

Effectiveness of Supportive Group Intervention Programme on Expressed Emotion and Frustration Tolerance among Wives of patients with Alcohol Dependence Syndrome

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Abstract: According to WHO statistics, 38.3% of the global population consume alcohol. On an average, an individual over 15 years of age consume 6.2 liters of alcohol annually.¹The aim of the study was to assess Effectiveness of Supportive group intervention programme on expressed emotion and frustration tolerance among seventy wives of patients with alcohol dependence syndrome (ADS), admitted in Medical College Hospital, Kottayam. The research design selected for this study was quasi experimental pretest posttest control group design and purposive sampling technique was used. The Supportive group intervention programme, includes initial individualized interview, computer assisted teaching session on expressed emotion and frustration tolerance and relaxation techniques. The tools were structured questionnaire prepared by the investigator for collecting socio personal data, Modified rating scale for assessing expressed emotion and rating scale for assessing frustration tolerance. The Pilot study was conducted to assess the feasibility of the study. For the main study, researcher selected thirty five wives of patients with ADS who met the inclusion criteria to the control group and thirty five to the experimental group. The data were tabulated and analyzed by descriptive and inferential statistics. The study revealed that Supportive group intervention programme was much effective in reducing expressed emotion ($U=7$; $p<0.05$) and improving frustration tolerance ($U=27.50$; $p<0.05$) among wives of patients with alcohol dependence syndrome. There was a statistically significant negative correlation between expressed emotion and frustration tolerance ($\rho = - 0.07$; $p<0.05$). As nurses constantly interacting with the patients and their care givers in the clinical setting, they should be aware of the emotional difficulties of both patients and care givers.

Keywords: expressed emotion; frustration tolerance; Supportive group intervention programme; wives of patients with alcohol dependence syndrome.

1. Introduction

Alcoholism is a family disease because it affects the family as a whole and each member individually. A majority of those who are diagnosed with psychological disorders go through rehabilitation to recover. However it is easy for anyone with these disorders fall back into the old habits they are trying to end. One factor that contributes to such relapse after rehabilitation is the expressed emotion from the relatives who they are living with after treatment.²

Examination of interaction patterns reveals that high levels of expressed emotions are associated with reciprocal negativity within the relationship.³They can cause relapse of psychiatric symptoms among people with a vulnerability to stress.⁴Frustration refers to the situations or the event that creates obstacle in the way to goal. In other words the sense of disappointment that result from the obstacles is frustration. In our course of life we encounter many obstacles and barriers between our goals and ourselves. The process of blocking or thwarting of needs causes frustration in human beings.⁵

Supportive group intervention programme consists of initial individualized interview, computer assisted teaching session on expressed emotion and frustration tolerance, relaxation techniques. Since not much studies have been done with

regard to expressed emotion and frustration tolerance in Kerala, there is a need to test and find out a cost effective and efficient method of handling the problem of expressed emotion and frustration tolerance among wives of patients with alcohol dependence syndrome.

2. Objectives

- 1) To assess the level of expressed emotion and frustration tolerance among wives of patients with alcohol dependence syndrome.
- 2) To evaluate the effectiveness of Supportive group intervention programme on expressed emotion among wives of patients with alcohol dependence syndrome.
- 3) To determine the effectiveness of Supportive group intervention programme on frustration tolerance among wives of patients with alcohol dependence syndrome.
- 4) To determine the correlation between expressed emotion and frustration tolerance among wives of patients with alcohol dependence syndrome.

3. Materials and Methods

Present study was conducted among 70 wives of patients with alcohol dependence syndrome admitted in Medical College Hospital, Kottayam, Kerala to find out the effectiveness of Supportive group intervention programme

on expressed emotion and frustration tolerance. Quasi experimental pretest posttest control group design was used. Thirty five wives of patients with alcohol dependence syndrome were selected to experimental group and thirty five to control group by purposive sampling technique. Pretest was conducted in samples using socio personal data sheet of wives of patients with ADS and patient, modified rating scale for assessing expressed emotion and frustration tolerance. Supportive group intervention programme include initial individualized interview, computer assisted teaching session on expressed emotion and frustration tolerance and relaxation techniques of thirty minutes each, given in three consecutive days, for a group of 5 to 6 wives of patients with alcohol dependence syndrome. The relaxation techniques were continued for 15 minutes twice a day for 28 days. The post test was done on 29th day after pretest. No interventions were given to the control group. The socio personal data and clinical data were analyzed using frequency distribution and percentage. Effectiveness of Supportive group intervention programme on expressed emotion and frustration tolerance on experimental group in comparison with control group was analyzed using Mann-Whitney U test. Correlation between expressed emotion and frustration tolerance among wives of patients with alcohol dependence syndrome was analyzed using Spearman's rank correlation coefficient. The data were analyzed using the licensed SPSS21.0 version software.

4. Results

4.1 Socio personal data of wives of patients with alcohol dependence syndrome in control and experimental group

Among the study participants selected for the study 28.6% of the clients in control group and 25.7% in experimental group belonged to age group 20-30 years. Considering the education, 34.3 % of the clients in control group and 34.3 % in experimental group had primary education. Among the samples, 60% in control group and 62.9% experimental group were unemployed. Regarding the family monthly income, 40.0% of the wives in control group had family monthly income of Rs.7501-10,000 and 48.5% of the wives in experimental group had family monthly income Rs. <5000. Majority of the wives in control group (62.9%) and 60.0% in experimental group had arranged marriage. Among the wives in control group 40.0% had two children and 62.8% of wives in experimental group had one child. Study revealed that 45.8% of the subjects in control and 34.2% in experimental group were victims of physical abuse by their husbands. Considering the coping behavior, 48.5% of subjects in control group sought social support as their coping behavior and 48.5 % in experimental group engaged in religious activities as their coping behavior. Chi square value shows that there was no statistically significant difference between control and experimental group in terms of sample characteristics and hence the groups were homogeneous.

Table 1: Frequency distribution and percentage of wives of patients with alcohol dependence syndrome based on age, education, occupation and family monthly income, (n=70)

Sample characteristics	Control group (n=35)		Experimental group (n=35)		df	χ ²
	f	%	f	%		
Age in years						
20-30	10	28.6	9	25.7	3	0.94
31-40	9	25.7	9	25.7		
41-50	7	20	9	25.7		
>51	9	25.7	8	22.9		
Education						
Primary	12	34.3	12	34.3	3	0.48
Upper primary	10	28.6	11	31.4		
Secondary	13	37.1	10	28.6		
Higher secondary	0	0	2	5.7		
Occupation						
Employed	14	40	13	37.1	1	0.8
Unemployed	21	60	22	62.9		
Family monthly income						
<5000	12	34.3	17	48.5	2	0.02
5001-7500	9	25.7	14	40		
7501-10000	14	40	4	11.5		

Table 2: Frequency distribution and percentage of wives of patients with alcohol dependence syndrome based on type of marriage, number of children, problems faced by wives due to their husbands' alcoholism and coping behavior, (n=70)

Sample characteristics	Control group (n=35)		Experimental group (n=35)		df	χ ²
	f	%	f	%		
Type of marriage						
Love marriage	13	37.1	14	40	1	0.8
Arranged marriage	22	62.9	21	60		
Number of children						
No children	2	5.7	1	2.9	3	0.16
One child	13	37.1	22	62.8		
Two children	14	40	7	20		
More than two children	6	17.2	5	14.3		
Problems faced by wives due to husbands' alcoholism						
Physical abuse	16	45.8	12	34.2	2	0.27
Financial abuse	12	34.2	10	28.6		
Psychological abuse	7	20	13	37.2		
Coping behavior						
Acceptance	1	2.9	2	5.7	3	0.57
Avoidance	2	5.7	4	11.6		
Religious	15	42.9	17	48.5		
Seeking social support	17	48.5	12	34.2		

4.2 Socio personal data of patients with alcohol dependence syndrome in control and experimental group

Among the patients, 28.6% in control group and 25.7% in experimental group belonged to age group 20-30 years. Considering the education, 37.2% of the clients in control group had secondary education and 34.2 % in experimental group studied up to primary education. Majority of patients in control (60%) and experimental group (62.9%) were employed. Among the patients, 48.5% in control group had six to ten years of alcoholism and 45.7% in experimental group had more than 10 years of alcoholism. Regarding the hospitalization for de addiction treatment, 62.8% of patients in control group had five to ten times of hospitalizations and 54.2 % in experimental group had less than five times of hospitalizations for de addiction treatment. Chi square value

shows that there was no statistically significant difference between control and experimental group in terms of sample characteristics and hence the groups were homogeneous.

Table 3: Frequency distribution and percentage of patients with alcohol dependence syndrome based on age, education, occupation, total duration of alcoholism and number of hospitalizations for de addiction treatment, (n=70)

Patient data	Control group (n=35)		Experimental group (n=35)		df	χ^2
	f	%	f	%		
Age in years						
20-30	10	28.6	9	25.7	3	0.94
31-40	9	25.7	9	25.7		
41-50	7	20	9	25.7		
>51	9	25.7	8	22.9		
Education						
Primary	12	34.2	12	34.2	3	0.48
Upper primary	10	28.6	11	31.5		
Secondary	13	37.2	10	28.6		
Higher secondary	0	0	2	5.7		
Occupation						
Employed	21	60	22	62.9	1	0.8
Unemployed	14	40	13	37.1		
Total duration of alcoholism in years						
3-5	12	34.3	7	20	2	0.03
6-10	17	48.5	12	34.3		
>10	6	17.2	16	45.7		
Number of hospitalizations for de addiction treatment						
Never	6	17.2	2	5.7	3	0.02
<5 times	6	17.2	19	54.2		
5-10 times	22	62.8	10	28.7		
>10 times	1	2.8	4	11.4		

4.3 Expressed emotion among wives of patients with ADS

Components of expressed emotion were hostility, critical comments and emotional over involvement categorized on the range of scores 0-40. Study revealed that all the wives of patients with alcohol dependence syndrome in control group (100%) and experimental group (100%) had high expressed emotion in all the components.

4.4 Frustration tolerance among wives of patients with ADS.

Domains of frustration tolerance were personal, familial, social and financial. Among the wives of patients with ADS all (100%) in control and experimental group had low frustration tolerance in all the domains.

4.5 Effectiveness of Supportive group intervention programme on expressed emotion between control and experimental group

The effect of Supportive group intervention programme on expressed emotion among wives of patients with ADS

between control and experimental group was statistically tested using Mann Whitney U test. It was revealed that the obtained U value was statistically significant at 0.05 level. Hence it was inferred that there was a statistically significant difference in scores of expressed emotion among wives of patients with ADS between control and experimental group. This indicates that Supportive group intervention programme was effective in reducing the expressed emotion among wives of patients with ADS.

Table 4: Median, interquartile range, mean rank, sum of ranks and U value of components of expressed emotion of wives of patients with alcohol dependence syndrome in control and experimental group, (n=70)

Expressed emotion									
Pre assessment Postassessment									
Group	Hostility	n	Median	IQR	Median	IQR	Mean rank	Sum of rank	U
Control	35	35	14	36	28	52.81	1849	6.50*	
Experimental	35	33	15	9	16	18.19	636.5		
Critical comments									
Control	35	35	13	35	31	52.66	1843	12*	
Experimental	35	36	12	8	12	18.34	642		
Emotional over involvement									
Control	35	36	10	35	32	52.56	1840	15*	
Experimental	35	37	10	8	14	18.42	645		

Table 5: Median, interquartile range, mean rank, sum of ranks and U value of expressed emotion of wives of patients with alcohol dependence syndrome in control and experimental group, (n=70)

Expressed emotion Pre assessment Post assessment								
Group	n	Median	IQR	Median	IQR	Mean rank	Sum of ranks	U
Control	35	104	10	104	7	52.8	1848	7*
Experimental	35	105	10	23	6	18.2	637	

4.6 Effectiveness of Supportive group intervention on frustration tolerance between control and experimental group.

The effect of Supportive group intervention programme on frustration tolerance among wives of patients with ADS between control and experimental group was determined by using Mann Whitney U test. It was revealed that the obtained U value was statistically significant at 0.05 level. Hence it was inferred that there was a statistically significant difference in scores of frustration tolerance among wives of patients with ADS between control and experimental group. This indicates that Supportive group intervention programme was effective in reducing the frustration tolerance among wives of patients with ADS.

Table 6: Median, interquartile range, mean rank, sum of ranks and U value of domains of frustration tolerance among wives of patients with alcohol dependence syndrome in control and experimental group, (n=70)

Domains	Frustration tolerance						Mean rank	Sum of ranks	U
	n	Pre assessment		Post assessment					
Personal	n	Median	IQR	Median	IQR				
Control	35	16	8	16	23	18.56	1835.5	19.50*	
Experimental	35	16	8	35	6	54.44	649.5		
Familial									
Control	35	16	6	16	25	18.61	651.5	21.50*	
Experimental	35	16	6	35	6	52.39	1833.5		
Social									
Control	35	7	3	7	10	18.4	1841	14*	
Experimental	35	8	3	15	3	52.6	644		
Financial									
Control	35	4	2	4	6	18.79	1827.5	27.50*	
Experimental	35	4	2	7	3	52.21	657.5		

Table 7: Median, interquartile range, mean rank, sum of ranks and U value of frustration tolerance among wives of patients with alcohol dependence syndrome in control and experimental group, (n=70)

Group	n	Frustration tolerance				Mean rank	Sum of ranks	U
		Pre assessment	Median	IQR	Post assessment			
Control	35	43	2	43	3	18.79	657.5	27.50*
Experimental	35	43	3	91	5	52.21	1827.5	

4.7 Correlation between the expressed emotion and frustration tolerance among wives of patients with alcohol dependence syndrome

The Spearman’s rank correlation coefficient was used for determining the correlation between expressed emotion and frustration tolerance. The obtained rho value was statistically significant at 0.05 level. It was interpreted that there was a statistically significant negative correlation between expressed emotion and frustration tolerance among wives of patients with alcohol dependence syndrome. It was inferred that as the expressed emotion increases, frustration tolerance decreases.

Table 8: Correlation between expressed emotion and frustration tolerance among wives of patients with alcohol dependence syndrome, (n=70)

Variables	ρ
Expressed emotion	
Frustration tolerance	-0.07*

5. Discussion

Findings from the present study showed that 60% subjects in control group and 62.9% in experimental group were unemployed. It was consistent with the findings of a study conducted in Turkey, findings showed that most of the care givers had low educational status (56.3%) and they were currently unemployed (65.3%).⁶

Among the participants in control group (62.9%) and 60.0% in experimental group had arranged marriage. This was consistent with a study finding that assessed the impact of marital status on mental health of women which revealed that marital status has significant impact on mental health.⁷

It was observed that most of the wives in control group (40.0%) were having two children and 62.8% of wives in experimental group were having one child. Now the trend of families in Kerala is the formation of nuclear ones. One research study identified that nuclear families were the root causes for many of the psychosocial problems such as depression, substance abuse and increased incidence of suicide.^{8,9}

It was also evident that a majority (45.8% in control and 34.2% in experimental group) of wives of patients with ADS were victims of physical abuse by their husbands. Study findings were congruent with a case control study done in Goa, focusing on the impact and pattern of drinking in hazardous drinkers in a male industrial worker population in India using 234 samples. Results highlights the associated psychological problems such as anxiety disorders and depression and social problems such as family neglect, poverty and domestic violence.¹⁰

It was observed that, 48.5% of subjects in control group were seeking social support as their coping behavior and 48.5 % in experimental group were engaging in religious activities as their coping behavior. These findings were supported by a cross sectional study which was conducted among 35 wives of alcoholics in the Department of Psychiatry, NIMHANS. They identified that majority of alcoholics’ families lack support system and that it is the major cause of family violence.¹¹

In the present study among the patients with alcohol dependence syndrome, 28.6% in control group and 25.7% in experimental group belonged to age group 20-30 years. The investigator assumes that most of the severely alcohol dependent clients were young aged and it was evident that they started their drinking habit in their early childhood. The result was supported by a study finding that youthful drinking is associated with an increased risk of long term, health consequences.¹²

It was found that 37.2% of the patients with alcohol dependence syndrome in control group had secondary education and 34.2 % in experimental group studied up to primary education. The study regarding the educational level and risk of alcohol abuse and dependence supported the present study that individuals who had dropped out of high school/ higher secondary were 6.34 times more likely to

develop alcohol dependence than individuals with a college degree.¹³

Regarding the total duration of alcoholism, 48.5% in control group were having six to ten years of alcoholism and 45.7% in experimental group were having more than 10 years of alcoholism. This finding was in consistent with a study regarding the age of drinking onset and alcohol dependence that the adolescent onset of drinking develops hazardous alcohol dependence within 10 years of life.¹⁴

A major finding of the study was that, all the wives of patients with ADS in both the control and experimental group (100%) had high expressed emotion. It was consistent with a study conducted in USA on expressed emotion as a predictor of relapse in patients with co morbid psychosis and substance use disorders. Results showed that high expressed emotion was present in 62% of household and also it depicted that high expressed emotion was a strongest predictor of relapse during follow up.¹⁵The results were also congruent with a study in which high expressed emotion was in 53 % of affected families compared with 23.5% of control families, and in another study found that high expressed emotion in 41% of affected families.^{15,16}

It was observed that, both in control and experimental group 100% of wives of patients with alcohol dependence syndrome had low frustration tolerance. The researcher assumes that it negatively affects their marital relationship with their spouses and that leads to lack of emotional intimacy with the spouse, problems related to sexual life and marital conflict.

It was found that expressed emotion among wives of patients with ADS was reduced after Supportive group intervention programme in the experimental group, since there was a significant difference in median scores of expressed emotion after Supportive group intervention programme between control and experimental group. Study conducted on family members with expressed emotions identified that family psychoeducation during hospitalization even for short period was effective for all families even with high and low expressed emotions.¹⁷

The findings of the present study generate some implications to the health care delivery system. Nurses work in a large variety of specialties where they work independently and as part of a team to assess, plan, implement and evaluate care. Nurses should identify the severity of the alcohol dependence syndrome and assess the level of expressed emotion and frustration tolerance among wives of patients with ADS. Supportive group intervention programme could be used in various settings like psychiatric in patient settings, deaddiction centers, deaddiction clinics, and addiction rehabilitation centers in order to reduce the relapse rate among patients with alcoholism.

6. Conclusion

The findings revealed that all the wives of patients with alcohol dependence syndrome in both the control and experimental group (100%) had high expressed emotion. All wives of patients with alcohol dependence syndrome in

control group and experimental group (100%) had high hostility, critical comments and emotional over involvement. Regarding the frustration tolerance of wives of patients with alcohol dependence syndrome in both the control and experimental group (100%) had low frustration tolerance. It indicated the need for an intervention programme to reduce expressed emotion and to improve frustration tolerance among wives of patients with alcohol dependence syndrome.

The results of the present study revealed that Supportive group intervention programme was effective in reducing the expressed emotion and improving the frustration tolerance among wives of patients with alcohol dependence syndrome. The study also depicted that Supportive group intervention programme can be used as an effective intervention programme in reducing the components of expressed emotions (hostility, critical comments and emotional over involvement) and improving low frustration tolerance of wives of patients with alcohol dependence syndrome.

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