. The family is an example of a dynamic system that changes over time as membership changes, individuals change and develop, relationships change, and the family's context changes. A family system is interpretable only when its many multiple components are understood-the multiple components include the individual family members, the relationships between them, the family's relationships with its ecological context, the family's history (multigenerational and experience of events), and the host of internal and external forces for developmental change (Minuchin, 1974). Chronic alcohol dependence influences the entire family system and its important functions and as per family systems model an individual's maladaptive behavior (e.g., alcohol abuse) reflects dysfunction in the system as a whole (Van Wormer, 1995). Though all family members are affected by chronic alcoholism to one or more members but in case of married people spouses are found to be at the receiving end in most cases. Alcohol has a major effect on the family; the individual with alcohol dependent have extensive problems in their marriage and families, including more arguments, child and spouse abuse and violence. A series of escalating family crisis may bring a catastrophic disturbance of the family system's structures and functions.

Frankenstein et al (1985) showed that alcohol dependent individuals, after having alcohol tend to get involved in arguments and conflicts with their spouses and the longitudinal interactional pattern between those people and their spouses tend to become strained. Earlier Gorad (1971) examined areas like marital interactional dynamics, roles, expectations and patterns, especially in relation to alcohol dependence of married males, show a high degree of blaming, competition for dominance, responsibility avoidance by those addicted persons and presence of negative emotion and affect in the interactional and communicational pattern between alcohol dependent persons' and their spouses. He also found that in alcoholic families both the alcohol dependent person and his spouse are highly competitive and less cooperative to each other than normal families. Rychtarik *et al* (1989) had found that married males with dependence to alcohol tended to present their marriage in an unrealistically favourable manner and report that drinking has not caused impairment in their marriages, whereas their spouses would report significant marital discord as well as faulty interaction between them and their alcohol dependent husbands. The poor family interaction and family support can have deep rooted impact on the prognosis of alcohol dependence syndrome which was seen by previous researchers (Jacob & Seilhamer, 1989; Akhito et al., 2003).

In present study, it was also observed that spouses of alcohol dependent individuals' have problems in all areas of '*family interaction pattern measuring instrument*', i.e. Family Interaction Pattern Scale (FIPS) (Bhatti *et al.*, 1986). The present study indicates that as per spouses' opinion significant dysfunction has been prevailing in various areas pertaining to family interaction pattern in the families with persons with alcohol dependence. The present study in this way also consistent to previous studies that in alcohol dependent families' interaction pattern is either erroneous or inadequate in comparison to normal families. In present study author had seen that spouses of alcohol dependent individuals had scored significantly higher than the spouses of normal people.

This phenomenon could be explained by the rationale that these people are not getting adequate and desirable support from their partners and this way their expectations from partners tend to remain unfulfilled which might have caused this difference. In those families several family problems that are likely to co-occur with alcohol dependence, e.g., incidents of violence, conflict and low relationship satisfaction, economic and legal hassles, and under care of children, communicational problems, shrinking of social networks, etc. Communication in such family may be characterized as highly critical, involving considerable amounts of nagging, judgments, blame, complaints, and guilt (Halford&Osgarby, 1993). Families of individuals with alcohol use disorders are often characterized by conflict, chaos, communication problems, unpredictability, inconsistencies in messages to children, breakdown in rituals and traditional family rules, emotional and physical abuse (Connors *et al.*, 2001). In present study more or less same kind of picture has been observed, as there was a significant difference in the scores in various sub-areas of Family Interaction Pattern Scale (Tool used for measuring family interaction) between the wives of alcohol dependent persons and wives of normal persons.

The present study shows that the spouses of individuals with alcohol dependence have lower cohesion, lack of independence, limited achievement orientation, intellectual and cultural orientation, lack of recreational orientation, poor moral and religious emphasis, disorganization, and poor control. Jacob et al (1983) studied alcohol dependent person's family both with the identified patient sober and under influence of alcohol and compared them to normal families. Interaction between the alcohol dependence person and his spouse revealed more negative affect than in the normal family couples. The presence of alcohol increased this type of interaction. Alcohol dependent fathers showed less leadership, assertiveness, and problem solving behavior with the spouse and children.

A study done by (Barry & Fleming, 1990), alcohol dependent with a family history of alcoholism reported significantly less cohesion and expressiveness, and more conflict in their present families than did either non-alcohol dependent with a family history of alcoholism or non-alcohol dependent with no family history of alcoholism. The normal individual who grew up in alcohol dependent families reported present family relationships similar to non-alcohol dependent with no family history of alcoholism. In early 1980s Reynolds et al (1982) investigated the role of family resources in successful outcome of alcoholism treatment. For the purpose of study they selected 56 patients with alcohol dependence syndrome and administered the Family Environment Scale. They compared the scores of completers and non-completers. The results suggest that marital quality as well as family environment is deeply affected by husbands' chronic alcoholism and wives of alcohol dependent persons have stated problems in all areas of Family Environment Scale. Findings of this study have also been found to in consonance with the findings of present study. It is widely held as true fact that chronic as well as problematic drinking of alcoholic beverages is a causal element of marital problems, dissolution or truncation of marital relationship, family problems in the forms of poor family functioning in various important areas, e.g., communication and interpersonal relationship areas, role performance, consolidation of the family as a well-functioning and fulfilling unit and ignorance to various needs of individual family members (Levinger 1966; Halford&Osgar 1993; Marshal, 2003; Floyd et al. 2006). In present study wives were also found to be at conflict with their husbands' drinking behavior and it has become quite obvious by seeing the significant differences them and the wives of normal persons in various areas of Family Environment Scale.

Family problems and conflict serve to evoke, support, and maintain drinking behavior. Conflict between two members of the family system may be displaced onto a third party, issue, or substance such as alcohol. Alcoholism can be a coping mechanism for the alcoholic and the family to deal with dysfunctional pattern to deal with dysfunctional pattern and relationship and in this way is a symptom of pathological styles, rules, and patterns of alcohol use (Steinglass, 1971). In a study done by Singh & Kumar (2007) using the Family Environment Scale, similar findings in the areas of cohesion, independence, achievement orientation, intellectual & cultural orientation, recreational orientation, moral & religious emphasis, and organization. In a study done by Sher (1991) using the Family Environment Scale, similar findings of lower level of cohesion, achievement and intellectual & cultural orientation were found in alcohol dependent family.

Findings of the present study

- Majority of the spouses of the persons with alcohol dependence were illiterate as compared to spouses of normal individuals. However no significant different was found in the others socio-demographic variable i.e. Income of the family, type of family, occupation and age of the spouses in the both groups. Majority of the alcohol dependence patients were studied above 10thstd and duration of taking alcohol is more than 10th years.

- Results suggest that spouses of alcohol dependence have significantly higher scores in Family Interaction Pattern Scale, in the domains of reinforcement and role as compared to spouses of normal individuals.
- Finding of the present study revealed that there were unhealthy family environment in the domains of Cohesion, Independence, Achievement orientation, Intellectual cultural orientation, Active recreational orientation, Moral religious emphasis, Organization and Control in the spouses of alcohol dependent as compared to spouses of normal individuals.

VI. CONCLUSION

The present study revealed that unhealthy family interaction pattern and dysfunctional family environment were found in the spouses of alcohol dependent patient than spouses of normal individuals.

REFERENCES

- [1] Akihito, H., Kim, T., Koichi, N. (2003) Positive and Negative Effects of Social Support on the Relationship between Work Stress and Alcohol Consumption. *Journal of Studies on Alcohol*, 64, 874-883.
- [2] Barry, K.L. & Fleming, M.F. (1990) Family cohesion, expressiveness and conflict in alcoholic families. *British Journal of Addiction*, 81-87.
- [3] Bhatti, S.R., Cuba, K.D.K., Benedicta., L.A. (1986) Validation of Family Interaction Pattern Scale. *Indian Journal of Psychiatry*, 28, 211-216
- [4] Connors, G.J., Donovan, D.M. & DiClemente, C.C. (2001) Substance abuse treatment and the stages of change: Selecting and planning interventions. NY: Guilford Press.
- [5] Edwards, G. (1986). The alcohol dependence syndrome: A concept as stimulus to enquiry. *British Journal of Addiction*, 81, 171-184. 570.
- [6] Floyd, F.J., Cranford, J.A., Daugherty, M.K., Fitzgerald., H.E., et al. (2006) Marital interaction in alcoholic and nonalcoholic couples: alcoholic subtype variations and wives' alcoholism status. *Journal of Abnormal Psychology*, 115, 121-130.
- [7] Frankenstein, W., Hay, W.M., Nathan. P.E. (1985): Effects of intoxication on alcoholics' marital communication and problem solving. *Journal of Studies on Alcohol*, 46, 1-6.
- [8] Goldberg, D.P., William, P. (1978) A user guide to General Health Questionnaire. Windsor, NFER-Nelson.
- [9] Gorad, S.L. (1971). Communicational styles and interaction of alcoholics and their wives. *Family Process*, 10, 475-489.
- [10] Halford, W.K. & Osgarby, S.M. (1993) Alcohol abuse in clients presenting with marital problems. *Journal of Family Psychology*, 6, 245-254
- [11] Jacob, T., Dunn, N., Leonard, K. (1983) Patterns of alcohol abuse and family stability, *Alcoholism Clin. Exp. Res.* 7, 382-385.
- [12] Jacob, T., Seilhamer, R.A. (1989) Alcoholism and family interaction. *Recent Developments in Alcoholism* 7, 129-145.
- [13] Kitchens, J.A. (1991) Undemanding and treating codependence. Eglewood Cliffs, NJ: Prentice Hall.
- [14] Levinger, G. (1966) Sources of marital dissatisfaction among applicants for divorce. *Merican Journal of Orthopsychiatry*, 36, 803-7.
- [15] Marshall, M.P. (2003) For better or for worse? The effects of alcohol use on marital functioning. *Journal of Clinical Psychology Rev.* 23, 959- 97.
- [16] Minuchin, Salvador (1974) *Families and Family Therapy*. Cambridge, MA, Harvard University Press.
- [17] Moos, R.H. & Moos, B.S. (1974) *Family Environment Scale*. Polo Alto, California, U.S.A., Consulting Psychologist Press.
- [18] Reynolds, D.L., O'Leary, M.R., Walker, R.D. (1982) Family Environment as a Predictor of Alcoholism Treatment Outcome. *Substance Use and Misuse*, 17, 505-512.
- [19] Rychtarik, R.G., Tarnowski, K.J., St. Lawrence, J.S. (1989) Impact of social desirability response sets of the self-report of marital adjustment of alcoholics. *Journal of Studies on Alcohol*, 50, 24-29.
- [20] Sher, K.J. (1991) Psychological Characteristics of Children of Alcoholics: Overview of research methods and findings. *Recent Development Alcohol*, 9, 301-326.
- [21] Singh, N.K. & Kumar, D. (2007) Family Environment and Alcohol dependence: A Comparative Study. *Indian Journal of Social Psychiatry*. 23, 44-48.
- [22] Singh, N.K., Bhattacharjee, D., Das, B., Kumar, M. (2009) Interaction Pattern in Indian Families with Alcohol Dependent Persons. *Hongkang Journal of psychiatry*. 19(3); 117-120.
- [23] Steinglass, P. (1979) The alcoholic family in the interaction laboratory. *The Journal of Nervous and Mental Disease*, 167, 428-436.
- [24] Steinglass, P. (1980) A Life History Model of the Alcoholic Family. *Family Process*, 19, 211-226.
- [25] Tamura, T. & Lau, A. (1984) Connectedness versus Separateness: applicability of family therapy to Japanese families. *Family Process*, 31, 319-340.
- [26] Van Wormer, K. (1995) *Alcoholism treatment: A social work perspective*. NY: Wadsworth.
- [27] Velleman, R. (1993) *Alcohol and the family*, London, Institute of Alcohol Studies.
- [28] Wiseman, J. (1981) Sober compoment. Patterns and perspectives on alcohol addiction. *Journal of Studies on Alcohol*, 42, 106-126.
- [29] Wolin, S.J. & Bennet, L.A. (1984) Family rituals. *Family Process*, 23(3), 401-420.
- [30] Zweben, A. & Pearlman, S. (1983). Evaluating the effectiveness of conjoint treatment of alcohol-complicated marriages: Clinical and methodological issues. *Journal of Marital and Family Therapy*, 9, 61-72.