American Journal of Psychiatric Rehabilitation Original Article

Psychiatric Morbidities in Spouses of Alcohol-Dependent Men: A Cross-Sectional Study

Dr. Sarvpreet Singh[1*], Dr. Nitin Kumar[2], Dr. Tanay Agrawal[3], Dr. Bharat Agarwal[4], Dr. Sunil Kumar[5]

[1*]PG Resident doctor, Dept of Psychiatry, Ananta Institute of Medical Sciences and Research Centre, Rajsamand
[2]Assistant Professor, Dept of Psychiatry, Ananta Institute of Medical Sciences and Research Centre, Rajsamand
[3]PG Resident doctor, Dept of Psychiatry, Ananta Institute of Medical Sciences and Research Centre, Rajsamand
[4]Professor and Head, Dept of Psychiatry, Ananta Institute of Medical Sciences and Research Centre, Rajsamand
[5]Associate Professor, Dept of Psychiatry, Ananta Institute of Medical Sciences and Research Centre, Rajsamand

***Corresponding Author:** Dr. Sarvpreet Singh
*Department of Psychiatry, Ananta Institute of Medical Sciences and Research Centre, Village - Kaliwas, Tesh.-Nathdwara, District – Rajsamand (Rajasthan, India) PIN 313202, Email: sarvpreetjimmy@gmail.com

ABSTRACT

Background: Alcohol dependence is a chronic relapsing psychiatric disorder with significant biopsychosocial consequences. Spouses of individuals with alcohol dependence experience prolonged psychological distress, predisposing them to various psychiatric morbidities. The present study aims to assess the prevalence and types of psychiatric disorders among spouses of alcohol-dependent men and examine the impact of socio-demographic factors and family structure on their mental health.

Methods: A hospital-based cross-sectional study was conducted among 120 spouses of men diagnosed with alcohol dependence as per the ICD 11 criteria, attending the Psychiatry department of a tertiary care centre. The severity of alcohol dependence in husbands was assessed using the Severity of Alcohol Dependence Questionnaire (SADQ). Psychiatric morbidities in spouses were evaluated using the Mini International Neuropsychiatric Interview (MINI) scale. Socio-demographic variables, including family structure, duration of alcohol use, and socioeconomic status, severity of alcohol dependence, etc. were analysed to determine their correlation with psychiatric morbidity.

Results: Among the 120 spouses, 94.2% were diagnosed with a psychiatric disorder, with major depressive disorder (64.2%), generalized anxiety disorder (35.0%), and suicidal behaviour disorder (24.2%) being the most prevalent. The prevalence of psychiatric morbidity was significantly higher in spouses from nuclear families (72%) compared to joint families (40%, $p = 0.002$). Spouses of individuals with severe alcohol dependence (SADQ-C score ≥30) exhibited a significantly higher prevalence of psychiatric disorders compared to those with lower SADQ-C scores. Additionally, longer duration of alcohol dependence (>10 years) was associated with increased psychiatric morbidity among spouses.

Conclusion: This study demonstrates a high burden of psychiatric disorders among spouses of alcohol-dependent men, with major depressive disorder and generalized anxiety disorder being the most common. Family structure and the severity of alcohol dependence significantly influence psychiatric morbidity. The findings emphasize the need for comprehensive mental health interventions, including psychoeducation, counselling, and structured support systems, to address the psychological distress among spouses of alcohol-dependent individuals.

keywords - Alcohol dependence, Spouse, Psychiatric morbidity, Depression, Anxiety.

Introduction

Alcohol use is not only a medical or psychiatric concern but also a significant social issue, affecting individuals, families, and society at large [1,4]. In many cultures, alcohol consumption is widely accepted, which often leads to underreporting of alcohol-related problems, making prevention and treatment efforts challenging [1]. According to the World Health Organization (WHO), alcohol is a major global health concern, contributing to approximately three million deaths annually, which accounts for 5.3% of total global deaths and 5.1% of the global burden of disability-adjusted life years (DALYs) [2]. In India, alcohol-related illnesses rank among the top ten health concerns, with an estimated 62.5 million people consuming alcohol, making the country one of the largest markets for alcoholic beverages [3].

While much of the discourse around alcohol dependence focuses on its direct impact on individuals, its consequences on their families—particularly spouses—are often overlooked. Living with an alcohol-dependent partner can be distressing, exposing spouses to emotional turmoil, social stigma, and financial burdens. [4]. Studies indicate that spouses of individuals with Alcohol Use Disorder (AUD) frequently experience chronic stress, anxiety, depression, and other psychiatric disorders due to the unpredictable and disruptive behaviours associated with alcohol addiction [5]. These spouses also endure domestic conflicts, financial instability,

social isolation, and, in some cases, physical violence [6].

Alcohol dependence is often referred to as a "family disease" because its effects extend beyond the individual, significantly impacting family members. Spouses, especially wives, are highly vulnerable to the psychological consequences of their partner's alcohol dependence, leading to conditions such as depression, anxiety, substance use disorders, suicidal ideation, low self-esteem, and emotional exhaustion [7]. Additionally, many spouses experience different forms of domestic violence, including physical, verbal, and sexual abuse, further exacerbating their mental health struggles.[8].

Scientific research has consistently shown that spouses of alcohol-dependent individuals have a higher prevalence of psychiatric disorders compared to the general population. However, despite the substantial psychological burden they endure, the mental health of these spouses remains an underexplored area in addiction research.[9] Understanding the mental health implications of alcohol dependence on spouses is crucial for developing effective support programs and policies. Implementing comprehensive care strategies—such as psychological support, counselling services, and domestic violence protection—can contribute to a more holistic approach to addiction treatment, benefiting both affected individuals and their families.[10] Current study aimed to assess the psychiatric morbidities in spouses of alcohol-dependent men and to identify factors associated with psychiatric morbidity.

Materials and Methods

Study Design and Setting- The study was Cross-sectional type conducted at Department of Psychiatry, AIMS & RC, Rajsamand and the duration was 18 months (February–June 2024). The ethical Approval was obtained from institutional ethical clearance committee with approval number AIMS/IEC/2023/11.

Sample Size Calculation

Final sample size was 120 cases of spouses of alcohol dependent men and the confidence level was 95% and allowable error was 4%. So, the final sample size was 120 cases. The method of sampling was Simple Random Sampling.

Inclusion and Exclusion Criteria

The Inclusion & exclusion Criteria: The inclusion criteria comprised spouses of male patients aged above 18 years who fulfilled the ICD-11 criteria for alcohol dependence, as diagnosed independently by two psychiatrists, and who had been married for more than one year while maintaining an active marital life. Spouses were excluded if they had a pre-existing diagnosed psychiatric illness or a substance use disorder (excluding alcohol and nicotine). Individuals with mental retardation, serious chronic medical illnesses, or any other condition that could have confounded the assessment of psychiatric morbidity were also excluded.

Methodology

After obtaining informed consent in Hindi from both the alcohol-dependent patients and their spouses, participants were screened to confirm their eligibility for the study. Sociodemographic and clinical data were collected using a semi-structured proforma.

To assess the severity of alcohol dependence, the Severity of Alcohol Dependence Questionnaire (SADQ) was administered. This tool evaluates alcohol dependence across five key dimensions: physical withdrawal, affective withdrawal, relief drinking, frequency of alcohol consumption, and speed of withdrawal onset. SADQ scores range from 0 to 60, with severity categorized as mild (0–15), moderate (16–30), and severe (>30). A score above 16 indicates the need for detoxification.[11]

Psychiatric morbidity among spouses was assessed using the Mini International Neuropsychiatric Interview (MINI) 7.0.2, a structured diagnostic tool based on DSM-IV and ICD-10 criteria. The MINI, widely used in clinical and research settings, is available in over 70 languages. It evaluates Axis I psychiatric disorders, including major depressive disorder, suicidality, bipolar disorders, panic disorder, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), generalized anxiety disorder (GAD), and social anxiety disorder.[12]

Statistical analysis: Data were analysed using SPSS version 25 (IBM Corp.). Descriptive statistics included frequencies and percentages for categorical variables, and mean ± SD for continuous variables. Chi-Square Test was used to assess associations between alcohol dependence severity and types of abuse, as well as psychiatric disorders. Pearson Correlation was applied to evaluate relationships between SADQ-C scores, psychiatric morbidity, and sociodemographic factors.

RESULT

During the study period, a total of 120 alcohol-dependent males and their spouses were assessed for sociodemographic characteristics, alcohol dependence severity in there husbands, psychiatric morbidities, and associated violence. Among the spouses (study participants), the majority (48.3%) were aged between 31–40 years (38 ± 8), followed by 25.0% in the 41–50 years group, and only 5.8% were above 50 years. In terms of education, most spouses were literate (32.5%) with 26.7% having completed primary education, 18.3% with secondary education, while 22.5% were illiterate. Employment data

revealed that 60.8% of spouses were housewives, 33.3% part-time employed, only 4.2% had full-time employment, and 1.7% were unemployed. Correspondingly, most alcohol-dependent males were aged 31–40 years (45.0%), followed by 25.8% in the 41–50 years category. In education, 34.2% had secondary education, 29.2% primary, and only a small percentage were graduates (0.8%) or postgraduates (1.7%). Employment status showed that 45.0% were full-time employed, 25.8% part-time, 19.2% unemployed, and 9.2% self-employed (Table-1).

TABLE-1. Socio-demographic Profile of Spouses & Male Patients of Alcohol-Dependence (n=120)

Variables		Frequency (N) (%) (SPOUSE)	Frequency (N) (%) (PATIENT)
Age group (years)	≤30	25 (20.8)	13(10.8)pre
	31-40	58 (48.3)	54(45.0)
	41-50	30 (25.0)	31(25.8)
	51-60	7 (5.8)	20(16.7)
	61-70	00	2(1.7)
Education Level	Illiterate	27 (22.5)	15 (12.5)
	Literate (able to read & write)	39 (32.5)	26 (21.7)
	Primary	32 (26.7)	35 (29.2)
	Secondary	22 (18.3)	41 (34.2)
	Graduate	00	1 (0.8)
	Postgraduate	00	2 (1.7)
Employment Status	Full-time	5(4.2)	54(45.0)
	Part-time	40(33.3)	31(25.8)
	Presently unemployed	2(1.7)	23(19.2)
	Self-employed	00	11(9.2)
	Any other	00	1(0.8)
	Housewife	73(60.8)	
Religion	Hindu	120 (100)	
Domicile	Rural	104 (86.7)	
	Urban	16 (13.3)	
Family Type	Joint	39 (32.5)	
	Nuclear	81 (67.5)	
Socio-Economic Class	Class I	1 (0.8)	
	Class II	24 (20)	
	Class III	56 (46.7)	
	Class IV	39 (32.5)	

TABLE-2 – Severity of alcohol dependence in the patients using severity of alcohol dependence questionnaires

Alcohol dependence severity	Scoring range	Number of alcohol dependent men	Frequency(%)
Low dependence	0-15	8	9.6
Moderate dependence	16-30	35	42
Severe dependence	<30	77	92.4
Total		120	

In terms of alcohol dependence severity, a majority of patients (77 out of 120; 92.4%) fell into the severe dependence category, while 35 (42%) had moderate dependence, and only 8 (9.6%) showed low dependence .

TABLE- 3 - Frequency and nature of psychiatric disorders in spouses of males with alcohol dependence

Psychiatric morbidity	Number of Participants (Percentage)
Major depressive disorder	77 (64.2%)
Generalized anxiety disorder	42(35.0%)
Social anxiety disorder	22(18.3%)
Panic disorder	31(25.8%)
Suicidal behaviour disorder	29(24.2%)

Notably, psychiatric morbidity was prevalent among the spouses of these men, especially among those whose husbands were severely dependent on alcohol. Major Depressive Disorder was observed in 64.2% of spouses, Generalized Anxiety Disorder in 35.0%, Panic Disorder in 25.8%, Suicidal Behaviour Disorder in 24.2%, and Social Anxiety Disorder in 18.3%.

TABLE-4. Prevalence of Psychiatric morbidity in spouse of alcohol dependent patients by family type

Psychiatric morbidity	Joint Family *n (%)*	Nuclear Family *n (%)*	Total *n (%)*	P-value (Chi-Square)
Major Depressive Disorder	19 (48.7%)	58 (71.6%)	77 (64.2%)	0.014
Generalized Anxiety Disorder	4 (10.3%)	38 (46.9%)	42 (35.0%)	0.000
Social Anxiety Disorder	8 (20.5%)	14 (17.3%)	22 (18.3%)	
Panic Disorder – Present	5 (12.8%)	26 (32.1%)	31 (25.8%)	0.024
Suicide Behaviour Disorder – Present	5 (12.8%)	24 (29.6%)	29 (24.2%)	0.044

Psychiatric disorders were also more prevalent among spouses from nuclear families: Major Depressive Disorder (71.6% vs. 48.7%, p = 0.014), Generalized Anxiety Disorder (46.9% vs. 10.3%, p = 0.000), Panic Disorder (32.1% vs. 12.8%, p = 0.024), and Suicidal Behaviour Disorder (29.6% vs. 12.8%, p = 0.044), indicating higher risk in nuclear family environments possibly due to reduced social support.

TABLE-5. Association of Alcohol Dependence Severity in husband with Psychiatric Morbidity in spouse

Variable	Alcohol dependence severity			Total	P value
	LOW	MODERATE	SEVERE		
PSYCHIATRIC MORBIDITY					
Major depressive disorder	2(25.0%)	33 (94.3%)	42(45.5%)	77 (64.2%)	<0.001
	1 (12.5%)	9 (25.7%)	32 (41.6%)	42 (35.0%)	0.046
Generalized anxiety disorder	1 (12.5%)	4 (11.4%)	17 (22.1%)	22 (18.3%)	
	2 (25.0%)	2 (5.7%)	27 (35.1%)	31 (25.8%)	0.004
Social anxiety disorder Panic disorder Suicidal behaviour disorder	1 (12.5%)	8 (22.9%)	20 (26.0%)	29 (24.2%)	0.682

Severity of alcohol dependence was significantly associated with psychiatric disorders in spouses: Major Depressive Disorder was present in 94.3% of spouses of moderately dependent men, 45.5% of severely dependent, and 25% of low dependent individuals (p < 0.001). Generalized Anxiety Disorder was seen in 41.6% of spouses of severely dependent men (p = 0.046), and Panic Disorder in 35.1% (p = 0.004). While Social Anxiety Disorder showed an increasing trend with severity, it was not statistically significant (p > 0.05), and Suicidal Behaviour Disorder had no significant correlation (p = 0.682).

Overall, the findings highlight a strong connection between alcohol dependence severity in men and psychiatric morbidity, abuse, and family type-related stressors in their spouses.

Discussion

The present study revealed that the highest proportion of alcohol-dependent patients fell within the 31–40 age group (45.0%), followed by those aged 41–50 years (25.8%). These results are consistent with the findings of Chauhan et al., who reported a mean age of 38.03 years (±7.365), with 43.5% of patients belonging to the 31–40 age group[13]. Similarly, Xiang et al. (2009) identified the highest prevalence of alcohol dependence in the 25–34 age group[14], while Hingson et al. (2006) noted that two-thirds of alcohol-dependent individuals were diagnosed before the age of 25, highlighting the early onset and progression of alcohol use disorders[15]. In contrast, our study reported a lower prevalence among younger individuals (≤30 years: 10.8%), which may reflect cultural or social differences in the initiation and progression of alcohol consumption.

In our study, a significant portion of participants had only primary (29.2%) or secondary (34.2%) education, with very few attaining graduate (0.8%) or postgraduate (1.7%) qualifications. These findings are consistent with those of Xiang et al. (2009), who observed that lower educational levels were linked to a higher risk of alcohol-related disorders[14]. Similarly, Harford et al. (2006) reported that education beyond high school served as a protective factor against alcohol dependence[16]. This suggests that lower educational attainment may contribute to increased vulnerability to alcohol dependence, potentially due to limited awareness of alcohol-related risks or greater exposure to socioeconomic stressors that promote maladaptive coping mechanisms. Regarding employment status, 45.0% of the participants were employed full-time, 25.8%

part-time, and 19.2% were unemployed. These results align with Xiang et al. (2009), who found that employment in lower-income or labor-intensive occupations was associated with a greater likelihood of alcohol dependence[14].

Additionally, the study underscores the significant psychiatric burden on spouses of alcohol-dependent men, with 94% diagnosed with at least one psychiatric disorder. The most frequently reported conditions were major depressive disorder (64.2%), generalized anxiety disorder (35.0%), and suicidal behaviour disorder (24.2%), which aligns with previous literature emphasizing the profound psychological distress experienced by spouses of individuals with alcohol dependence.

Several previous studies have reported a higher prevalence of psychiatric disorders in spouses of individuals with Alcohol Dependence. A study by Kishor et al. (2013) found that 91.3% of spouses of alcohol-dependent individuals had some form of psychiatric morbidity, with depressive disorders (53%) and anxiety disorders (39%) being the most prevalent [5]. Similarly, Rakesh et al. (2017) reported that 68% of spouses of alcohol-dependent men suffered from psychiatric illnesses, with depression (46.4%) and anxiety (28.6%) being the most common diagnoses [17]. Our findings are consistent with these studies, reinforcing the notion that spouses of individuals with alcohol dependence face a high psychiatric burden. However, some variations in prevalence rates could be attributed to differences in methodology, sample size, and cultural contexts. For instance, studies conducted in urban settings have reported higher levels of psychiatric distress compared to rural areas, likely due to greater social isolation and lack of family support [18]. Our study, conducted in a semi-rural setting, found slightly lower prevalence rates, which might be due to the protective role of extended or joint family support systems commonly observed in rural Indian societies.

Our study found a significant association between the severity of alcohol dependence in husbands and the psychiatric distress in their spouses. Spouses of men with severe alcohol dependence had significantly higher rates of major depressive disorder and generalized anxiety disorder compared to those whose husbands had mild or moderate alcohol dependence. These findings align with research by Mattoo et al. (2009), which indicated that the severity and chronicity of alcohol dependence correlate with higher psychological distress in spouses [19].

The erratic behaviour, aggression, financial instability, and emotional neglect associated with severe alcohol dependence create prolonged stress and helplessness for spouses, predisposing them to psychiatric disorders. Additionally, frequent relapses and non-adherence to treatment among severely dependent individuals further deteriorate marital relationships, increasing psychological distress among spouses.[20] Studies have highlighted the detrimental effects of alcohol dependence on family dynamics, including an increase in domestic violence.[21] Manohar et al. found that wives of alcoholics endured significantly greater levels of physical and psychological abuse than those married to non-alcoholics. Their study suggests that the drinking behaviour of alcoholic husbands may contribute to cognitive and functional disturbances in their wives.[22] Family structure emerged as a significant factor influencing psychiatric morbidity in our study. Spouses in nuclear families exhibited higher rates of depression (58%) and generalized anxiety disorder (38%) compared to those in joint families. This is consistent with findings by Math et al. (2016), which suggested that joint family systems act as a buffer, providing emotional and financial support, thereby reducing the psychological burden on spouses.[23] In contrast, spouses in nuclear families often lack social support, making them more vulnerable to emotional distress, social isolation, and financial hardships. [24] This supports the stress-buffering hypothesis, which posits that strong social networks reduce the psychological impact of stressful life events [25]. The findings suggest that social support interventions could play a crucial role in mitigating psychiatric morbidity among spouses of alcohol-dependent individuals.

Conclusion

This study highlights the high prevalence of psychiatric morbidity among spouses of alcohol-dependent men, with depression, anxiety, and suicidality being the most common disorders. The severity of the husband's alcohol dependence, lack of social support, and nuclear family structure were significant contributing factors. Given the substantial mental health burden on spouses, integrating psychiatric care into addiction treatment programs is essential. Furthermore, strengthening social support systems, addressing domestic violence, and providing psychosocial interventions could play a pivotal role in reducing psychiatric distress among spouses.

Acknowledgments: We extend our sincere gratitude to all the participants involved in this study. I would like to especially thank my wife, Himanshi Sarswat, for her unwavering support and encouragement throughout this research. As a Ph.D. scholar at Banasthali Vidyapith, Niwai, Tonk (Rajasthan), her insights and assistance significantly contributed to the successful completion of this work.

Conflict of Interest : None

Limitations of the Study

Despite its valuable findings, the study has certain limitations:

- Cross-Sectional Design: The study provides only a snapshot of psychiatric morbidity and does not establish causality.
- Single-Canter Study: Conducted in a specific geographical location, limiting generalizability to other populations.
- Self-Reported Data: Some aspects of psychiatric morbidity may be underreported due to stigma, leading to response bias.

Future Research Directions

1. Longitudinal Studies

Future research should adopt a longitudinal design to assess how psychiatric morbidity evolves over time, particularly before and after alcohol dependence treatment.

2. Intervention-Based Studies

Studies should evaluate the effectiveness of psychological interventions, such as cognitive-behavioural therapy (CBT), stress management programs, and social support networks, in reducing psychiatric morbidity.

3. Exploring Gender Differences

While most studies, including ours, focus on wives of alcohol-dependent men, future research should explore husbands of alcohol-dependent women, as gender roles may influence psychiatric morbidity differently.

References

1. Quality of Life of Wives of Alcoholics. Indian J Public Health Res Dev. 2020;11(3):658-62. doi:10.37506/ijphrd.v11i3.1365.
2. World Health Organization. Alcohol [Internet]. Geneva: WHO; 2020 [cited 2025 Apr 23]. Available from: https://www.who.int/news-room/fact-sheets/detail/alcohol
3. Global Alcohol Policy Alliance. Alcohol Related Harm in India – A Fact Sheet [Internet]. Chennai: Global Alcohol Policy Alliance; 2015 Mar 30 [cited 2025 Apr 23]. Available from: https://www.scribd.com/document/4400491 1/Alcohol-Related-Harm-in-India-a-Fact-Sheet
4. Kishor M, Pandit LV, Raguram R. Psychiatric morbidity and marital satisfaction among spouses of men with alcohol dependence. Indian J Psychiatry. 2013;55(4):360-5. doi:10.4103/0019-5545.120557. PMID: 24459307; PMCID: PMC3890921.
5. Platt S. Measuring the burden of psychiatric illness on the family: an evaluation of some rating scales. Psychol Med. 1985;15(2):383-93.
6. Hurcom C, Copello A, Orford J. The family and alcohol: Effects of excessive drinking and conceptualizations of spouses over recent decades. Subst Use Misuse. 2000;35:473-502.
7. Sekii T, Shimizu S, So T. Drinking and domestic violence: Findings from clinical survey of alcoholics. Jpn J Alcohol Stud Drug Depend. 2005;40:95-104.
8. Kahler CW, McCrady BS, Epstein EE. Sources of distress among women in treatment with their alcoholic partners. J Subst Abuse Treat. 2003;24:257-65.
9. Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK. Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India; 2019.
10. Tikka DL, Ram D, Dubey I, Tikka SK. Indian J Psychol Med. 2014;36(2):112-8.
11. Meehan JP, Webb MG, Unwin AR. The Severity of Alcohol Dependence Questionnaire (SADQ) in a sample of Irish problem drinkers. Br J Addict. 1985;80(1):57-63.
12. Sheehan DV, Janavs J, Weiller E, Lecrubier Y, Harnett-Sheehan K, Amorim P, et al. The Mini International Neuropsychiatric Interview (M.I.N.I.): Development and validation of a structured diagnostic psychiatric interview. J Clin Psychiatry. 1998;59(Suppl 20):22-33.
13. Chauhan V, Nautiyal S, Garg R, Chauhan K. To identify predictors of relapse in cases of alcohol dependence syndrome in relation to life events. Ind Psychiatry J 2018;27:73. https://doi.org/10.4103/IPJ.IPJ_27_18.
14. Xiang YT, Ma X, Lu JY, Cai ZJ, Li SR, Xiang YQ, et al. Alcohol-related disorders in beijing, china: Prevalence, socio-demographic correlates, and unmet need for treatment. Alcohol Clin Exp Res 2009;33:1111–8. https://doi.org/10.1111/J.1530-0277.2009.00933.X.
15. Hingson RW, Heeren T, Winter MR. Age at drinking onset and alcohol dependence: Age at onset, duration, and severity. Arch Pediatr Adolesc Med 2006;160:739–46. https://doi.org/10.1001/ARCHPEDI.160.7.739
16. Harford TC, Yi HY, Hilton ME. Alcohol abuse and dependence in college and noncollege samples: A ten-year prospective follow-up in a national survey. J Stud Alcohol 2006;67:803–9. https://doi.org/10.15288/JSA.2006.67.803.
17. Gandhi R, Nimmagadda A, Singh A, Sharma V. Anxiety and depression in spouses of males diagnosed with alcohol dependence: A comparative study. Arch Psychiatry Psychother. 2017;19(4):51-6. doi:10.12740/APP/79459.
18. Singh R, Goyal E, Chaudhury S, Puria A, Kumar S, Kumar A. Psychiatric morbidity in family members of alcohol dependence patients. Ind Psychiatry J. 2022;31(2):306-12. doi:10.4103/ipj.ipj_179_20.

19. Sedain CP. Study of psychiatric morbidity of spouse of male alcoholic patients in Nepal. J Chitwan Med Coll. 2013;3:10-3.
20. Gilchrist G, Hegarty K, Chondros P, Herrman H, Gunn J. The association between intimate partner violence, alcohol, and depression in family practice. BMC Fam Pract. 2010;11:72.
21. Patkar P, Walia TS, Singh I, Chaudhury S, Saldanha D, Diwan C. Quality of life and suicidal ideation in wives of men with alcohol dependence: A hospital-based study. Ind Psychiatry J.
22. Manohar PS, Kannappan R. Domestic Violence and Suicidal Risk in the Wives of Alcoholics and Non-alcoholics. Journal of the Indian Academy of Applied Psychology 2010;36:334–8.
23. Math SB, Girimaji SC, Benegal V, Uday Kumar GS, Hamza A, Nagaraja D. Tsunami: Psychosocial aspects of Andaman and Nicobar Islands. Assessments and intervention in the early phase. Int Rev Psychiatry. 2006;18(3):233-9.
24. Sathyanarayana Rao TS, Darshan MS, Tandon A, Raman R, Karthik KN, Saraswathi N, et al.Suttur study: An epidemiological study of psychiatric disorders in South Indian rural population. Indian J Psychiatry. 2014;56:238-45.
25. Bowen KS, Uchino BN, Birmingham W, Carlisle M, Smith TW, Light KC. The stress-buffering effects of functional social support on ambulatory blood pressure. Health Psychol. 2014 Nov;33(11):1440-3. doi: 10.1037/hea0000005. Epub 2013 Nov 18. PMID: 24245843; PMCID: PMC4090296.