



FRUSTRATION TOLERANCE AND HELPLESSNESS IN WIVES OF ALCOHOL DEPENDENTS AND HEALTHY CONTROLS: A COMPARATIVE STUDY

Pushpendra Kumar Sharma*

Research Scholar, Department of Psychology, Agra College, Agra, Uttar Pradesh.
*Corresponding Author

Dr. Shiv Kumar Singh

Associate Professor, Department of Psychology, Agra College, Agra, Uttar Pradesh.

ABSTRACT Alcohol dependence is a psychiatric disorder characterized by an inability to control or reduce alcohol consumption despite experiencing adverse consequences across various life domains. The cyclical pattern of relapse and recovery associated with this disorder perpetuates ongoing challenges for the wives of individuals with alcohol dependence. Repeatedly witnessing their husband's problematic drinking patterns often erodes their sense of hope, making it increasingly difficult for them to maintain emotional stability. Consequently, their frustration tolerance becomes diminished. Moreover, due to the chronic and recurrent nature of alcohol dependence, the wives' coping efforts frequently yield limited success, leading to a profound sense of helplessness. The present study aimed to compare frustration tolerance and helplessness levels in wives of individuals with alcohol dependence and wives of healthy controls. A sample of 100 wives of alcohol dependents was selected through purposive sampling and compared with 100 wives of healthy control subjects on the scales of frustration tolerance and helplessness. The results revealed that wives of alcohol dependents scored significantly lower on frustration tolerance and higher on helplessness compared to wives of healthy controls.

KEYWORDS : Alcohol Dependence, Frustration Tolerance, Helplessness

INTRODUCTION

Alcohol dependence is a psychiatric disorder characterized by an inability to control or reduce alcohol consumption despite experiencing negative consequences in various aspects of life, including health, social functioning, occupation, and familial relationships. Excessive alcohol use induces lasting neurobiological changes in the brain, which increase an individual's vulnerability to relapse, thereby perpetuating the disorder (NIAAA, 2024).

Frustration tolerance refers to the ability to maintain composure and regulate one's emotions when faced with obstacles or setbacks in the pursuit of a goal (VandenBos, 2015). It involves the capacity to delay immediate gratification and behave calmly and adaptively when encountering hindrances. The development of adequate frustration tolerance generally occurs during childhood as part of cognitive and affective maturation. However, therapeutic interventions later in life can also enhance frustration tolerance abilities.

Individuals with high frustration tolerance tend to be more focused and persistent in achieving their desires or goals. Frustration tolerance is inversely related to aggressive behavior, with those possessing lower levels of frustration tolerance being more prone to aggression. Characteristics associated with high frustration tolerance include satisfying interpersonal relationships and better overall adjustment. Factors such as gender, cultural background (Reck, McCary, & Weatherly, 1969), task demands, and stress levels can influence an individual's frustration tolerance.

Helplessness is a psychological state resulting from exposure to inescapable or uncontrollable situations or events. When an individual tries to escape or avoid these circumstances, but all efforts fail, they develop the belief that their actions cannot bring about any change. Consequently, they generalize this perceived lack of control to other situations, even those that may be escapable or avoidable.

This is a learned belief (Seligman, 1975). This theory of learned helplessness demonstrates how prior experiences can significantly influence behavior. It explains the observation that due to this negative expectancy, an individual may become unresponsive and pessimistic, exhibiting a sense of helplessness despite having the resources at their disposal to exert control or find a solution.

Alcohol dependence often has a profound impact on the entire family system (Ramanan & Singh, 2016). While all family members suffer adverse consequences, the spouses of individuals with alcohol dependence tend to experience significant distress (Pujam & Kalaivani, 2017; Jose, Yesodharan, Nayak, & Anjali, 2018; Sebastian & Suja, 2020). A salient feature of this disorder is the cyclical pattern of relapse and recovery, which creates ongoing conflicts and challenges

for the female spouses. They frequently lose hope regarding their husband's problematic drinking patterns, making it difficult for them to maintain emotional equilibrium in their circumstances i.e., their frustration tolerance becomes diminished.

In attempting to cope with their husband's alcohol dependence, these wives employ various strategies based on their available resources. However, due to the chronic and recurrent nature of the disorder, their efforts often yield limited success, leading to a sense of helplessness. The present study aims to explore these issues faced by the spouses of individuals with alcohol dependence, particularly their experiences of helplessness in the context of their husband's problematic drinking patterns and the associated relapse-recovery cycle.

Aim

The present research aims to compare Frustration Tolerance and Helplessness in Wives of Individuals with Alcohol Dependence and Healthy Controls.

METHODOLOGY

Cross sectional research design was formulated in the present study. A sample of 100 wives of individuals with the diagnosis of alcohol dependence according to ICD-11 (with no co-morbid psychiatric disorder) were selected through purposive sampling from various Rehabilitation and Drug De-Addiction Centres in Uttar Pradesh and Uttarakhand and were compared with 100 wives of healthy control subjects (with no past, present, or family history of major psychiatric disorder in first-degree relatives) on the Frustration Tolerance and Helplessness Scales. The age of the subjects ranged from 30 to 45 years with a minimum education level of 10th standard. The study only included participants who provided written, informed consent.

RESULTS

The results of the study indicate that the wives of individuals with alcohol dependence had lower scores on frustration tolerance and higher scores on helplessness than the control group.

Frustration Tolerance in Wives of Alcohol dependents and Healthy controls.

Table – 1(a) (In terms of Time Taken in minutes)

Group	N	Mean	SD	t	p
Wives of Alcohol Dependents	100	6.19	1.460	1.152	0.251
Wives of Healthy Controls	100	6.43	1.451		

df=198

Table – 1(b) (In terms of No. of Attempts)

Group	N	Mean	SD	t	p
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Wives of Alcohol Dependents	100	13.46	2.862	4.034	0.000**
Wives of Healthy Controls	100	15.22	3.292		

df=198, ** p<0.01

Result table 1(a) shows that the t-value for average time taken to solve I and III puzzles on Frustration Tolerance Test is 1.152 ($p > 0.05$), indicating no significant difference in the scores of average time taken in solving the insoluble puzzles in wives of Alcohol dependents and Healthy controls. However, result table 1(b) shows a significant difference in the scores of average number of attempts taken in solving the insoluble puzzles in wives of Alcohol dependents and Healthy controls as the t-value for number of attempts taken to solve the puzzles is 4.034 ($p < 0.01$).

Table – 2 Helplessness in Wives of Alcohol dependents and Healthy controls.

Group	N	Mean	SD	t	p
Wives of Alcohol Dependents	100	69.53	8.574	5.450	0.000**
Wives of Healthy Controls	100	63.14	7.997		

df=198, ** p<0.01

Result table 2 shows that the t-value for Helplessness is 5.450 ($p < 0.01$) indicating significant difference in the scores of Helplessness in wives of Alcohol dependents and Healthy controls.

DISCUSSION

The main purpose of the present study was to compare frustration tolerance and helplessness in the wives of individuals with alcohol dependence and wives of healthy controls. The findings of this study show that the wives of individuals with alcohol dependence scored lower on the frustration tolerance scale and higher on the helplessness scale compared to the control group.

On the Frustration Tolerance Scale, no significant difference was observed in the scores of average time taken ($p > 0.05$) in solving the insoluble puzzles in wives of Alcohol dependents and Healthy controls. On the other hand, there is a significant difference in the scores of the average number of attempts taken ($p < 0.01$) to solve the insoluble puzzles in wives of Alcohol dependents and Healthy controls. Corroborating the present findings, the study conducted by Joseph, Usha, and Alexander (2019) also revealed that wives of individuals with alcohol dependence exhibited lower levels of frustration tolerance. Alcohol dependence is a chronic disorder characterized by frequent relapses, which, coupled with its other associated symptoms, continually challenges the patience and emotional stability of the spouses. Consequently, the wives of individuals with alcohol dependence tend to develop diminished frustration tolerance over time.

Similarly, wives of alcohol dependents had a significantly higher score ($p < 0.01$) on the Helplessness scale than wives of healthy controls. The study by de Souza, Carvalho, and Teodoro (2012) underlines similar findings and emphasizes that despite their best efforts, the wives of alcohol dependents witness their husbands' continued alcohol consumption due to factors such as cravings, withdrawal symptoms, tolerance, and the prioritization of alcohol use over other life domains. This persistent cycle of relapse and the inability to influence their husband's drinking behavior contribute to a profound sense of powerlessness and diminished motivation, ultimately leading these wives to experience helplessness in managing their alcoholic spouse's condition.

CONCLUSION

The problematic patterns of drinking exhibited by individuals with alcohol dependence, characterized by symptoms such as cravings, withdrawal, tolerance, and the prioritization of alcohol consumption over other life domains, often lead their wives to experience feelings of helplessness and frustration. Despite the wives' best efforts to address their husband's illness, their husbands continue to engage in alcohol use, resulting in clear and significant adverse consequences across various domains, including family, social, occupational, and health spheres. This persistent cycle of relapse and the inability to influence their spouse's drinking behavior contribute to a profound sense of frustration and helplessness among the wives.

Consequently, the findings of this study suggest that interventions targeting the wives of individuals with alcohol dependence should incorporate strategies to address their diminished frustration tolerance and feelings of helplessness. Such interventions can equip these wives with effective coping mechanisms, enhance their resilience, and provide them with a sense of empowerment in managing the challenges associated with their husband's alcohol dependence.

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