



Alcohol Abuse and Relationships: Implications for Relationship and Marriage Education

Research Brief

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Background

Alcohol abuse affects millions of families either directly or indirectly, and the abuse of legal substances is a prominent concern for public health officials throughout the world (Corroa, et al., 2000; World Health Organization [WHO], 2004; WHO, 1997). According to the 2004 National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2005), of the 3.8 million persons who received treatment in the U.S. for alcohol or drugs in the past year, more than half (2.4 million) were treated for alcohol abuse. Approximately 55 percent of adults report having had at least one drink during the past 30 days. Five percent of men report having two drinks per day while five percent of women report having one drink per day. During the past 30 days, 16 percent report being binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion) while nine percent of adults in the U.S. meet the criteria for alcohol abuse or dependence (Grant, Stinson, Dawson, Chou, Dufour, Compton, et al., 2004).

This brief will provide the latest research regarding the impact of alcohol use on relationships. It will

also provide a discussion of the implications this association has for marriage education.

What the Research Says

Married individuals have significantly lower rates of alcohol use and abuse creating what has been called the *marriage effect*. Heavy alcohol use has been consistently linked to increases in marital dissatisfaction and divorce. However, couples that consume alcohol together and in similar amounts report greater marital satisfaction than those in which the partners practice dissimilar use.

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Definition of Substance Abuse and Dependence
According to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV), substance abuse and dependence are patterns of substance use that lead to clinically significant impairment or distress. Symptoms of abuse include failure to fulfill major obligations at work, school, or home as well as legal problems. Symptoms of dependence include tolerance, withdrawal, using more of the substance

than intended, giving up social, occupational or recreational activities because of substance abuse, and continued use despite an individual knowing that he or she has a persistent or recurrent problem. These definitions are the same regardless of the substance used, and alcohol is a commonly abused substance.

Alcohol Abuse and Divorce

Family relationships play a central role in attempts to explain the problematic use of substances (including alcohol) (e.g., Epstein & McCrady, 1998; Steinglass, 1994). Of particular importance among these

Individuals frequently point to alcohol and drug use as being a prominent reason for the dissolution of their marriage. In fact, alcohol and drug use ranked third — just below infidelity and incompatibility — as a reason for divorce (Amato & Previti, 2003).

relationships is marriage. The relationship between marriage and alcohol abuse has been the topic of numerous studies over the past three decades. There have been many cross-sectional studies showing a link between marital dissatisfaction and alcohol use in both populations with an abuse and/or dependency issue, and populations without these issues (Marshall, 2003). Individuals frequently point to alcohol and drug use as being a prominent reason for the dissolution of their marriage (Amato & Previti, 2003). In fact, alcohol and drug use ranked third — just below infidelity and incompatibility — as a reason for divorce (Amato & Previti, 2003). During marriage, frequent use of alcohol to the point of intoxication was associated with divorce (Collins, Ellickson, & Klein, 2007).

The Protective Effect of Marriage and Its Limitations

By age 35 more than 70 percent of men and women have been married (Fields, 2004). Epidemiological studies have consistently found that the rate of alcohol abuse is lower among the married as compared to single and divorced men and women (e.g., Bachman, Wadsworth, O'Malley, Johnston, & Schulenberg, 1997). In clinical samples, alcoholics report higher than average rates of divorce (Moos, Brennan, Fondacaro, & Moos, 1990). Although marriage can be seen as a protective factor for alcohol abuse for most individuals, not all individuals

seem to benefit equally from marriage. In fact, among those who use substances, 11 percent of married men and five percent of married women met criteria for a substance abuse disorder in the previous year (National Institute on Alcohol Abuse and Alcoholism, 2006). In other studies, declines in drinking patterns following marriage

were shown to be weaker for African Americans than for Caucasian men and women (Curran, Muthen, & Harford, 1998).

Alcohol Use, Peer Networks and the Marriage Effect

The research shows that there is an association between drinking and an individual's peer network. This is relevant because peer networks often change when people marry. In fact, for most individuals, the transition into marriage involves an alteration in their peer networks (Kalmijn, 2003). Leonard, Kearns and Mudar (2000) found that heavy users of alcohol reported that almost 75 percent of their social network was made up of "drinking buddies" while regular drinkers reported that "drinking buddies" made

up only 30 percent of their social networks.

In marriage, an individual's concept of self may change, affecting the composition of their broader social network, which in turn influences their behavior (McGoldrick & Carter, 1982). Couples who have recently married tend to spend more time together and reduce the time spent with peers, which may explain some of the protective effect of marriage. Kearns and Leonard (2004) found that relative to a couple's premarital relationship, married couples tend to report: fewer friends, less peer socializing, increased time with their spouses peer network, and more peer network overlap. A husband's drinking was also found to influence his wife's peer network, but the reverse was not true in the transition to marriage (Leonard & Mudar, 2003). This may be related to findings that men are more likely to have drinking buddies than women (Borsari & Carey, 2001), which becomes important since the total size of male and female social networks was found to be comparable (Westermeyer, et al., 2004). This also supports the idea that the social networks of men tend to be more supportive of drinking (Homish & Leonard, 2008).

Even though the number of "drinking buddies" for both married men and married women declines over time, drinking continues to serve as a social function (Homish & Leonard, 2008). These authors suggest that individuals select social networks whose members' drinking patterns are similar to their own (and their spouse's). These networks create a bi-directional relationship, encouraging continuation of existing drinking patterns.

In a qualitative study on recovering alcoholic couples, Narvarra (2007) found that a couple's past attachments had been with and through alcohol. Alcohol became the conduit through which they connected to one another. This finding coincides with other cross-sectional and longitudinal evidence that found concordant drinking patterns (i.e., both spouses either abstain, or both drink at similar levels) to be associated with higher levels of marital satisfaction while discrepant drinking patterns (i.e., one partner abstains or drinks only lightly and the other drinks heavily) are associated with increased marital problems).

Couple Drinking Patterns and Relationship Satisfaction

Couples tend to be closely matched in many areas such as leisure activities and division of household responsibilities (Houts, Robbins, & Hutson, 1996). This same pattern of similarity between couples has also been found in regards to certain psychopathologies (Galband du Fort, Bland, Newman, & Boothroyd, 1998; Krueger, Moffitt, Caspi, Beske, & Silva, 1998) with concordant couples having increased marital satisfaction (McLeod, 1994). Research has also found high concordance between couples who have substance abuse issues (Leonard & Mudar, 2003; Windle, 1997).

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either abstain, or both drink at similar levels) to be associated with higher levels of marital satisfaction while discrepant drinking patterns (i.e., one partner abstains or drinks only lightly and the other drinks heavily) are associated with increased marital problems (Homish & Leonard, 2007; Leadley, Clark, & Caetano, 2000). These patterns were observed as a point of marital satisfaction for both men and women, regardless of which was the heavier drinker, and suggest that it is the concordance in drinking patterns and not merely the amount of alcohol that is most strongly associated with marital satisfaction. Further evidence supports that approximately 30 percent of couples in marital therapy reported that alcohol was a source of conflict in their marriage (Halford & Osgarby, 1993).

Alcohol Abuse and Intimate Partner Violence

In a nationally representative sample, the prevalence of male-to-female intimate partner violence (IPV) was 10 percent and female-to-male IPV was 12 percent (Caetano, McGrath, Ramisetty-Mikler, & Field, 2005). For recently married young adults, Schumacher and Leonard (2005) report rates of IPV two to three times higher than for the nation as a whole. Studies have linked the use of a variety of substances that increases IPV (Stuart, O'Farrell, & Temple, 2009) with a majority of the research focusing on heavy drinking. This has been consistently linked to male-to-female IPV in nationally representative samples, community samples, substance abuse treatment samples, and domestic violence treatment samples (e.g., Kantor & Strauss, 1987; Leonard & Senchak, 1996; Murphy & O'Farrell, 1994; Stuart, et al., 2006). Heavy drinking and female-to-male IPV is less clear with some studies showing a positive association (Stuart et al., 2006), and others showing no association at all (Leonard & Senchak, 1996).

However, most couples that engage in heavy drinking do so without any accompanying violence (Kantor & Straus, 1987). In a national representative sample, 24 percent of incidents of IPV involved alcohol (Kaufman, Kantor, & Straus, 1990). Within alcohol treatment samples, less than 50 percent of men have been violent toward their partner (Schumacher, Fals-Stewart, & Leonard, 2003). Additionally, studies linking heavy drinking to IPV, report small effects (e.g., Foran & O'Leary, 2008). Together these findings suggest that alcohol may be a contributing factor to IPV for some individuals (Schumacher, Homish, Leonard, Quigley, & Kearns-Bodkin, 2008). A husband's excessive drinking was also found to be a predictor of a wife's perpetration of IPV in a community sample of early marriages (Schumacher, et al., 2008).

It seems that for some men, alcohol impairs executive cognitive functioning. Specifically, those low in executive cognitive functioning demonstrate increased aggression and those with heightened executive cognitive functioning tend to avoid aggression even while inebriated (Giancola, 2004). From this perspective, executive cognitive functioning works as a moderator of intoxication that increases dispositional or situational tendencies toward violence in men who exhibit high levels of hostility (Leonard & Blane, 1992), anger (Eckhardt, 2007), antisocial behavior (Fals-Stewart, Leonard, & Bircher, 2005), negative life events (Margolin, John, & Foo, 1998), jealousy (Foran & O'Leary, 2008), and an avoidance of coping strategies (Snow, Sullivan, Swan, Tate, & Klein, 2006).

Co-dependence and Enabling

Co-dependency as a concept was born from the ranks of Alcoholics Anonymous (AA) (Asher & Brissett, 1988) to describe an individual who aided and abetted the addictive behavior of another (usually

the spouse or parent) through overzealous helping. However, the culture of AA (12-step programs) maintains that enabling an addicted person in their addiction is itself pathological (Cermak, 1986; Haaken, 1992). From this perspective, despite the stress and suffering that accompanies a relationship with an addicted person, co-dependents maintain strong links with their partners to the extent that their relationship with their partners becomes “addictive” itself (Noriega, Ramos, Medina-Mora, & Villa, 2008). As such, this addictive behavior has led to co-dependency being recognized as a personality disorder meriting a new DSM IV diagnosis (Cermak, 1986).

Popular theories maintain that co-dependency suggests the existence of a dysfunctional family system that unconsciously contributes to the maintenance of addictive behaviors. However, feminists pointed out that many of the behaviors characterized as co-dependent are behaviors that have traditionally been ascribed to females, and that in a different context would be viewed as normal and functional (Haaken, 1990). More recent research suggests that family members of an addicted individual engage in diverse and dynamic coping strategies and show significant physical and emotional strain in their attempts to adapt (Velleman et al., 1993). Several studies have shown that many behaviors attributed to a co-dependency personality disorder are normal reactions to the stress present in families with a substance abuser (Gorman & Rooney, 1979; Orford, et al., 1975; Rotunda, West, O’Farrell, 2004). These studies, and others, show that an increase in coping behaviors is a response to the decline of a family situation and not the cause (Gotham & Sher, 1996).

Enabling and co-dependent behaviors do occur in the interactions of at least some partners of individuals with substance disorders and the substance abuser.

Below is a list of common enabling behaviors:

- Making excuses for the addict (referring to a teenager’s alcohol use as ‘just a phase’)
- Paying their bills
- Bailing them out of jail
- Rationalizing their irresponsible behaviors
- Ignoring the problems caused by the addict’s use (financial, employment, legal)
- Cleaning up their messes
- Repeatedly accepting their excuses or believing their lies
- Not discussing the problem of their abuse
- Not getting help for yourself

Implications

While marriage seems to protect many individuals from substance abuse, there are many couples who experience or continue to experience problems with substance abuse after marriage. Couples with discrepant drinking patterns experience reduced

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marital satisfaction and are more prone to divorce. While many partners who use substances do not engage in violence, alcohol in particular continues to be associated with increases in IPV for men who have certain tendencies toward aggression and poor coping strategies. Even though studies show that the incidence and frequency of female-to-male IPV

is equal to or greater than male-to-female IPV, little is known about female-to-male IPV and what role, if any, substance abuse may play in female aggression toward males.

Problems due to alcohol abuse are best addressed by substance abuse treatment and/or marital therapy, which are both highly specialized areas. Recovery can be enhanced by recognizing a couple as a unit for treatment and helping them identify increased opportunities for shared social networks and activities that do not involve substance use. Marriage and relationship education can also help facilitate healing the relationship. For example, enabling or co-dependent behaviors have been shown to be treatable with relatively brief interventions. Thus, for those who are experiencing co-dependency, marriage education can help by teaching communication skills and effective conflict resolution approaches.

Marriage educators working with couples should highlight developmental transitions (e.g., the birth of a child) that can contribute to a shift in the couple's drinking pattern from concordant to discrepant, particularly if this decreases the social network overlap. A couple's approach to alcohol abuse treatment should recognize that much of the couple's previous attachment may have been to and through their alcohol consumption, which implies that they may not have the tools to form a solid attachment outside of its use. However, pursuing drastic increases in intimacy early in treatment may be counter-productive.

Because couples who report discrepant use of alcohol also report the lowest relationship satisfaction, both pre-marital education courses and healthy relationship training for individuals can include discussions surrounding alcohol use. Such courses should help individuals assess discrepant alcohol use

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patterns and devise plans that will help the couple find commonalities that ideally do not include alcohol consumption.

The research shows that while marriage can provide a preventive effect on alcohol use (probably due to changing peer networks), in other cases, discrepancies in the partners' use of alcohol can cause marital dissatisfaction and become a common reason for divorce. These findings suggest that addressing alcohol use in premarital education and providing marriage education to couples in which one or both partners are in an alcohol abuse treatment program may be beneficial.

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