



# **“A STUDY TO ASSESS CO-DEPENDENCY AND DEPRESSIVE SYMPTOMS AMONG WIVES OF ALCOHOLICS IN SELECTED RURAL COMMUNITIES AT BANGALORE”**

By

**Mr. S C WILLIAM RAJESH**

Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka

Under the guidance of

**Mrs. SHARADHA B**

PROFESSOR

Mental Health Nursing

Sri Sharada College of Nursing Bangalore

Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka

## **ABSTRACT**

### **Background of the study**

India is one of the largest producers of alcohol in the world and there has been a steady increase in its production over the last 15 years. The statistics show that alcoholism increases suicidal tendencies, incidents of domestic violence and affects the ability of a person to concentrate at work. Alcoholism is a chronic behavioral disorder manifested by repeated drinking of alcohol beverages, in excess of the dietary social use of community and to an extent that interferes, with drinker's health or his social or economic functions. Alcoholism also has negative effects on the spouse of an alcoholic. The spouse may have feelings of hatred, self-pity, and avoidance of social contacts. 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, going in exchange for keeping the family together.

The aim of the study is to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore.

### **Objectives of the Study**

The objectives of the study were to:

1. determine the level of co-dependency among wives of alcoholics
2. determine the depressive symptoms among wives of alcoholics
3. find the co-relation between co-dependency and depressive symptoms among wives of alcoholics
4. find out the association between co-dependency and selected demographic variables
5. find out the association between depressive symptoms and selected demographic variables

### **Methods**

A descriptive study was conducted among 100 wives of alcoholics who were selected by non-probability purposive sampling technique. The study was conducted in selected rural community at Bangalore. Data was collected through demographic proforma, Co-dependency scale and Center for Epidemiologic Studies Depression Scale (CES-D). The data collected was analysed and interpreted based on descriptive and inferential statistics.

### **Result**

The analysis revealed that majority of the samples 50% were having high co-dependency and majority of the samples 79% were having major depression. The mean and standard deviation co-dependency score was  $36.86 \pm 8.50$  and the mean and standard deviation depression score was  $32.16 \pm 9.78$ . The present study revealed that there is a positive correlation between co-dependency and depressive symptoms ( $r=+0.83$ ) and there was no association between co-dependency, depressive symptoms of wives of alcoholics with their demographic variables.

### **Interpretation and conclusion**

Findings of the present study showed that there is high dependency and major depressive symptoms among wives of alcoholics and there is a correlation between co-dependency and depressive symptoms.

**Key words:** Co-dependency, Depression, Wives of alcoholics

## 1. INTRODUCTION

India is one of the largest producers of alcohol in the world and there has been a steady increase in its production over the last 15 years, according to new statistics. More than two-thirds of the total alcohol beverage consumption in the region is in India, according to figures in the newly- compiled Alcohol Atlas of India. The consumption is 2 liters per person a year. The statistics show that alcoholism increases suicidal tendencies, incidents of domestic violence and affects the ability of a person to concentrate at work.<sup>1</sup>

Alcoholism is a chronic behavioral disorder manifested by repeated drinking of alcohol beverages, in excess of the dietary social use of community and to an extent that interferes, with drinker's health or his social or economic functions.<sup>2</sup>

Alcoholic beverages have been used in human societies since the beginning of recorded history. The patterns of alcohol intake around the world are constantly evolving, and alcohol is ubiquitous today. Research has contributed substantially to our understanding of the relation of drinking to specific disorders, and has shown that the relation between alcohol consumption and health outcomes is complex and multidimensional. Increases in the average volume of drinking are predicted for the most populous regions of the world in Southeast Asia including India. Cultural differences apparently influence the pattern of alcohol consumption.<sup>3</sup>

The problem of excessive alcohol consumption is a major cause of public health concern in most countries of the world today .Heavy consumption, which involves for more than dependence, can cause undoubted misery to individual, who is usually affected by other physical, psychological, and social disabilities as well. Life in the family of someone with a drinking problem becomes increasingly restricted. Excessive intake of alcohol leads to a stage of darkness where the person involved loses control over his mental faculties and he may be a source of danger to himself and for others. Alcohol is associated with a substantial proportion of human violence. In a study of 2000 American couples, it was found that the rates of domestic violence were almost 15 times higher in households where husbands were described as often drunk when compared to that of non drinking husbands.

The impact of alcoholism in marriage is profound. This is one of the factors about alcoholism that makes it so unique in comparison to other chronic diseases or illness. All chronic health conditions impact marriage and family relationships, but none in quite the same destructive manner or the same

depth as alcoholism. Experts who study alcoholic families know that family and marital problems often start because of alcoholism, but they also learned that spouses and children may contribute to the drinker's habit and make it worse.<sup>4</sup>

There are a considerable number of anecdotal reports and research findings that suggest that individuals who are married to alcoholics have poor overall physical and mental health.<sup>5</sup> Studies of clinical samples of alcoholics clearly indicate that their spouses are often more anxious, involved in fewer social activities, and report more stressful life events.<sup>6</sup> Among community samples, there is also clear evidence that alcohol use disorders are associated with partner depression. It is also found that there is significant correlation between husbands' alcoholism and wives' depression. Although nearly all of the research documenting an association between heavy drinking and partner's depressive symptomatology is cross-sectional, it is usually presumed that heavy drinking is a causal factor in partner depression.<sup>7</sup>

Co-dependent was originally defined in the late 1970s and early 1980s to help families and spouses of individuals with alcohol and drug problems. When the wife is a co-dependent it will „interfere“ with the recovery of the alcoholic.<sup>8</sup>

Alcoholism also has negative effects on the spouse of an alcoholic. The spouse may have feelings of hatred, self-pity, and 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, going in exchange for keeping the family together.<sup>9</sup>

Codependency and alcoholism go together because they are two sides of a dysfunctional relationship that reinforce each other. Alcoholism was classified as a disease nearly 50 years ago and has been well established as a disorder of the mind and body. Alcoholics have lost the choice of whether to drink or not and continue to do so despite increasingly severe consequences to their health, job, relationships and freedom. Codependency often surrounds the alcoholic and is displayed by loved ones, friends and even coworkers who find themselves being continually compromised by a problem drinker.<sup>10</sup>

There are strong rural - urban differences in prevalence of use. Prevalence of drinking appears significantly higher in rural areas compared to urban areas, with (61% vs. 39%) or without (52% vs. 48%) the inclusion of the tribal sample in the rural sector. Tribal areas had the highest prevalence of alcohol use in both men and women. The prevalence of alcohol consumption is related to education and income

levels. Abstainers were significantly likely to be better educated and have higher family incomes than alcohol users except in the tribal population. Previous studies have also documented similar findings that alcohol use is more common among lower socio-economic groups.<sup>11</sup>

## NEED FOR THE STUDY

The National Household Survey of Drug Use in the country is the first systematic effort to document the nation-wide prevalence of drug use. Alcohol (21.4%) was the primary substance used followed by cannabis (3.0%) and opioids (0.7%). 17% to 26% of alcohol users qualified for ICD 10 diagnosis of dependence, translating to an average prevalence of about 4%. There was a marked variation in alcohol use prevalence in different states of India. Current use ranged from a low of 7% in the western state of Gujarat to 75% in the North-eastern state of Arunachal Pradesh. The incidence study on alcohol use from Delhi found that annual incidence of nondependent alcohol use and dependent alcohol use among men was 3 and 2 per 1000 persons in a total cohort of 2,937 households. The Drug Abuse Monitoring System, which evaluated the primary substance of abuse in inpatient treatment centres found that the major substances were alcohol (43.9%), opioids (26%) and cannabis (11.6%). Alcohol 'use/abuse' prevalence in different regions has thus varied from 167/1000 to 370/1000; 'alcohol addiction' or 'alcoholism' or 'chronic alcoholism' from 2.36/1000 to 34.5/1000; alcohol and drug use/abuse from 21.4 to 28.8/1000.<sup>12</sup>

Reports shows that India is one of the largest producers of alcohol in the world and there have been steady increase in its production over past 15 years.<sup>13</sup>

A study in southern rural India showed that 14.2% of the population surveyed had hazardous alcohol use on the AUDIT. A similar study in the tertiary hospital showed that 17.6% admitted patients had hazardous alcohol use.<sup>12</sup>

In the last decade, there has been a shift in viewing substance use and abuse as an exclusive adult male phenomenon to focusing on the problem in other populations. In the GENACIS study covering a population of 2981 respondents [1517 males; 1464 females], across five districts of Karnataka, 5.9% of all female respondents (N =87) reported drinking alcohol at least once in the last 12 months, compared to 32.7% among male respondents (N = 496).<sup>13</sup>

There is substantial evidence for the negative effects of alcohol misuse not only for the drinkers themselves, but also for their families. Alcohol is known as family disease because it is responsible for more family problems than any other single cause. Each member of the family may be affected by alcohol differently. Adjustment to an alcohol problem of husband may result in an increase in the family's emotional and physical illness and altered familial function. The most negatively affected family members are spouse and children of an alcoholic.<sup>14</sup>

The popular usage of the term co-dependency has been helpful in raising public awareness of the complex interrelationships which take place within alcoholic families. For example, wives may "cover" for their alcoholic husbands' inability to keep up with the everyday demands of the home and workplace due to their excessive drinking.

Enhancing a general understanding of these complex family behaviours is a great contribution to the realm of public education. Health care professionals should be able to understand the concept of co-dependency and depression and treat for balancing family dynamics as well as how these concepts are understood by co-dependent patients and their families in treatment.<sup>15</sup>

Alcoholism puts strains on marriage. Long-term alcohol abuse can have dangerous physical and emotional effects. Alcoholism can also put financial strains on marriage. The money being spent on alcohol may cause problems and the strains among alcoholics wives.<sup>16</sup>

A study was conducted in NIMHANS sponsored by WHO shows 20% of women reported domestic violence and 94.5% of women identified their husband's alcohol consumption as a risk factor in incidents of domestic violence. Findings show that relation between alcohol and health outcome is complex and multidimensional.<sup>17</sup>

These are the obvious marital problems alcoholism causes, but there are many other issues that are faced and must be dealt with, by the women who are the wives of alcoholics. For example, some women may blame themselves for their husband drinking. They may worry they haven't done enough to make their husbands happy or that something they've done (or didn't do) led to their husbands' drinking. These feeling of guilt may cause wives to feel stressed, anxious, or depressed. Other people may also blame a wife for her husband's drinking, which feeds into the feelings of guilt her already has.<sup>18</sup>

## 2. OBJECTIVES

Objectives are the specific accomplishment the researcher hopes to achieve by conducting the study. Specific achievable objectives provide clear criteria against which proposal research methods can be used.<sup>19</sup>

The objective includes obtaining answers to research questions or testing research hypothesis to achieve by conducting the study. The objective not only includes obtaining answers to research questions or testing research hypothesis but may also encompass broader aims as developing recommendation.

### Statement of the Problem

“A study to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore.”

### Objectives of the Study

The objectives of the study were to:

1. determine the level of co-dependency among wives of alcoholics
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3. find the co-relation between co-dependency and depressive symptoms among wives of alcoholics
4. find out the association between co-dependency and selected demographic variables
5. find out the association between depressive symptoms and selected demographic variables

### Operational Definitions

#### Co-dependency:

Codependency or codependence is a tendency to behave in overly passive or excessively caretaking ways that negatively impact one's relationships and quality of life. It also often involves putting one's needs at a lower priority than others while being excessively preoccupied with the needs of others.<sup>20</sup>

In this study, codependency is a maladaptive behavior characterized by self-neglect, low self-esteem, over caring pattern, faulty relationship patterns and addiction enabling behavior as measured by Codependency Assessment Tool.

**Depression:**

Depression include depressive mood, loss of interest or pleasure, feeling of guilt or low self - worth, disturbed sleep or appetite, low energy and poor concentration.<sup>21</sup>

In this study depression include mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, body image, work difficulties, insomnia, fatigue, appetite, weight loss, bodily preoccupation, and loss of libido as measured by Beck's Depression Scale.

**Wives of alcoholics:**

In this study, it refers to women who are living with their alcoholic husband for more than two years and their age between 25-45 years.

**Assumptions**

This study assumes that:

- ❖ the wives are depended psychologically on their alcoholic spouse
- ❖ wives of the alcoholic spouse experiences some depressive symptoms
- ❖ the level of co-dependency have major impact on the depressive symptoms among wives of alcoholics

**Hypothesis**

All hypothesis will be tested at 0.05 level of significance.

- H<sub>1</sub>:** There will be a significant relationship between the level of co-dependency and depressive symptoms among wives of alcoholics.
- H<sub>2</sub>:** There will be a significant association between the level of co-dependency and selected demographic variables.
- H<sub>3</sub>:** There will be a significant association between the depressive symptoms and selected demographic variables.

**Delimitation**

This study is delimited to:-

- women living with alcoholic spouse for minimum 2 years

- willing to participate in the study
- available at the time of the study

### Conceptual framework

Conceptual framework refers to the interrelated concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme.<sup>22</sup>

The conceptual frame work of the present study is based on Sister Callista Roy's Adaptation Model (1984), which views an individual as an adaptive system, who functions through the inner dependence of subjects. The adaptation model for nursing was developed by Sister Callista Roy.

According to Roy's Adaptation Model (RAM), an individual's behavior is based on the input, throughput and output. Essential elements of Roy's adaptation model are person, goal of nursing, health, environment and nursing activities.

Person is the recipient of the nursing care may be the person, a family, a group, a community or a society.

All circumstances, condition or changes which challenge the person as an adaptive system are considered as environment. Both internal and external factors are identified as stimuli and they are categorized into focal, contextual and residual stimuli. The wives of alcoholics are subjected to many risk factors.<sup>23</sup>

**Focal stimuli:** It is the provoking stimulation or event immediately controlling persons that demand attention and prompt persons to seek relief. In this study focal stimulus refers to the co-dependency of wives of alcoholics.

**Contextual stimuli:** They are all other stimuli present in the situation or surrounding the event, that contribute to the effect of the focal stimulus. Age, type of family, education ,occupation, income, number of years of living with alcoholic, duration of alcoholic consumption are the contextual stimuli in the study.

**Residual stimuli:** They are those general vague, ambiguous factors that may be affecting a factor but their influence cannot be immediately ascertained. The residual stimuli is not included in this study. Roy views people as individual who are in constant interaction with the environment. In order to maintain homeostasis or integrity, people must respond or adapt to any changes that occur either from internal or external stimuli.

The control process refers to two sub system of adaptation, the regulator and cognator mechanism.

**Regulator system:** It refers to the reflex physiological regulator system such as immune system and autonomic nervous system. In this study it is not included.

**Cognator system:** It refers to the thoughtful response to stimuli. In this study, wives of alcoholics tries to cover their spouses drinking behavior and them usually go to any lengths to avoid open conflict.

All people have certain needs which they endeavor to meet in order to maintain integrity. Roy divides these needs into four different adaptation modes.

They are:

**Physiological mode:** It is associated with structure of the body and the way it functions. In this study, physiological mode are considered to be Insomnia, fatigability, Loss of appetite, Loss of weight, Poor concentration, Somatic symptoms.

**Self-concept mode:** It is concerned with the way one perceives oneself, with mental activity and with the expression of feelings. In this study it refers to the Low self-esteem, worthlessness, Hopelessness.

**Role function mode:** It is concerned with psychological wholeness unfulfilling one's own role and societal expectations of various roles. In this study, the wife accepts herself as the wife of an alcoholic and addiction enabling behavior present.

**Interdependence mode:** It involves one relation with significant other and support system. In this study, it refers to the Over caring pattern.

Health is a state, a process of being and becoming an integrated and whole person. The Goal of nursing with in this model is to promote adaptation in four adaptive modes. Nursing activities which have been described as the nursing process. Roy views output is shown in terms of adaptive mode and non-adaptive mode.

**Adaptive behavior:** It promotes the integrity of the person in terms of the goals of survival, growth, reproduction, mastery. In this study adaptive behavior is Absence of codependency and depressive symptoms.

**Non-adaptive behavior:** It does not contribute to adaptive goals, i.e. survival, growth, reproduction and mastery. In this study non-adaptive behavior is Presence of co-dependency and depressive symptoms.

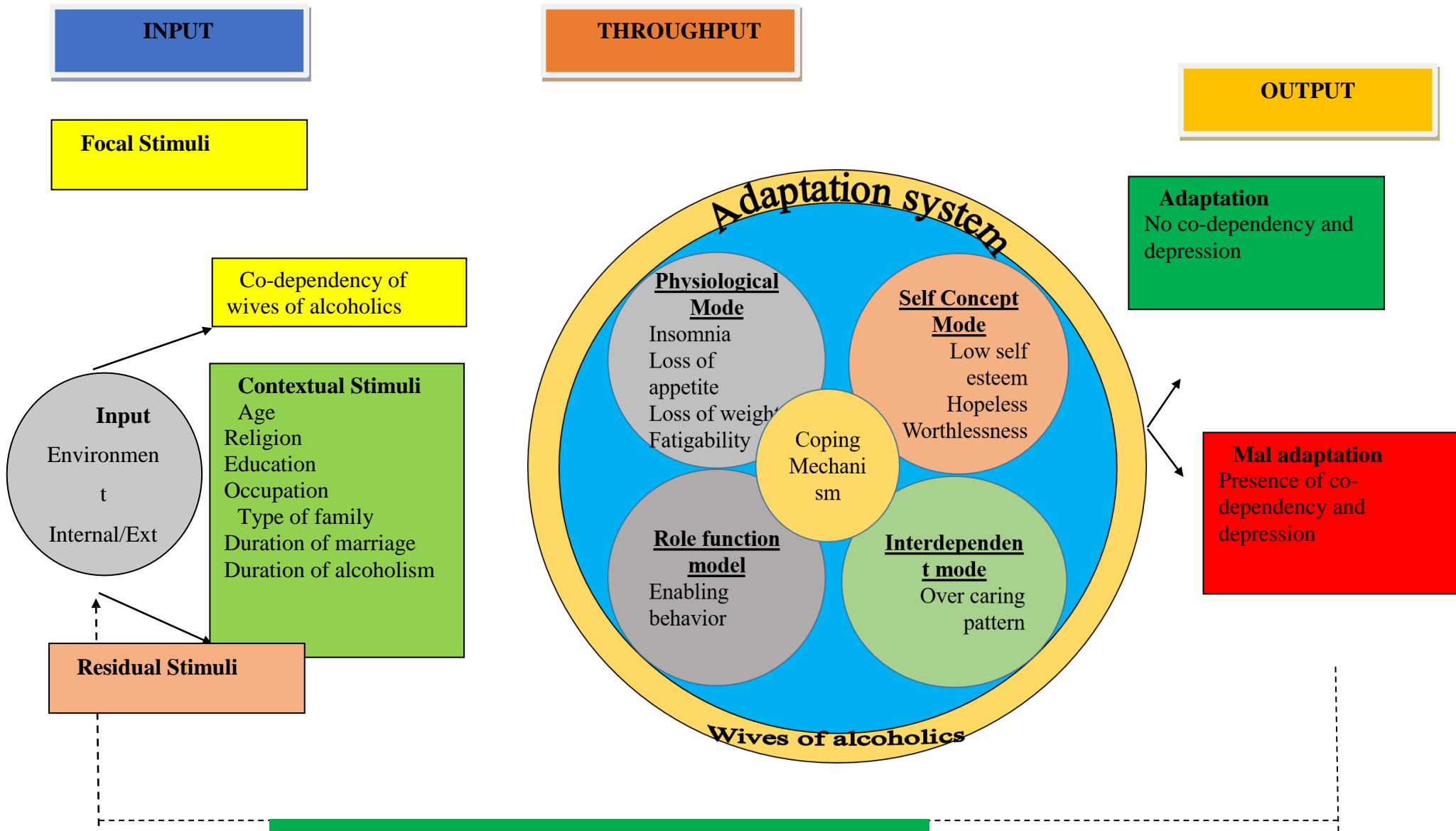


Fig 1: Modified Roy's Adaptation Model (1984)

### 3. REVIEW OF LITERATURE

The review of literature is defined as a broad comprehensive in-depth, systematic and critical review of scholarly publications, unpublished scholarly print materials, audiovisual materials and personal communications. Review of literature is a key step in research process. Review of literature refers to an extensive, exhaustive and systematic examination of publication relevant to research project. One of the most satisfying aspects of the literature review is the contribution it makes to new knowledge, insight, and general scholarship of the researchers.<sup>24</sup>

The investigator did an extensive review of research and non- research literature related to the present study to broaden the understanding and gain insight into the selected problem. The attempt was made through journal reviews, Medline, PubMed and Google. In the present study review of literature is organized under the following:

- ❖ Literature related to prevalence of alcoholism and related problems in men
- ❖ Literature related to problems of wives of alcoholics
- ❖ Literature related to effect of alcoholism on family relationship

#### **Literature related to prevalence of alcoholism and related problems in men**

A correlative study was conducted in India to assess high risk behaviors following alcohol use in alcohol dependent men. Data was collected from 300 alcohol dependent men by using addiction severity index, sensation seeking scale and Baratt's impulsivity scale. The study result showed that In 193 (64.3%) subjects heavy drinking episode was associated with high risk behaviors. Compared to those without high risk behaviors, the subjects with high risk behaviors had higher scores on sensation seeking scale and addiction severity index. The study concluded that there was a high prevalence of high risk behavior following an episode of heavy drinking in male patients with alcohol dependence syndrome.<sup>25</sup>

A study was conducted at NIMHANS, Bangalore, to examine the personality dimensions of alcohol dependent individuals and their spouses. Data was collected from 40 alcohol dependent individuals and their spouses and 10 normal couples by using Eyesenk personality questionnaire .The study results revealed that high neuroticism and high psychoticism in ADIs was present. The spouses of alcohol dependent individuals were significantly less extrovert than normal wives, who were more sociable, care free and relaxed in interpersonal relationships .The study concluded that spouses of alcohol dependent individual were more inhibited, more withdrawn and less assertive in the interpersonal relationship showed that high psychosis in alcohol dependent individuals.<sup>26</sup>

A study was conducted in Parbattipur, a typical village of northwest Bangladesh to assess Men's arrack drinking and domestic violence against women. Data was collected from 50 married male arrack drinkers as well as their wives by using a semi-structured questionnaire. Results show that arrack drinkers suffer from behavioral abnormalities. It creates family problems and women are often victimized by their husbands' drunken behaviors. The study concluded that men's habitual arrack drinking behaviors, through the interplay of a patriarchal family structure, are directly linked with incidences of violence against women within marriage.<sup>27</sup>

A study conducted in USA on enabling behavior in a clinical sample of alcohol-dependent clients and their partners. Data was collected from 42 alcoholic clients and their partners by using the Behavioral Enabling Scale. The study results indicated that, the majority of both clients and partners reported the partner took over chores or duties from the alcoholic client at some point during the relationship. The study concluded that efforts to understand and treat alcohol dependence will be more productive if partner behaviors are incorporated into assessment and intervention procedures.<sup>28</sup>

A study was conducted in United States to assess Alcohol-related problems, drug use, and male intimate partner violence severity. Data was collected from a multiethnic sample of 1615 married and cohabiting couples by using a series of generalized multinomial logit models, with adjustment for socio-demographic and psychosocial covariates. The study result showed that Female and male alcohol related problems and

female drug use, were associated with increased risk of moderate and severe male IPV.

Compared with couples residing in low-unemployment neighborhoods, couples residing in high-unemployment neighborhoods were at greater risk for severe, but not moderate, male IPV. The study concluded that Alcohol-related problems among men and women and drug use among women, appear to be important correlates of male IPV severity among couples in the general population.<sup>29</sup>

A study was conducted on Becoming married, depression, and alcohol problems among young adults. Data was collected from a longitudinal sample of young adults at age 21 and again at age 24. The study results find no indication that marriage reduces depression. Married people do report fewer alcohol problems than the never-married but this could be due to the selection of less problematic drinkers into marriage. The study concluded that marital conflict is associated with problem drinking for men and depression for women.<sup>30</sup>

A study was conducted in Hungary to assess the effect of personal involvement on beliefs concerning the causal connections between drinking alcohol and aggressive behavior. The data was collected from 1200 persons above 18 years of age by using the aggression questionnaire. The study result showed that aggressive behavior, particularly verbal and physical aggression, and heavy drinking significantly influence the belief of a causal connection between alcohol and aggression. Heavy drinking and aggressively can prevent a person from recognizing the danger that drinking can have aggressiveness.<sup>31</sup>

### **Literature related to problems of wives of alcoholics**

A study was conducted in Malmö University Hospital, Sweden, to find Effects of coping skills training, group support, and information for spouses of alcoholics. Data was collected from 39 spouses of alcoholics by using the Coping Behavior Scale, Hardship Scale, SCL-90, and AUDIT. The study result showed that changing of coping strategies in spouses of alcoholics can be successful with only one single information session, whereas the reduction of mental symptoms may need longer treatment.<sup>32</sup>

A study was conducted in New Orleans to investigate a correlation between codependency and depression. Data was collected from 149 individuals by using Beck Depression Inventory and the Awareness Activity. The study results showed that there was a strong, positive correlation between, codependency and depression. The study concluded that if a person reports himself/herself to be highly codependent, he/she is likely to experience an elevated level of depression.<sup>33</sup>

A comparative study was conducted in USA to assess the Alcohol Use, Alcohol Problems, and Depressive Symptomatology among newly married couples. Data was collected from 634 Couples by using Multilevel models to analyze the association between one spouses alcohol involvement and alcohol problems and his/her partner's depressive Symptomatology over time .The study result highlighted that both husbands and wives marital alcohol problems were associated with wives depressive symptoms. The study concluded that husbands and wives marital alcohol problems affect wives depressive symptoms.<sup>34</sup>

A retrospective analysis was done by using data from a quebec community health survey in 2006.The data was collected from female spouses living with a male lifetime at risk drinkers by using CAGE questionnaire. This study confirmed higher levels of psychological distress in female spouses of male life time at risk drinkers in the general population. Implications of the study was that lifetime at risk drinking is a risk factor for the spouses psychological distress. <sup>35</sup>

A comparative study was conducted in AIIMS, New Delhi to find out the social support, coping resources and codependence in the wives of individuals with alcohol and drug dependence in 2001.Data was collected from 30 male alcohol dependent patients along with their wives and 30 male drug dependent patients and their wives by using addiction severity index and their wives were administered with social support scale, coping resources inventory and codependence assessment Questionnaire. The study result showed that Of the 60 wives 49 were found to be codependent and they had lower coping resources and social support.<sup>36</sup>

An exploratory study was conducted in Fr Muller's hospital Mangalore on the problems faced by the wives of alcohol dependence. Data was collected from 60 wives of alcohol dependence by using a semi structured interview schedule. The result findings showed that 35% of wives wanted to commit to suicide, 92% experienced beating and other violent atrocities, most of the alcohol dependent husbands had extra marital relationships (41.67%) and half of them forced their wives for the same.<sup>37</sup>

A study was conducted in govt Stanley hospital, Chennai to explore the causative factors for suicidal behavior among wives of alcoholics. Data was collected from 157 suicide attempters who were wives of alcoholics by using self-innovated proforma. The study result revealed that some of the family and personal problems encountered by them that were attributable to their husband's behavior such as disturbed relationship with the relatives (84.7%) being manhandled by their husbands (79.5%) financial problems (76.4%) and deprivation of emotional support and love (51).The study concluded that factors like delusion of jealousy, husbands fighting behavior and husbands own suicidal ideas can act as driving forces for wives suicidal attempts.<sup>38</sup>

A study was conducted in inpatient de-addiction centre, NIMHANS on domestic violence, stress and coping in spouses of alcohol dependence in 2001 .Data was collected from 75 wives of alcohol dependent individuals by using a perceived stress scale copying with drinking questionnaire and the questionnaire on domestic violence .The findings of the study showed that the commonest domestic violence was intellectual violence followed by emotional violence ,social violence ,physical violence economic violence and sexual violence. The study concluded that wives with higher level of domestic violence will have higher level of stress.<sup>39</sup>

A study was conducted to assess marital interaction in alcoholic and nonalcoholic Couples. The data was collected from 132 couples by using Short Michigan alcoholism screening test, the drinking and drug history questionnaire and national institute of mental health diagnostic interview schedule-version . The study results revealed that couples with an antisocial alcoholic husband had higher levels of hostile behavior regardless of wives alcoholism status. In contrast, rates of positive behaviors and the ratio of positive to

negative behaviors were greatest among couples in which either both or neither of the spouses had alcoholic diagnoses and were lowest among alcoholic husbands with nonalcoholic wives.<sup>40</sup>

A study was conducted in Philippines to examine the relationship between codependency, chemical dependency and depression. Data was collected by using the Significant Others' Drug Use Survey and Beck's Depression Inventory .The study results highlighted that the codependency exists independently of chemical dependency. The study concluded that there is a significant correlation between depression and having a significant other likely to be chemically dependent.<sup>41</sup>

A study was conducted in Pondicherry on Patterns and Determinants of Coping Behavior of Wives of Alcoholics. Data was collected from 100 wives of alcoholics with a confirmed diagnosis of alcohol dependence syndrome according to DCR 10 by using Coping with Drinking Questionnaire and Eysenck's personality questionnaire. The study result showed that "Avoidance" was the most commonly endorsed coping behavior. There was a significant correlation between all the coping components and alcohol related problems. The study concluded that both personality and situational variables play a role in determining the coping behavior of the wives of alcoholics.<sup>42</sup>

A study was conducted in USA on Family of origin and current relationship influences on co-dependency. Data was collected from a group of couples, in which one member of the couple was a recovering alcoholic in an aftercare program, and a group of matched, comparison couples by using demographic questionnaire, the Friel Co-dependency Assessment Inventory, and the Personal Authority in the Family System Questionnaire. The study results showed that co-dependency levels were higher in clinical than in comparison couples and within the clinical group, there was little difference between alcoholics and their spouses. The study concluded that, in contrast to clinical populations, co-dependency in nonclinical populations has some links with favorable characteristics of family functioning.<sup>43</sup>

A study was conducted on Personality dimensions and psychiatric treatment of alcoholics' wives. Data was collected from 100 alcoholics' wives and 90 non alcoholics' wives by using a structured psychiatric interview, a self-assessment tool and Eysenck Personality Questionnaire. The study results revealed that the wives of alcoholics were less extraverted than the wives of non-alcoholics. According to the self-assessment of their behavior before marriage, wives of alcoholics also manifested less extraverted behavior before marriage. The study concluded that the wives of alcoholics were psychiatrically treated more often during their marriage than the wives of non-alcoholics.<sup>44</sup>

A study was conducted in USA to examine the association between partner alcohol problems and selected physical and mental health outcomes among married women. Data was collected from a sample of 11,683 married women by using self-report and shortform-12 survey questionnaire; version 2. The study results showed that, women whose partners had alcohol problems were more likely to experience victimization, injury, mood disorders and being in poor health than women whose partners did not have alcohol problems. They were also experienced more life stressors. The study concluded that partner alcohol problems pose diverse health threats for women that go beyond their well-documented association with domestic violence.<sup>45</sup>

### **Literature related to effect of alcoholism on family relationship**

A study was conducted in US to examine the relationship between intimate partner violence and depression. Data was collected from 1126 couples by using CESD. The study result showed that female to male aggression was associated with a greater likelihood of depression. The study concluded that Women may experience depression as the result of psychological and physical aggression even if they are the perpetrators of such aggression.<sup>46</sup>

A study was conducted in USA on Psychosocial and substance-use risk factors for intimate partner violence. Data was collected from 329 women by using interview method. The study results showed partner's alcohol use and heavier drinking were significant risk factors, for partner violence. The study concluded that a substantial relationship between partner alcohol use and intimate partner violence among women.<sup>47</sup>

A study was conducted in USA to find whether alcohol makes a difference in incidents of partner violence. Data was collected from a community sample of newlyweds. The study results showed that violent episodes in which the husband was drinking included more acts of violence and were more likely to involve in severe violence. The study concluded that violent episodes that include alcohol may be more severe and more mutually violent than sober episodes.<sup>48</sup>

A study was conducted in USA on The impact of husband physical aggression and alcohol use on marital functioning. Data was collected from 387 newlywed couples. The study results showed that husband's physical aggression had a significant negative effect on marital satisfaction and a significant positive effect on divorce ideation regardless of the measure of husband alcohol use employed. The study concluded that alcohol dependence had a negative effect on marital satisfaction.<sup>49</sup>

A study was conducted to find out the relations between couples' marital aggression and alcohol problems. Data was collected from 158 couples by using self-report and partner-reports. The study results showed that there was a relation between marital aggression and problem drinking. The study concluded that drinking may prevent couples from adequately handling marital disagreements.<sup>50</sup>

A study was conducted in California to to assess the contribution of drinking patterns to risk for mutual IPV among married adults in the general population. Data was collected from 19,035 couples by using survey method. The study results shows that Compared with men who are abstainers, men who are past-30 day heavy drinkers are at a more than 6-fold increased risk for mutual IPV. The study concluded that drinking level and neighborhood characteristics should be taken into account when assessing risk for mutual IPV among married men and women in the general population.<sup>51</sup>

## 4. METHODOLOGY

Research methodology is a way of systematically solving the research problem; it explains the various steps that are generally adopted by a researcher in studying the research problem along with the logic behind it.<sup>52</sup>

The methodology of research indicates the general pattern of organizing the procedure for getting valid and reliable data for the problem under study. The present study aimed at assessing co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore.

### **Research Approach**

Research approach tells the researchers from whom the data is to be collected, how to collect and how to analyze the data. It also suggests the possible conclusion and helps the researcher in answering specific research questions in the most accurate and efficient way possible.<sup>53</sup>

The research approach adopted for this study was a descriptive approach as the researcher aimed at assessing co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore.

### **Research Design**

The research design is the overall plan for obtaining answers to the questions being studied and for handling some difficulties encountered during the research process.<sup>54</sup>

Research design provides a back bone structure of the study. It determines how the study will be organized, when the data will be collected and when interventions, if any, are to be implemented.<sup>52</sup>

Bearing in mind the nature of the problem and objectives of the study, descriptive design was used to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore. The purpose of a descriptive research design is to describe the variables.<sup>55</sup>

### **Variables**

Variables are a content that has measurable changing attributes. Variables are qualities, properties, or characteristics of persons, things or situation that change or vary.

**Dependent variable:**

It is the outcome variable which is measured or observed following the action of the independent variable. In this study, co-dependency and depressive symptoms among wives of alcoholics are the dependent variable.

**Demographic variable:**

In the present study, demographic variables are age, religion, education, occupation, type of family, duration of marriage, and duration of alcohol consumption.

**Setting of the study**

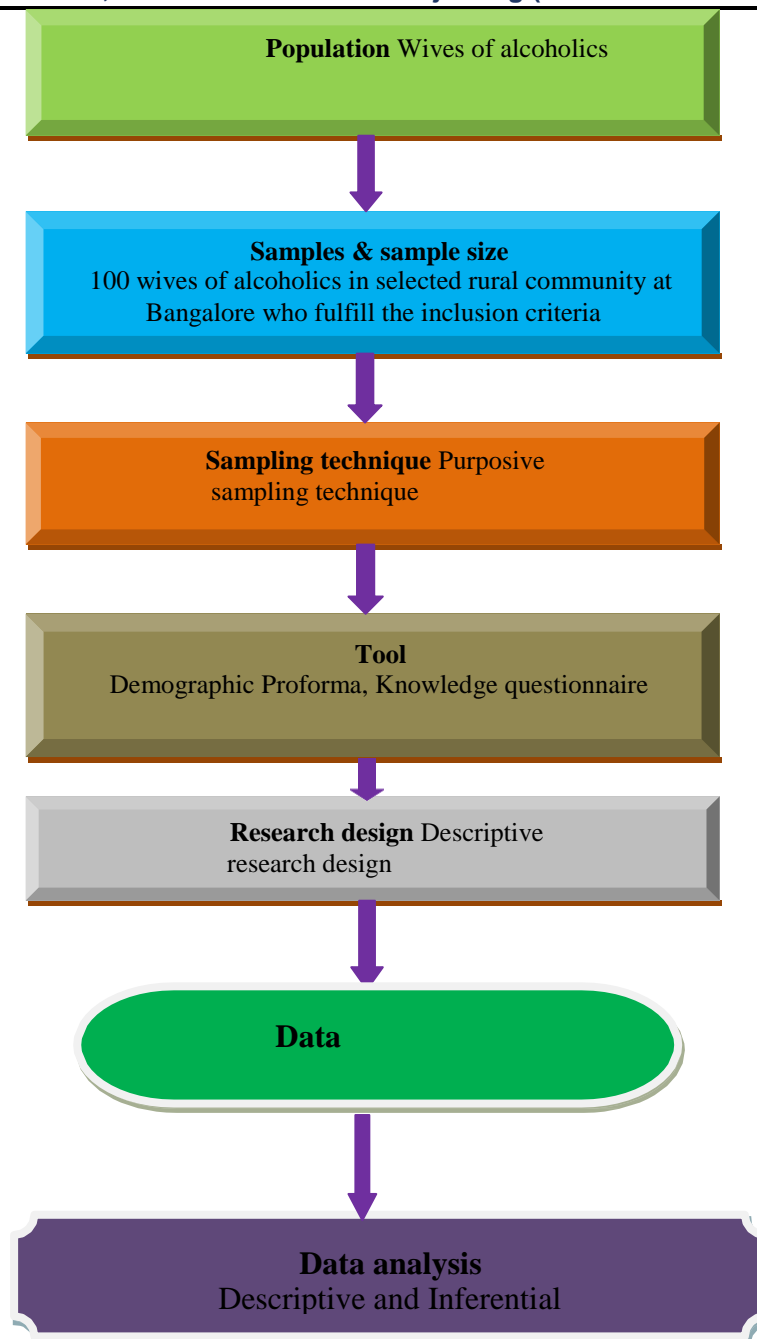
Setting refers to the physical location and condition in which data collection has been taken place in a study.<sup>56</sup>

The setting for the present study is the selected rural community at Bangalore, Bagalur rural area. The reason for selecting the settings for the present study was on the basis of geographical proximity, feasibility of the study, and availability of samples.

**Sample**

Sample is the subset of the units from the defined populations who are selected to participate in the study.

The sample for the present study composed of 100 wives of alcoholics in selected rural community at Bangalore.



**Fig 2: Schematic representation of research methodology**

### Sampling Technique

Sampling defines the process of selecting a group of people or other elements with which conduct a study.<sup>57</sup>

In the present study the samples were selected by using non probability purposive sampling technique.

### Criteria for Sample Selection

The following were the inclusive and exclusive criteria for the selection of the samples.

### **Inclusion criteria**

The study will include the women who:-

1. is living with alcoholic spouse for minimum 2 years
2. can read and write English or Kannada
3. who are available at the time of study

### **Exclusion criteria**

The study will not include the women who are:-

1. spouses of non-alcoholic
2. not available at the time of data collection

### **Ethical clearance**

Prior permission was obtained from ethical committee of Sri Sharada College of Nursing.

Consent also will be taken from each participant who is willing to participate in the study.

### **Data collection instruments**

The instrument is a vehicle that could obtain data pertinent to the study and at the same time add knowledge in the discipline.

In this study, the data collection instruments

are. Section A Demographic proforma

Section B Co-dependency scale

Section C Center for Epidemiologic Studies Depression Scale (CES-D)

### **Development of the tool**

Methods of data collection include development of tool, testing of validity and reliability and data collection procedure. The instruments selected in research should be as far as possible the vehicles that would best obtain data for drawing conclusion which are pertinent for the study.<sup>58</sup>

The tool was prepared on the basis of objective of the study. The following methods we re used for development of tool:

- Review of literature (text books, journals, and websites).
- Discussion with subject experts and personal experience helped the researcher to

prepare the tool.

The following steps were adopted in the development of the tool:

- Preparation of the first draft
- Development of the criteria check list
- Content validation of the tool
- Reliability of the tool
- Preparation of final draft

#### **Preparation of first draft**

The first draft of the tool had three sections with 45 items

Section A Demographic proforma

Section B Co-dependency scale

Section C Center for Epidemiologic Studies Depression Scale (CES-D)

#### **Development of criteria checklist**

A criteria checklist was formulated to assess the validity of the tool in terms of agree and disagree for the appropriateness and relevancy of the content. It was submitted along with the tool for validation.

#### **Content validity**

Validity refers to whether a measurement instrument accurately measures what it is supposed to measure.

The tools along with the statement of the problem, objectives of the study, demographic proforma, Co-dependency scale and Center for Epidemiologic Studies Depression Scale (CES- D) with the criteria checklist was given to experts to establish the content validity.

The permission for tools validation was obtained by sending requisition letter and acceptance form to the seven experts from the field of Psychiatry Nursing and the experts were requested to give their opinion and suggestions regarding each item in the tool in terms of appropriateness, relevance and accuracy of the content against the criterion rating scale, which had column for “agree”, “disagree”, and “remarks”. There was 100% agreement by experts for 43 items and remaining 2 items were asked to be deleted.

### **Pre-testing of the tool**

Pre-testing refers to as collection of qualitative and quantitative techniques and activities that allow researchers to evaluate survey questions and survey procedures before data collection begins.

The tool was pre-tested by administering it to 10 wives of alcoholics who met the sampling criteria. All the items were clearly understood and the responses were found to be appropriate. The time taken by the wives of alcoholics to complete the tools was approximately 30-35 minutes. The tool was found to be feasible. No modifications in the items were made.

### **Reliability of the tool**

The reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring.

In order to establish the reliability structured knowledge questionnaire were administered to 10 wives of alcoholics. Reliability was estimated by using Split-half method. The reliability of the codependency scale was found to be  $r = 0.867$  and depression scale was  $r=0.92$  which indicated that the tool was reliable. The results assured the practicability and feasibility of the study.

### **Preparation of the final draft**

Demographic proforma, Co-dependency scale and Center for Epidemiologic Studies Depression Scale (CES-D) was developed. The final tools for data collection had three sections. **Section A: Demographic proforma**

The purpose of having demographic proforma was to assess the background status of wives of alcoholics. It contains seven items like age, religion, education, occupation, type of family, duration of marriage, and duration of alcohol consumption. This tool does not consist of any scoring. Descriptive analysis of the data will be done in terms of frequency and percentage. **Section B: Co-dependency scale**

The tool is a rating scale with responses strongly agree, agree, neutral, disagree and strongly disagree. Question number 2, 9 and 13 are negative statements and rated as 0, 1,2,3,4. The question number 1,3,4,5,6,7,8,10,11,12 and 14 are positive statements and

rated as 4, 3,2,1,0.

On the basis of scoring, co-dependency levels were arbitrarily

classified as; High co-dependency : 40 and

above

Moderate co-dependency : 16 – 39

No co-dependency : 15 and below

### **Section C: Center for Epidemiologic Studies Depression Scale (CES-D)**

The tool is a rating scale with responses rarely or none of the time, some or little of the time, occasionally or moderate amount of time and most or all of the time. Question number 4,8,12 and 16 are negative statements and rated as 3,2,1,0. The question number 1,2,3,5,6,7,9,10,11,13,14,15,17,18,19 and 20 are positive statements and rated as 0,1,2,3.

On the basis of scoring, depression levels were arbitrarily

classified as; No depression : Below

15

Moderate depression : 15 – 21

Possibility for major depression : Above 21

### **Pilot study**

The pilot study is a trial run or small scale version of the main study. Pilot study determines the feasibility of the larger study and ascertains whether a proposed approach shows promise.

Pilot study was conducted from 4/11/2021 to 11/11/2021 involving 10 wives of alcoholics to assess the feasibility of the study after obtaining administrative permission. The data was collected by administering the demographic proforma, Co-dependency scale and Center for Epidemiologic Studies Depression Scale (CES-D).

### **Method of data collection**

The data collection was scheduled from 18/11/2021 to 27/11/2021. Prior to the main study, written permission was obtained from the concerned authority for conducting the study. The samples are selected by using non probability purposive sampling

technique. Before data collection the investigator introduced himself and about the purpose of the study. The confidentiality of their identity and responses was assured in order to ensure their cooperation and prompt response. After obtaining the informed consent for the study, the tools were administered to the samples. The average time taken to conduct pre-test was 30-35 minutes. At the end of data collection the investigator expressed his gratitude to the respondents for their cooperation. The investigator faced no problems during the data collection procedure.

### **Plan of data analysis**

It was decided to analyze the data by data by both descriptive and inferential statistics. To compute the data a master sheet was prepared by the investigator.

The sample characteristics will be analyzed using frequency and percentage. The codependency level and depression level would be calculated using frequency, percentage, range, means, median and standard deviation.

The significant relationship between co-dependency and depression would be calculated using Karl Pearson correlation coefficient.

The association between the co-dependency, depression and demographic variables would be determined by chi-square test. Data would be presented in form of tables and graphs.

### **Summary**

Research methodology gives an overall view of the entire process of investigation of the research problem in a scientific and systematic manner. The chapter has dealt with research approach, the research design, setting, population, samples, sampling technique, description of the tools, validity and reliability of the tool, pilot study, and method of data collection and plan for data analysis.

## 5. RESULTS

The purpose of analysis is to reduce the data to an intelligible and interpretable form so that the relation of research can be studied.

The analysis and interpretation of the data of this study are based on the data collected through tools from 100 wives of alcoholics in selected rural community at Bangalore. The collected data were coded, organized, tabulated, analyzed and interpreted using descriptive and inferential statistics. The data has been analyzed and interpreted in the light of objectives and hypothesis of the study.

### Objectives of the study

The objectives of the study were to:

1. determine the level of co-dependency among wives of alcoholics
2. determine the depressive symptoms among wives of alcoholics
3. find the co-relation between co-dependency and depressive symptoms among wives of alcoholics
4. find out the association between co-dependency and selected demographic variables
5. find out the association between depressive symptoms and selected demographic variables

### Hypothesis

All hypothesis will be tested at 0.05 level of significance.

**H<sub>1</sub>:** There will be a significant relationship between the level of co-dependency and depressive symptoms among wives of alcoholics.

**H<sub>2</sub>:** There will be a significant association between the level of co-dependency and selected demographic variables.

**H<sub>3</sub>:** There will be a significant association between the depressive symptoms and selected demographic variables.

**ORGANIZATION OF FINDINGS**

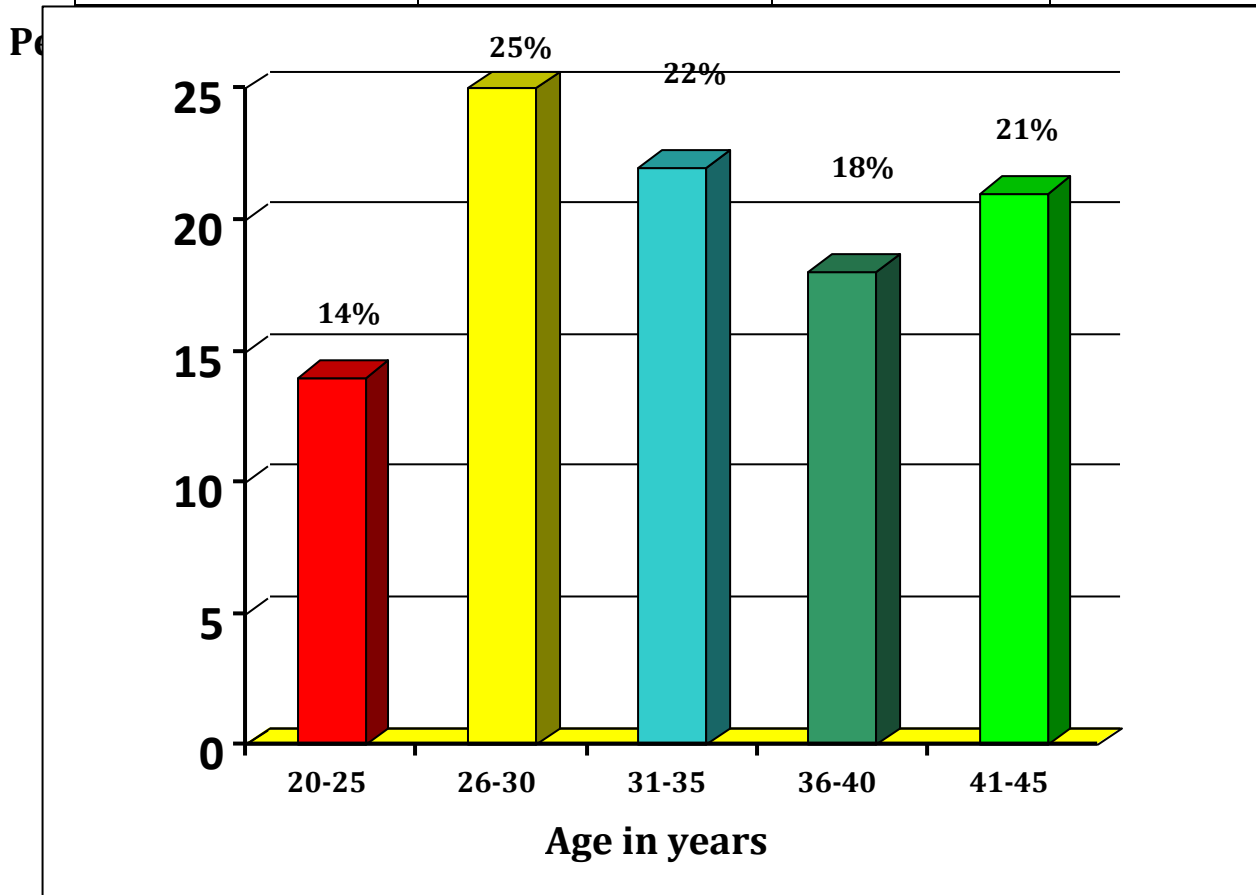
The analyzed data has been organized and presented in the following parts, PART – I: Description of demographic variables of the wives of alcoholics  
 PART – II: Description of the co-dependency level of wives of alcoholics  
 PART – III: Description of the depression level of wives of alcoholics  
 PART – IV: Co-relation between co-dependency and depressive symptoms among wives of alcoholics  
 PART – V: Association between co-dependency, depressive symptoms with selected demographic variables

**PART – I: Description of demographic variables of the wives of alcoholics**

**Table 1: Frequency and percentage distribution of samples according to the demographic variables**

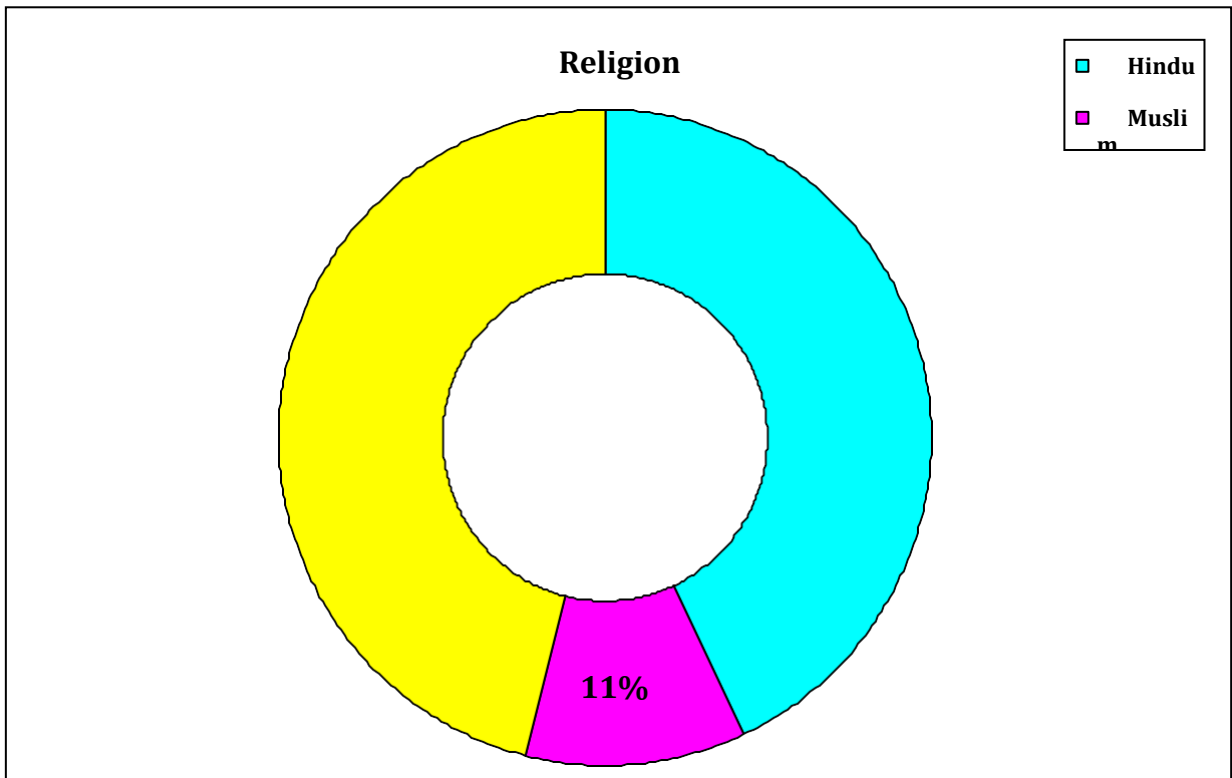
Demographic variables		N=100	
		No. of samples (n)	Percentage (%)
<b>Age in years</b>	20-25 years	14	14
	26-30 years	25	25
	31-35 years	22	22
	36-40 years	18	18
	41-45 years	21	21
<b>Religion</b>	Hindu	43	43
	Muslim	11	11
	Christian	46	46
<b>Educational Status</b>	Primary school	12	12
	High school	37	37
	PUC	31	31
	Degree and above	20	20
<b>Occupation</b>	House wife	34	34
	Private employee	23	23
	Govt employee	18	18
	Self employed	9	9
	Daily wages	16	16
<b>Type of family</b>	Nuclear	61	61

	Joint	39	39
<b>Duration of marriage</b>	2-4 years	23	23
	5-7 years	27	27
	8-10 years	28	28
	> 10 years	22	22
<b>Duration of alcoholism</b>	< 3 years	22	22
	3-6 years	30	30
	6-9 years	29	29
	> 9 years	19	19



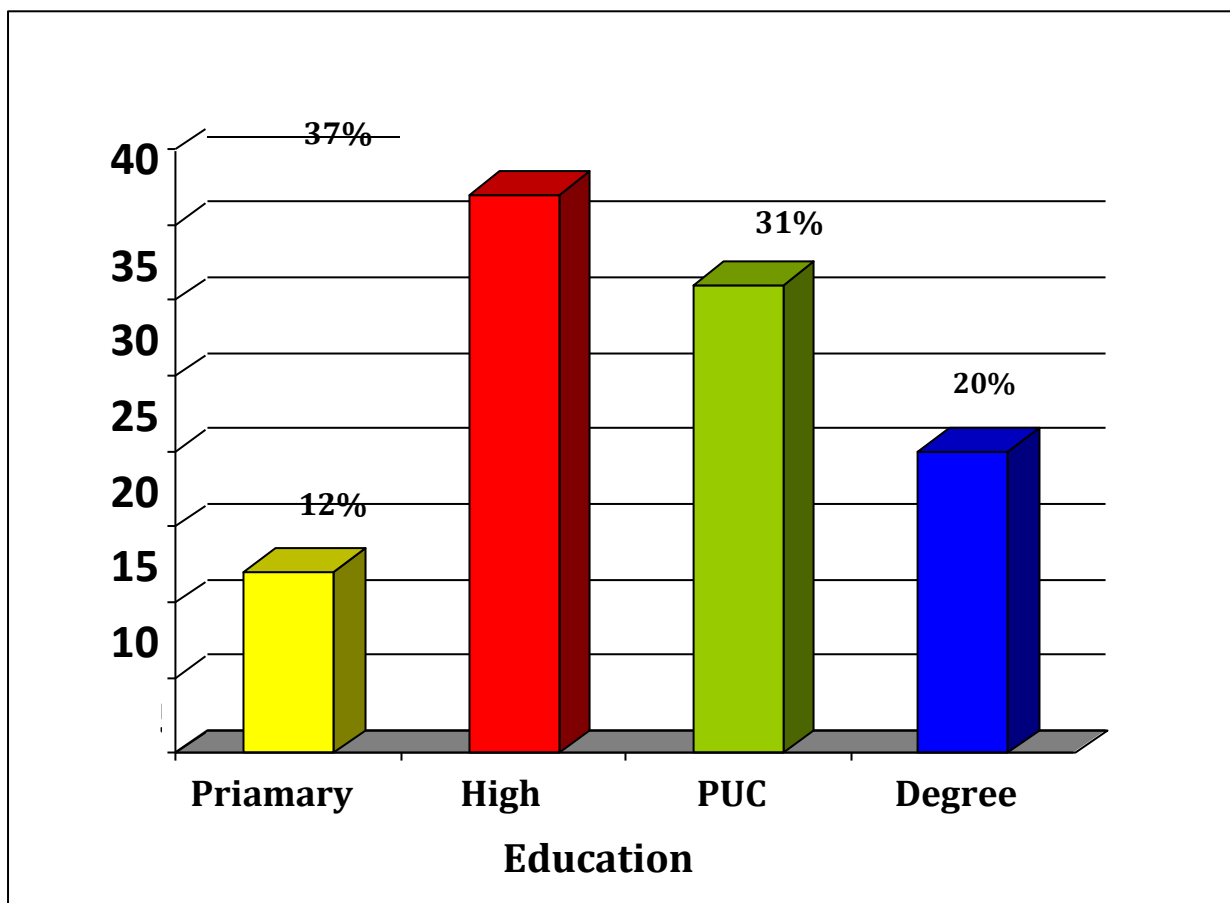
**Figure 3: Bar diagram showing the percentage distribution of samples according to their age in years**

Table 1 and fig 3 shows that majority of the samples 25% were aged between 26-30 years, 22% of the samples were aged between 31-35 years, 21% of the samples were between 41-45 years of age, 18% of the samples were between the age of 36-40 years, and only 14% of the samples were 20-25 years of age.



**Figure 4: Doughnut diagram showing the percentage distribution of samples according to religion**

Table 1 and fig 4 shows that majority of the samples 46% were Christians, 43% of the samples were Hindus, and only 11% of the samples were Muslims.

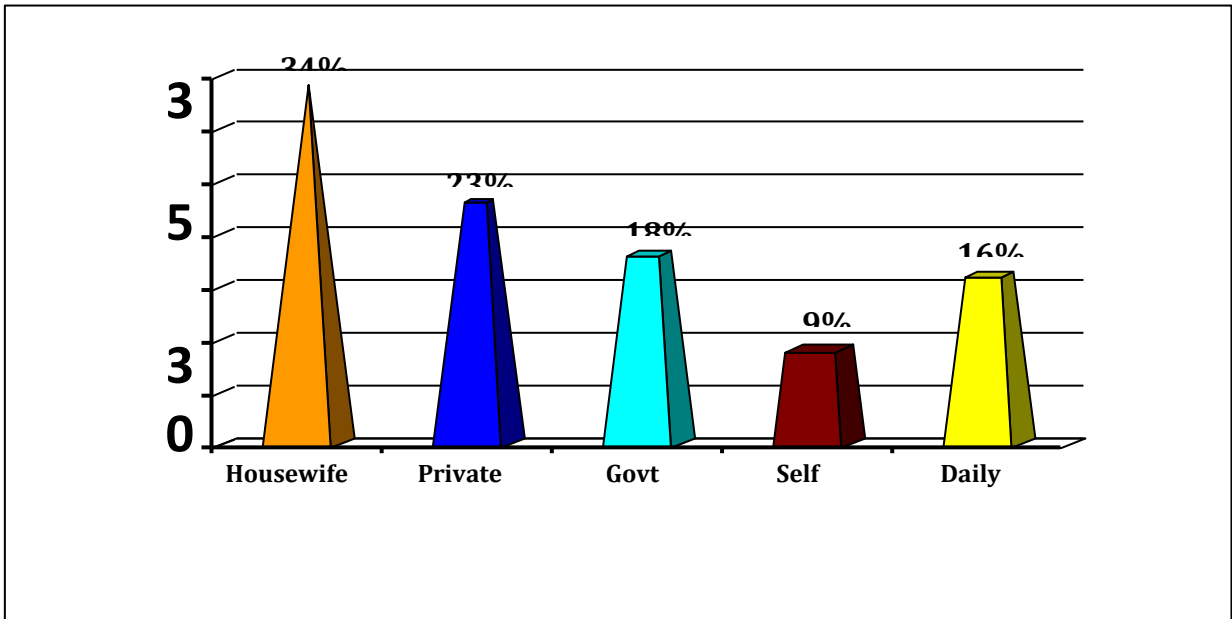


**Figure 5: Bar diagram showing the percentage distribution of samples according to**

### their education

Table 1 and fig 5 shows that most of the samples 37% were completed their high schooling, 31% completed their PUC, 20% of the samples were degree and above and only 12% of the samples were been to primary schooling.

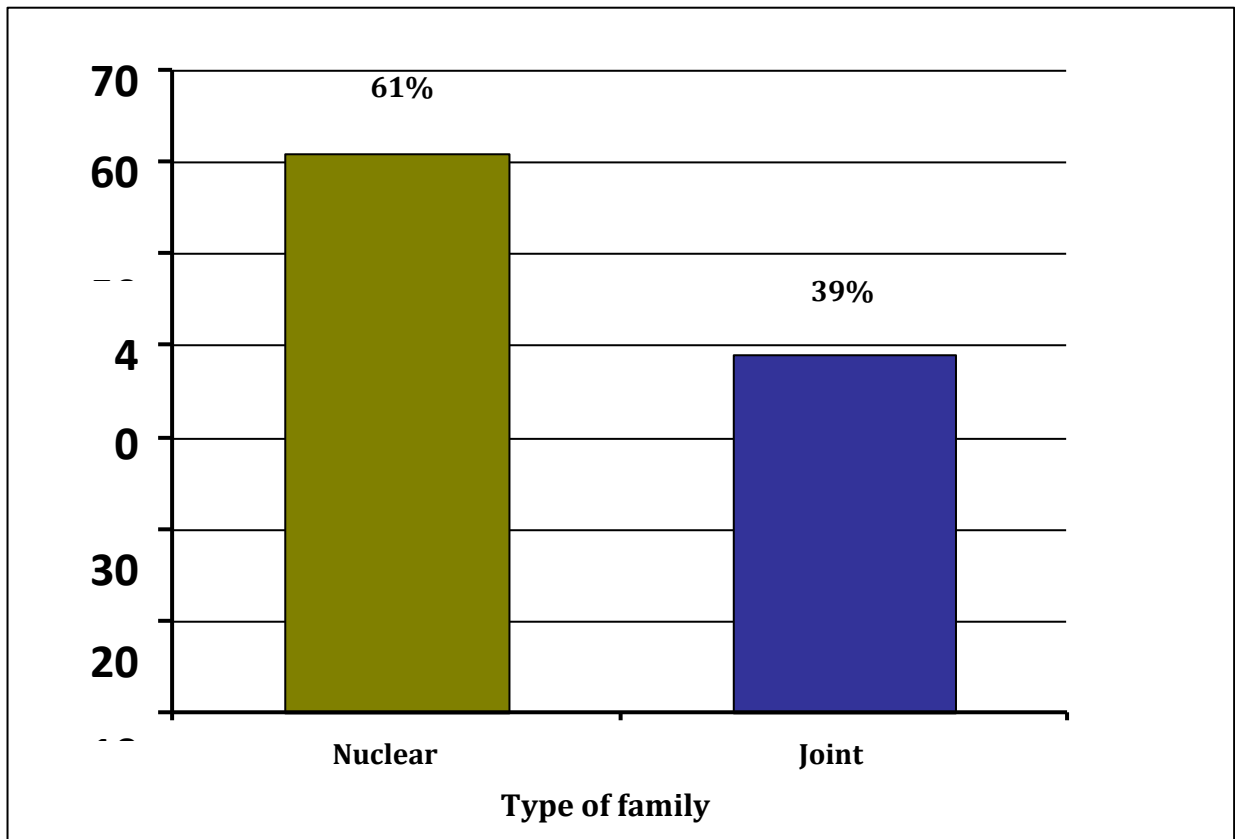
### Percentage



**Figure 6: Cone diagram showing the percentage distribution of samples according to occupation**

Table 1 and fig 6 shows that majority of the samples 34% were housewives, 23% of the samples were private employees, 18% of the samples were Government employees, 16% of the samples were daily wages workers, and only 9% of the samples were self-employed.

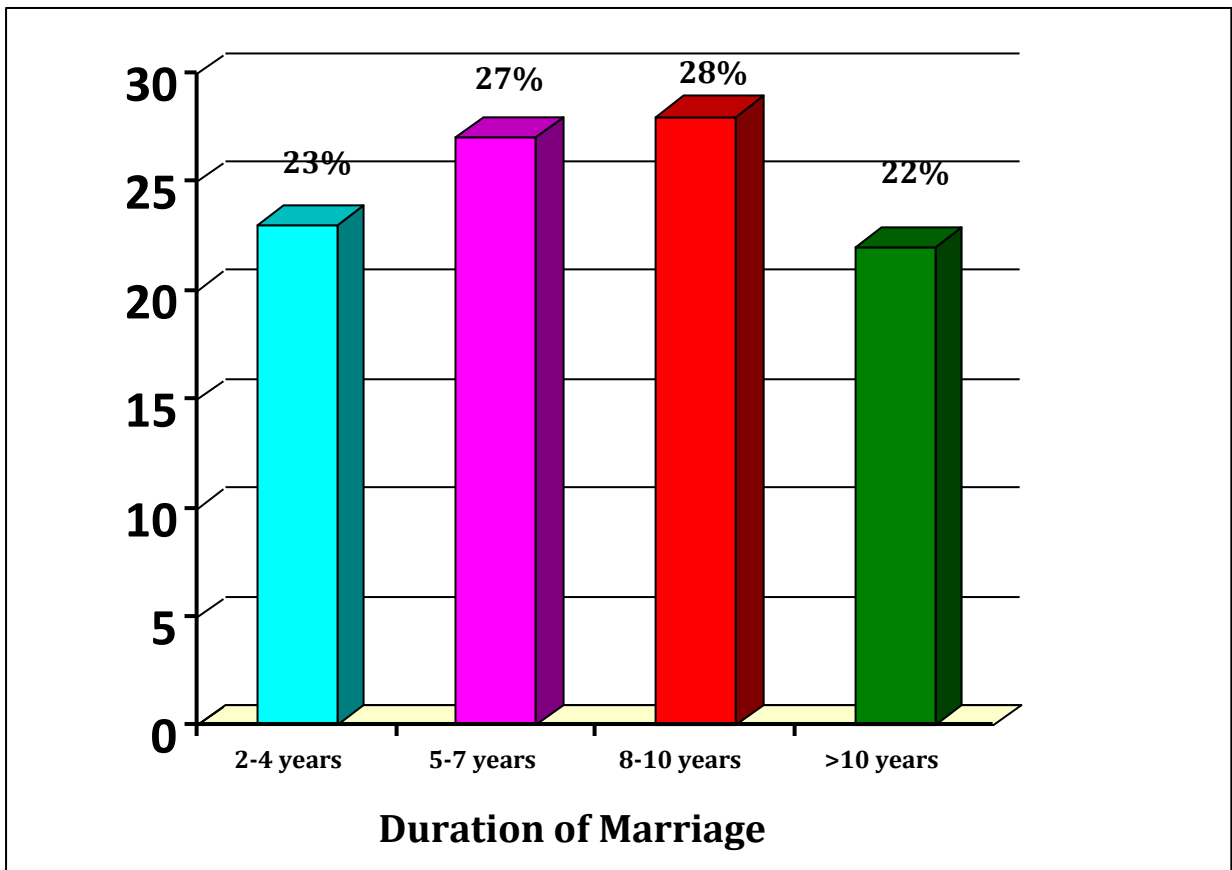
## Percentage



**Figure 7: Columnar diagram showing the percentage distribution of samples according to type of family**

Table 1 and fig 7 shows that most of the samples 61% were belongs to nuclear family and only 39% of the samples were from joint family.

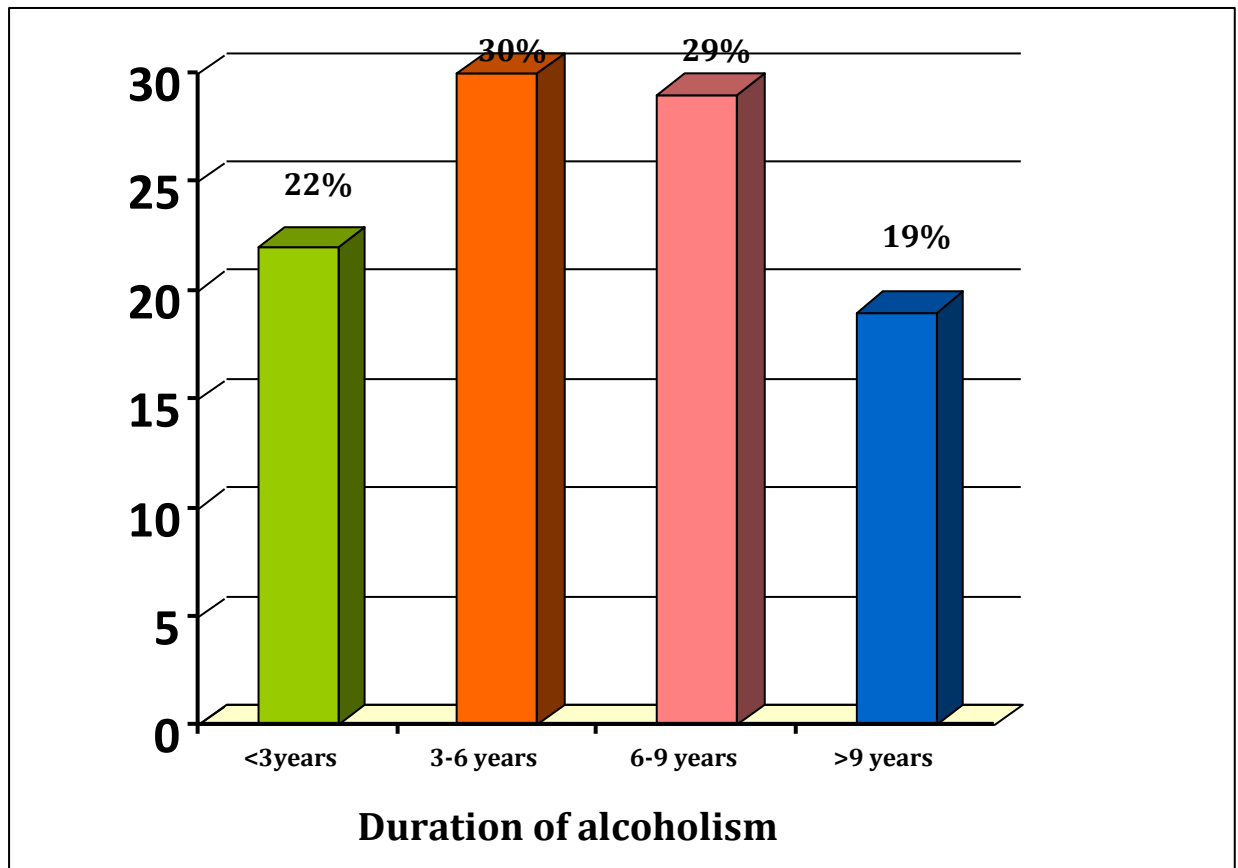
## Percentage



**Figure 8: Bar diagram showing the percentage distribution of samples according to duration of marriage**

Table 1 and fig 8 shows that majority of the samples 28% were married for 8-10 years, 27% of the samples were married for 5-7 years, 23% of the samples were married for 2-4 years, and 22% of the samples were married for above 10 years.

## Percentage



**Figure 9: Bar diagram showing the percentage distribution of samples according to duration of alcoholism**

Table 1 and fig 9 shows that majority of the samples spouses 30% were having alcoholism for 3-6 years, 29% of the spouses were drinking for 6-9 years, 22% of the spouses were drinking for less than 3 years, and 19% of the spouses were having for above 9 years.

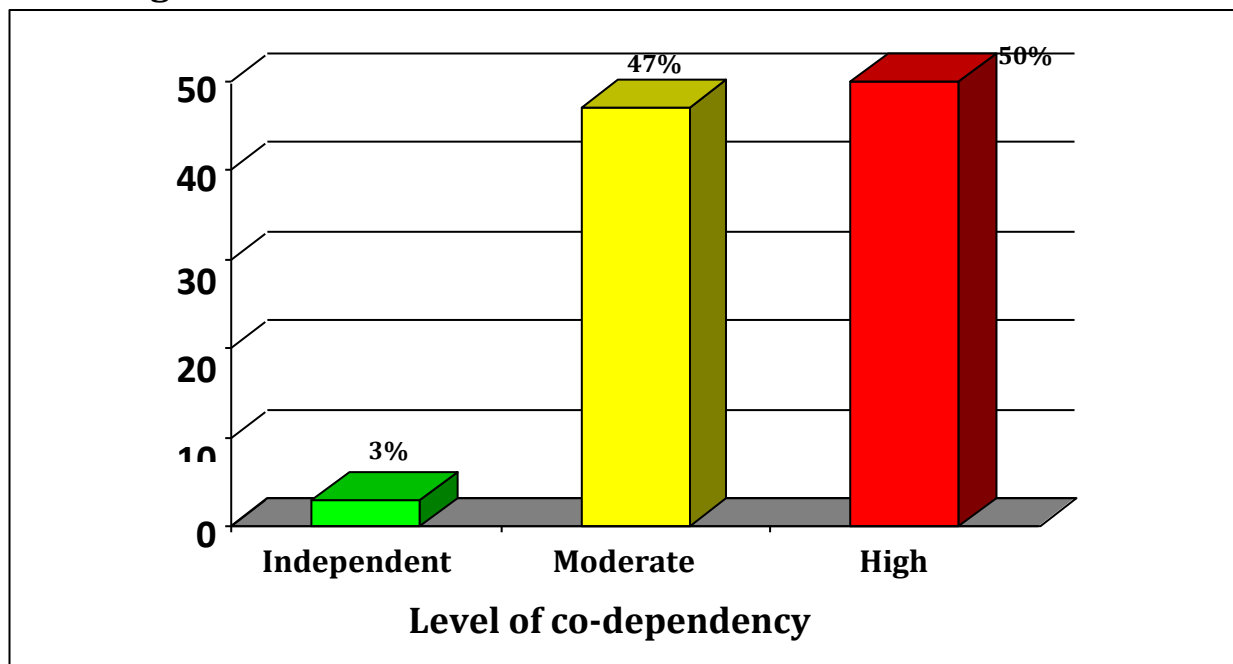
9

years.

**PART – II: Description of the co-dependency level of wives of alcoholics****Table 2: Frequency and percentage distribution of the samples according to the level of co-dependency**

N=100

Level of co-dependency	Category	Wives of alcoholics	
		f	%
Independent	0-15	3	3%
Moderate co-dependency	16-39	47	47%
High co-dependency	40-56	50	50%

**Percentage****Fig 10: Bar diagram depicting the level of co-dependency among samples**

The data presented in the table 2 and figure 10 reveals that majority of the samples 50% were having high co-dependency, 47% of the samples were in moderate co-dependency, and only 3% of the samples were independent.

**Table 3: Range, maximum scores, means, standard deviation and median of co-dependency scores of samples**

**N=100**

Category	Range of scores	Maximum possible score	Mean	Median	Standard deviation	Mean %
Co-dependency scores	10-49	56	36.86	39.5	8.50	65.82%

Data in the table 3 shows that co-dependency score was in the range of 10-49. The data also depicts that mean and standard deviation co-dependency score was  $36.86 \pm 8.50$  and the median value of the co-dependency score was 39.5. The mean percentage of the co-dependency score was 65.82%.

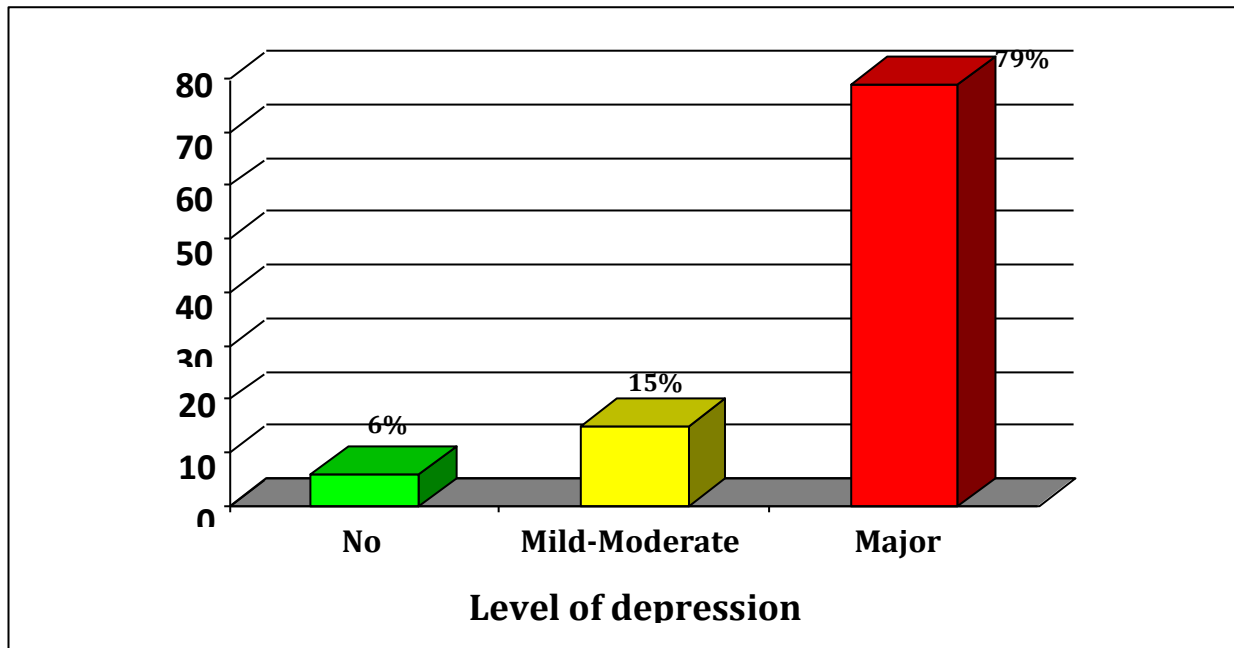
### **PART – III: Description of the depression level of wives of alcoholics**

**Table 4: Frequency and percentage distribution of the samples according to the level of depression**

**N=100**

Level of depression	Category	Wives of alcoholics	
		f	%
No depression	0-14	6	6%
Mild to moderate depression	15-21	15	15%
Major depression	22-60	79	79%

## Percentage



The data presented in the table 4 and figure 11 reveals that majority of the samples 79% were having major depression, 15% of the samples were in mild to moderate depression, and only 6% of the samples were not having depression.

**Table 5: Range, maximum scores, means, standard deviation and median of depression scores of samples**

N=100

Category	Range of scores	Maximum possible score	Mean	Median	Standard deviation	Mean %
Depression scores	10-51	60	32.16	35	9.78	53.6%

Data in the table 5 shows that depression score was in the range of 10-51. The data also depicts that mean and standard deviation depression score was  $32.16 \pm 9.78$  and the median value of the depression score was 35. The mean percentage of the depression score was 53.6%.

**PART – III: Co-relation between co-dependency and depressive symptoms among wives of alcoholics**

To find out the significant relationship between the co-dependency and depressive symptom Karl Pearson correlation coefficient test was used. In order to test the statistical significant relationship the following null hypothesis was formulated:

**H<sub>01</sub>:** There is no significant relationship between the level of co-dependency and depressive symptoms among wives of alcoholics.

**Table 6: Correlation between co-dependency and depression among samples**

**N=100**

Parameter	Max Score	Mean	Standard deviation	Mean percentage	Correlation coefficient value (r)
Co-dependency	56	36.86	8.50	65.82%	+0.83*
Depressive symptoms	60	32.16	9.78	53.6%	

$T_{98} = 0.196, P < 0.05$

\*Significant

The data presented in table 6 shows that there is a positive correlation between co-dependency and depressive symptoms. The calculated r value was +0.83 which is greater than the table value 0.196. Thus the research hypothesis **H<sub>1</sub>** is accepted and null hypothesis is rejected.

**PART – V: Association between co-dependency, depressive symptoms with selected demographic variables**

The chi-square test was used to determine the association between the co-dependency, depressive symptoms with all the related demographic variables. The following null hypothesis was formulated.

**H<sub>02</sub>:** There is no significant association between the level of co-dependency and the selected demographic variables.

**H<sub>03</sub>:** There is no significant association between the level of depression and the selected demographic variables.

**Table 7: Association between level of co-dependency and the selected demographic variables**

**N=100**

Demographic variables		Moderate	High	$\chi^2$ value	p value	Remarks
Age in years	20-25 years	8	6	0.39	0.98	Not Significant
	26-30 years	12	13			
	31-35 years	12	10			
	36-40 years	9	9			
	41-45 years	11	10			
Religion	Hindu	22	21	0.25	0.87	Not Significant
	Muslim	6	5			
	Christian	26	20			
Educational Status	Primary school	7	5	0.97	0.80	Not Significant
	High school	18	19			
	PUC	18	13			
	Degree and above	12	8			
Occupation	House wife	18	16	2.57	0.63	Not Significant
	Private employee	13	10			
Occupation	Govt employee	8	10			
	Self employed	3	6			
	Daily wages	6	10			
Type of family	Nuclear	34	27	0.004	0.94	Not Significant
	Joint	22	17			
Duration of marriage	2-4 years	10	13	1.47	0.68	Not Significant
	5-7 years	12	15			
	8-10 years	16	12			
	> 10 years	12	10			
Duration of alcoholism	< 3 years	11	11	0.33	0.95	Not Significant
	3-6 years	16	14			
	6-9 years	16	13			
	> 9 years	9	10			

$\chi^2$  (df<sub>1</sub>=3.84),  $\chi^2$  (df<sub>2</sub>=5.99),  $\chi^2$  (df<sub>3</sub>=7.81),  $\chi^2$  (df<sub>4</sub>=9.48)

Data presented in the table 7 shows there was no association between co-dependency of wives of alcoholics \with their demographic variables. Hence the research hypothesis **H<sub>2</sub>** is rejected and the null hypothesis **H<sub>02</sub>** is accepted.

**Table 8: Association between level of depressive symptom and the selected demographic variables**

Demographic variables		Moderate	Major	$\chi^2$ value	p value	Remarks
<b>N=100</b>						
<b>Age in years</b>	20-25 years	5	9	2.75	0.60	<b>Not Significant</b>
	26-30 years	14	11			
	31-35 years	13	9			
	36-40 years	8	10			
	41-45 years	12	9			
<b>Religion</b>	Hindu	23	20	0.02	0.98	<b>Not Significant</b>
	Muslim	6	5			
	Christian	24	22			
<b>Educational Status</b>	Primary school	5	7	0.88	0.82	<b>Not Significant</b>
	High school	16	21			
	PUC	15	16			
	Degree and above	11	9			
<b>Occupation</b>	House wife	17	15	1.03	0.90	<b>Not Significant</b>
	Private employee	11	12			
	Govt employee	7	11			
	Self employed	4	5			
	Daily wages	8	10			
<b>Type of family</b>	Nuclear	34	27	0.19	0.66	<b>Not Significant</b>
	Joint	20	19			
<b>Duration of marriage</b>	2-4 years	11	12	0.26	0.96	<b>Not Significant</b>
	5-7 years	13	14			
	8-10 years	14	14			
	> 10 years	12	10			
	< 3 years	11	11			
	3-6 years	18	12			

<b>Duration of alcoholism</b>	6-9 years	15	14	2.51	0.47	<b>Not Significant</b>
	> 9 years	7	12			

$\chi^2$  (df<sub>1</sub>=3.84),  $\chi^2$  (df<sub>2</sub>=5.99),  $\chi^2$  (df<sub>3</sub>=7.81),  $\chi^2$  (df<sub>4</sub>=9,48)

Data presented in the table 8 shows there was no association between depressive symptoms of wives of alcoholics with their demographic variables. Hence the research hypothesis **H<sub>3</sub>** is rejected and the null hypothesis **H<sub>03</sub>** is accepted.

### Summary

This chapter dealt with the analysis of data and interpretation of the findings. The data obtained are summarized in the master data sheet using both descriptive and inferential statistics. The analysis has been organized and presented under five sections. Frequency and percentage were used to analyze the demographic characteristics, descriptive statistics were used to assess the level of co-dependency and depression, Karl Pearson correlation coefficient test is used to find the significance relation between co-dependency and depression and Chi-square test was computed to find the association between co-dependency, depression level with selected demographic variables.

## 6. DISCUSSION

This chapter attempts to discuss the findings of the study. The findings of the present study are compared and contrasted with those of other similar studies. The present study was undertaken to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore.

### Major findings of the study

#### Demographic characteristics of the sample

- majority of the samples 25% were aged between 26-30 years
- majority of the samples 46% were Christians
- most of the samples 37% were completed their high schooling
- majority of the samples 34% were housewives
- most of the samples 61% were belongs to nuclear family

- majority of the samples 28% were married for 8-10 years
- majority of the samples spouses 30% were having alcoholism for 3-6 years

### **Assessment of co-dependency among wives of alcoholics**

Investigator found that majority of the samples 50% were having high co-dependency, 47% of the samples were in moderate co-dependency, and only 3% of the samples were independent.

The co-dependency score was in the range of 10-49. The data also depicts that mean and standard deviation co-dependency score was  $36.86 \pm 8.50$  and the median value of the co-dependency score was 39.5. The mean percentage of the co-dependency score was 65.82%.

### **Assessment of depressive symptoms among wives of alcoholics**

Findings of the present study revealed that majority of the samples 79% were having major depression, 15% of the samples were in mild to moderate depression, and only 6% of the samples were not having depression.

The depression score was in the range of 10-51. The data also depicts that mean and standard deviation depression score was  $32.16 \pm 9.78$  and the median value of the depression score was 35. The mean percentage of the depression score was 53.6%.

### **Correlation between co-dependency and depressive symptoms among wives of alcoholics**

The present study revealed that there is a positive correlation between co-dependency and depressive symptoms. The Karl Pearson's correlation coefficient was used to find the relation between codependency and depressive symptoms and the calculated r value was

+0.83 which is greater than the table value 0.196. Thus the research hypothesis  $H_1$  is accepted and null hypothesis  $H_0$  is rejected.

## **Association between co-dependency, depressive symptoms of wives of alcoholics with their selected demographic variables.**

Association of between co-dependency and depressive symptoms of wives of alcoholics with the selected demographic variable findings revealed that there was no association between co-dependency of wives of alcoholics with their demographic variables and also there was no association between depressive symptoms of wives of alcoholics with their demographic variables. Hence the research hypothesis **H<sub>2</sub>** and **H<sub>3</sub>** is rejected and the null hypothesis **H<sub>02</sub>** and **H<sub>03</sub>** is accepted.

### **Discussion of the findings with other studies**

This study is supported by a comparative study that was conducted in AIMS, New Delhi to find out the social support, coping resources and codependence in the wives of individuals with alcohol and drug dependence in 2001. Data was collected from 30 male alcohol dependent patients along with their wives and 30 male drug dependent patients and their wives. The study result showed that Of the 60 wives 49 were found to be codependent and they had lower coping resources and social support.<sup>34</sup>

This study is supported by a comparative study that was conducted in USA to assess the Alcohol Use, Alcohol Problems, and Depressive Symptomatology among newly married couples. Data was collected from 634 Couples. Study result highlighted that both husbands and wives marital alcohol problems were associated with wives depressive symptoms. The study concluded that husbands and wives marital alcohol problems affect wives depressive symptoms.<sup>32</sup>

This study is supported by a study that was conducted in New Orleans to investigate a correlation between codependency and depression. Data was collected from 149 individuals. The study results showed that there was a strong, positive correlation between, codependency and depression. The study concluded that if a person reports himself/herself to be highly codependent, he/she is likely to experience an elevated level of depression.<sup>31</sup>

## Summary

This chapter dealt with the discussion of major findings of the study like distribution of demographic characteristics of wives of alcoholics, assessment of co-dependency and depression level of wives of alcoholics, relation between co-dependency and depression and association between co-dependency, depression of wives of alcoholics with their selected demographic variables.

## 7. CONCLUSION

This chapter presents the conclusions drawn, implications, limitations, suggestions and recommendations.

The following conclusions were drawn on the basis of the findings of the study:

- The findings showed that wives of alcoholics have high co-dependency and major depression.
- The findings also revealed that there is a positive correlation between co-dependency and depressive symptoms.
- There was no significant association between co-dependency, depressive symptoms of wives of alcoholics with their demographic variables.

### Implication of the study

The findings of the study have implications in various areas of nursing education, nursing administration, nursing practice and nursing research.

### Nursing Education

Alcoholism is a part of nursing curriculum. Nurse educator can train the nursing students to gain in depth knowledge regarding alcoholism.

Educational campaigns involving student nurses can be conducted to develop awareness about alcoholism among general public. This can improve the student's ability in providing health education. Adequate opportunity has to be provided to student nurses to work in various areas of community to gain efficient skills in

prevention of alcoholism.

### **Nursing Practice**

The nursing care provided to the client not only focuses on the present problems but also equal importance is given for prevention of potential problems. Being the backbone of health care team, nurses owe a great responsibility in educating the people.

In this scenario alcoholism has become one of the major problem. It affects not only the client but also the family. It affects the wife very badly. This kind of the study enables to diagnose the problems early and to manage them easily as it may lead to major psychiatric disabilities.

### **Nursing Administration**

Being at the top levels, nursing administrators owe the responsibility of not only handling the nurses for proper work but also to improve the quality of nursing by increasing their knowledge and skills. Nursing administrators can organize various in-service education and special training programmes for the nurses to update their knowledge regarding alcoholism. They should encourage the community health nurses to organize and involve in health educational programmes. Administrators should take initiative in adapting different educational strategies, so that public can be well educated about alcoholism

### **Nursing Research**

The nursing profession is increasingly in the development of scientific knowledge relating to its practice. Research becoming a major force in nursing and is being used to change practice, education and policy. Nursing research can be helpful in determining the appropriate strategies which can be most effective in teaching alcoholism and its effects in different cultural groups.

### **Limitations of the study**

1. The study made use of purposive sampling technique. Hence it limits the general ability of the study findings to the selected population only
2. The study did not use any control group. The investigator had no control over the vents that took place between pre-test and post-test
3. The tools used to collect data restricted the amount of information that could be obtained from the wives of alcoholics.

### **Major Recommendations**

Keeping in view the findings of the present study, the following recommendations were made. Since this study was carried out on a small convenient sample, the results can be used only as a guide for further studies.

1. A similar study can be done on a large population and a different tool
2. The similar study could be done in a different setting
3. Experimental study could be done on this problem by using teaching programme
4. A qualitative study can also be assessed
5. A similar study can be conducted with two groups.
6. Further research could be carried out to identify the prevalence of depression and alcohol dependency among wives of alcoholics.

### **Summary**

This chapter deals with implication for nursing practice, nursing education, nursing administration, and nursing research, major recommendations, and limitations. The overall experience of conducting this study was a satisfying one as there was good cooperation by the participants. This study was a new learning experience for the researcher.

## 8. SUMMARY

The present study was conducted to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore. The present study design was descriptive research design, conducted from 18/11/2021 to 27/11/2021. The data was collected from 100 wives of alcoholics by using demographic proforma, Co-dependency scale and Center for Epidemiologic Studies Depression Scale (CES-D), who were recruited by using non-probability purposive sampling technique.

### Objectives of the study

The objectives of the study were to:

1. determine the level of co-dependency among wives of alcoholics
2. determine the depressive symptoms among wives of alcoholics
3. find the co-relation between co-dependency and depressive symptoms among wives of alcoholics
4. find out the association between co-dependency and selected demographic variables
5. find out the association between depressive symptoms and selected demographic variables

### Hypothesis

All hypothesis will be tested at 0.05 level of significance.

- H<sub>1</sub>:** There will be a significant relationship between the level of co-dependency and depressive symptoms among wives of alcoholics.
- H<sub>2</sub>:** There will be a significant association between the level of co-dependency and selected demographic variables.
- H<sub>3</sub>:** There will be a significant association between the depressive symptoms and selected demographic variables.

The literature information enabled the investigator to study the extent of the selected problem, to develop the research tools, to develop conceptual frame work, data analysis and interpretation. The conceptual frame work of the present study was developed

by the investigator based on Roy's Adaptation Model (1984).

The study design consisted of a descriptive approach. The population of the study consisted of wives of alcoholics. Purposive sampling technique was utilized to select the 100 subjects based on their inclusion criteria.

A Co-dependency scale and Center for Epidemiologic Studies Depression Scale (CES-D) was used to assess the co-dependency and depression of the wives of alcoholics. The tools were validated by 7 experts. Pre-testing of the tool and establishing reliability of the tool was done before the pilot study.

The pilot study was conducted from 4/11/2021 to 11/11/2021 involving 10 wives of alcoholics to assess the feasibility of the study. The main study was conducted among 100 wives of alcoholics. The data was collected by administering the demographic proforma, Co-dependency scale and Center for Epidemiologic Studies Depression Scale (CES-D).

The analysis and interpretation of data was based on the objectives and hypothesis of the study. Descriptive statistics used were frequency, percentage, range, mean, median, standard deviation and mean percentage. The inferential statistics used were Karl Pearson's Correlation Coefficient test and chi-square test. The data obtained was presented in the form of tables and figures.

### **Major findings of the study**

Majority of the samples 25% were aged between 26-30 years, majority of the samples 46% were Christians, most of the samples 37% were completed their high schooling, majority of the samples 34% were housewives, most of the samples 61% were belongs to nuclear family, majority of the samples 28% were married for 8-10 years, majority of the samples spouses 30% were having alcoholism for 3-6 years.

Investigator found that majority of the samples 50% were having high co-dependency, 47% of the samples were in moderate co-dependency, and only 3% of the samples were independent. The co-dependency score was in the range of 10-49. The data also depicts that mean and standard deviation co-dependency score was  $36.86 \pm 8.50$  and the median value of the co-dependency score was 39.5. The mean percentage of the co-dependency score was 65.82%.

Findings of the present study revealed that majority of the samples 79% were having major depression, 15% of the samples were in mild to moderate depression, and only 6% of the samples were not having depression. The depression score was in the range of 10-51. The data also depicts that mean and standard deviation depression score was  $32.16 \pm 9.78$  and the median value of the depression score was 35. The mean percentage of the depression score was 53.6%.

The present study revealed that there is a positive correlation between co-dependency and depressive symptoms. The Karl Pearson's correlation coefficient was used to find the relation between codependency and depressive symptoms and the calculated  $r$  value was +0.83 which is greater than the table value 0.196.

Association of between co-dependency and depressive symptoms of wives of alcoholics with the selected demographic variables findings revealed that there was no association between co-dependency of wives of alcoholics with their demographic variables and also there was no association between depressive symptoms of wives of alcoholics with their demographic variables.

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## ANNEXURE - 1

## Ethical clearance certificate



VISHWABHARATHI TRUST (R)

Ph : 26390826  
Mob : 9845113133**SRI SHARADA NURSING COLLEGE**Affiliated to Rajiv Gandhi University of Health Science, Bangalore  
Approved by Govt. of Karnataka, Karnataka Nursing Council - Karnataka  
& Indian Nursing Council - New Delhi

No. 43, 44 &amp; 45, Uttarahalli Main Road, Uttarahalli, Bangalore - 560 061

Ref. No.

Date .....

**INSTITUTIONAL ETHICAL COMMITTEE CERTIFICATE**

To,

Mr. S C William Rajesh  
2<sup>nd</sup> Year M.Sc Nursing  
Sri Sharada Nursing College,  
Uttarahalli Main Road,  
Bangalore -61.**Subject: Institutional ethical committee approval for research study.****“A study to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Banaglore.”**

With reference to the above study, Institutional ethical committee of Sri Sharada Nursing College, Bangalore, held meeting in the chamber of chairman institutional ethical committee and clear the above mentioned study. You should inform periodically the progress of the study to Institutional ethical committee.

Thanking you,

PRINCIPAL  
SRI SHARADA NURSING COLLEGE  
No. 43,44 & 45, Uttarahalli Main Road  
BANGALORE-560061

ANNEXURE – 2

Letter seeking and granting permission to conduct study



VISHWABHARATHI TRUST (R)

Ph : 26390826  
Mob : 9845113133

**SRI SHARADA NURSING COLLEGE**

Affiliated to Rajiv Gandhi University of Health Science, Bangalore  
Approved by Govt. of Karnataka, Karnataka Nursing Council - Karnataka  
& Indian Nursing Council - New Delhi

No. 43, 44 & 45, Uttarahalli Main Road, Uttarahalli, Bangalore - 560 061

Ref. No.

Date .....

To

The Medical Officer  
Primary Health Center  
Bagalur  
Bangalore

Respected Sir/Madam,

Sub: Permission for conducting research study

With reference to the above we request you to permit our II<sup>nd</sup> Year M.Sc Nursing student Mr. S C William Rajesh of Mental Health Nursing to conduct the research study in your hospital.

Topic is: "A study to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore."

Hoping for a favorable response at the earliest.

Thanking you

Yours faithfully

PRINCIPAL  
SRI SHARADA NURSING COLLEGE  
No. 43,44 & 45, Uttarahalli Main Road  
BANGALORE-560061

MEDICAL OFFICER  
Primary Health Center  
Bagalur  
Bengaluru - 560043

## ANNEXURE – 3

**Letter requesting expert opinion to establish content validity**

From:

To :

Mr. S C William Rajesh

II<sup>nd</sup> year MSc Nursing student

Sri Sharada College of Nursing

Bangalore

Subject: **Requesting opinion and suggestion of experts to establish content validity of the research tool.**

Respected Madam /Sir.

I am II<sup>nd</sup> year M.Sc Nursing student in Mental Health Nursing at Sri Sharada College of Nursing. I have undertaken a research namely **“A study to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore.”** to be submitted to RGUHS, Bangalore as partial fulfillment of M.Sc Nursing programme. Here with I have enclosed:

1. Objectives & operational definitions of the study
2. Tool –
  - a. Demographic proforma
  - b. Co-dependency scale
  - c. Center for Epidemiologic Studies Depression Scale (CES-D)
3. Criteria check list

I request you to kindly go through the content and validate it against the criteria given. Anticipating a favorable response at the earliest.

Thanking you,

Place: Bangalore

yours sincerely

Date:

Mr. S C William Rajesh

## ANNEXURE – 4

**Acceptance form for tool validation**

**Name:**

**Designation:**

**Name of the institution:**

**Statement of acceptance/ non acceptance:**

**Topic: “A study to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore.”**

Place:

Date:

Signature:

**ANNEXURE – 5**

**Content validation certificate**

I do hereby certify that I have validated the tool of Mr. S C William Rajesh who has undertaken the research to be submitted to RGUHS, Bangalore as partial fulfillment of M.Sc Nursing programme.

**Topic: “A study to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore.”**

Suggestions/ comments:

Signature:

Place:

Name:

Designation

Date:

## ANNEXURE – 6

## Criteria checklist for validation of the tools

**Instructions:**

Kindly review the items in demographic proforma, structured knowledge questionnaire and give your valuable suggestions regarding accuracy, relevance and appropriateness of the content. There are two response columns in the checklist, namely, 'Agree' and 'Disagree'. Place a ( ✓ ) mark against the specific column. If there are any suggestions, please mention in the 'Remark'" column.

**SECTION A: Demographic proforma**

Item No	Agree	Disagree	Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**SECTION B: Co-dependency scale**

<b>Item No</b>	<b>Agree</b>	<b>Disagree</b>	<b>Remarks</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

**SECTION C: Center for Epidemiologic Studies Depression Scale (CES-D)**

Item No	Agree	Disagree	Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

## ANNEXURE – 7

**Consent form**

**Dear participants,**

I am a final year M.Sc (N) student of Sri Sharada College of Nursing, Bangalore. As a partial fulfillment of the course, I have selected the below mentioned topic for research work.

**“A study to assess co-dependency and depressive symptoms among wives of alcoholics in selected rural communities at Bangalore.”**

I request you to respond to the questions asked and cooperate whole heartedly in this study. I assure you that information given by you will be kept confidential and used for the purpose of this study.

Your cooperation is needed for successful completion of the study.

Thanking you

Your's sincerely

Mr. S C William Rajesh

Investigators Signature:

Respondents Signature:

## ANNEXURE – 8

## Tools

## Section A: Demographic Proforma

**Instructions:**

Various possible alternatives of each question are given in this questionnaire. Select only one alternative, which suits you and put a tick mark (√) in the appropriate column.

Code no: \_\_\_\_\_

1. Age in years
  - a. 20-25 years [ ]
  - b. 26-30 years [ ]
  - c. 31-35 years [ ]
  - d. 36-40 years [ ]
  - e. 41-45 years [ ]
2. Religion
  - a. Hindu [ ]
  - b. Muslim [ ]
  - c. Christian [ ]
  - d. Others [ ]
3. Education
  - a. Primary school [ ]
  - b. High school [ ]
  - c. PUC [ ]
  - d. Graduation and above [ ]
4. Occupation
  - a. House wife [ ]
  - b. Private employee [ ]
  - c. Government employee [ ]
  - d. Self employed [ ]
  - e. Daily wages [ ]

5. Type of family
- a. Nuclear [ ]
- b. Joint [ ]
6. Duration of marriage
- a. 2-4 years [ ]
- b. 5-7 years [ ]
- c. 8-10 years [ ]
- d. Above 10 years [ ]
7. Duration of alcoholism of spouse
- a. < 3 years [ ]
- b. 3-6 years [ ]
- c. 6-9 years [ ]
- d. > 9 years [ ]

**TOOL – 2****CO-DEPENDENCY SCALE****Instructions:-**

Please read the following questions carefully and select the appropriate answer from the options given with a tick (✓) mark. Please answer all the questions.

SL NO	ITEMS	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
1.	It is hard for me to make decision without my spouse					
2.	I do not usually abandon my routine when I am upset about my spouse					
3.	When my spouse upsets me, I will hold it in for a long time, but once in while I explode					
4.	I will usually go to any lengths to avoid open conflicts with my spouse					
5.	I focus too much on my spouse.					
6.	I have given up my own life to please my spouse.					
7.	I tolerate abuse to keep my spouse loving me.					

8.	I think a lot about what my spouse think of me					
9.	It is easy for me to talk about what I am feeling at the moment					
10.	I don't have time to do what I need to do for myself.					
11	Sometimes I am unable to quit thinking about my spouse					
12	It is easy for me to let my spouse do things for me					
13	I feel like I should not burden my spouse with my problems					
14	I feel like crying when my spouse hurt me					

### TOOL – 3

#### CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE (CES-D)

##### Instructions:-

Please read the following questions carefully and select the appropriate answer from the options given with a tick (✓) mark. Please answer all the questions.

During past week....

Sl.no	Items	Rarely or none of the time(<1	Some or little of the time(1-2	Occasionally or moderate amount of	Most of the time(5-
1	I was bothered by things that usually don't bother me				
2	I did not feel like eating, my appetite was poor				
3	I felt that I could not shake off the blues even with help from family or friends				
4	I felt I was just as good as other people				
5	I had trouble keeping my mind on what I was doing				
6	I felt depressed				
7	I felt that everything I did was an effort				
8	I felt hopeful about the future				

9	I thought my life had been a failure				
10	I felt fearful				
11	My sleep was restless				
12	I was happy				
13	I talked less than usual				
14	I felt lonely				
15	People were unfriendly				
16	I enjoyed life				
17	I had crying spells				
18	I felt sad				
19	I felt that people dislike me				
20	I could not get going				

## ವಿಭಾಗ A:

## ಜನಸಂಖ್ಯಾ ಮಾಹಿತಿ

ಸೂಚನೆಗಳು:

ಈ ಪ್ರಶ್ನೆಗಳಲ್ಲಿ ಪ್ರತಿ ಪ್ರಶ್ನೆಗೆ ವಿವಿಧ ಸಂಭಾವ್ಯ ಪ್ರಯೋಗಗಳನ್ನು ನೀಡಲಾಗಿದೆ. ನಮಗೆ

ಸೂಕ್ತವಾದ ಒಂದು ಉತ್ತರವನ್ನು ಮಾತ್ರ ಆಯ್ಕೆ ಮಾಡಿ ಮತ್ತೆ ಸೂಕ್ತವಾದ

## 1. ವಯಸ್ಸಿನ ವರ್ಗ

- 20-25 ವರ್ಷಗಳು
- 26-30 ವರ್ಷಗಳು
- 31-35 ವರ್ಷಗಳು
- 36-40 ವರ್ಷಗಳು
- 41-45 ವರ್ಷಗಳು

## 2. ಧರ್ಮ

- ಹಿಂದೂ
- ಮುಸ್ಲಿಂ
- ಕಿರಿಸ್ತಿಯನ್
- ಇತರರು

## 3. ಶಿಕ್ಷಣ

- ಪ್ರಾಥಮಿಕ ಶಾಲೆ
- ಪ್ರೌಢಶಾಲೆ
- ಪಿಯುಸ್
- ಪದವಿ ಮತ್ತಿತರ ಮೇಲಪಟ್ಟವರು

## 4. ಉದ್ಯೋಗ

- ಮ'ಹಂಡತಿ
- ಖಾಸಗಿ ಉದ್ಯೋಗಿ
- ಸರ್ಕಾರಿ ನೌಕರ
- ಸವಯಂ ಉದ್ಯೋಗಿ
- ದೈನಂದಿನ ವೀತ್ನು

## 5. ಕುಟುಂಬದ ಪ್ರಕಾರ

- ಪ್ರಮಾಣು
- ಜಂಟಿ

6. ಮದುವೆಯ ಅವಧಿ

a. 2-4 ವರ್ಷಗಳು

b. 5-7 ವರ್ಷಗಳು

c. 8-10 ವರ್ಷಗಳು

d. 10 ವರ್ಷಗಳ ಮೀಲೆ

7. ಸಂಗಾತಿಯ ಮದಾದ ಅವಧಿ

a. < 3 ವರ್ಷಗಳು

b. 3-6 ವರ್ಷಗಳು

c. 6-9 ವರ್ಷಗಳು

d. > 9 ವರ್ಷಗಳು

### ಸಹ-ಅವಲಂಬಿ ಪ್ರಮಾಣ

ಸೂಚನೆಗಳು:-

ದಯವಿಟ್ಟು ಕೆಳಗಿನ ಪ್ರಶ್ನೆಗಳನ್ನು ಎಚ್ಚರಿಕೆಯಿಂದ ಓದಿ ಮತ್ಯತ ಟಿಕ್ (✓)

ಮಾಹಿತಿ ನೀಡಲಾದ ಆಯ್ಕೆಗಳಿಂದ ಸೂಕ್ತವಾದ ಉತ್ತರವನ್ನು ಆಯ್ಕೆಮಾಡಿ.

ದಯವಿಟ್ಟು ಎಲಾತಿ ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸಿ.

SL NO	ವಿಷಯ	ದೃಢವಾಗಿ	ಒಪ್ಪಿಗೆ	ತ್ಯಜ	ಅಸಮ ಮತಿ	ದೃಢವಾಗಿ ಒಪ್ಪುವ ಪದಿಲಿ
1.	ನನಾ ಸಂಗಾತಿ ಇಲಿದೆ ನರಾಂರ ತೆಗೆದುಕೊಳ್ಳುವಪದು ನನಗೆ ಕ್ಷಿಟ					
2.	ನನಾ ಸಂಗಾತಿ ನಾನು ಅಸಮಾರಾಂನಗೊಂಡಾಗ ನಾನು ಸಾಮಾನಾವಾಗಿ ನನಾ ದಿನಚರಯನು ತಾಜಿಸುವಪದಿಲಿ					
3.	ನನಾ ಸಂಗಾತಿಯು ನನಾನು ಅಸಮಾರಾಂನಗೊಳಿಸ್ತಾಗ, ನಾನು ಅದನು ದೇರಾಕಾಲ ಹಡಿಡಿಟ್ಟುಕೊಳ್ಳುತ್ತೇತಿ, ಆದರೆ ಒಮಮ ಒಳಗೆ ನಾನು ಸೂಫೀಟಿಸುವಾಗ					
4.	ನಾಂಂದಿಗೆ ಮುಕ್ತ ರಾಣಿಯನು ತ್ವಿಪಸಲು ನಾನು ಸಾಮಾನಾವಾಗಿ ರಾವಪದೇ ಹಂತ್ಯೆ ಹುಣೀಗುತೇತಿ					

5.	ನಾನು ನನಾ ಸಂಗಾತಿಯ ಮೀಲೆ ಹಚುರಿ ಗಮನ ಹರಸುತ್ತೇತಿ'					
6.	ನಾನು ನನಾ ಸವಂತ್ ಜೀವನವನು ಬಿಟ್ುಟಕೊಟೆಟದೆದೀ' ನನಾ ಸಂಗಾತಿಯನು ಮಚ್ಚಿಸಲು					
7.	ನಾನು ನನಾ ಸಂಗಾತಿಯು ಇರಸೊಳುಲು ನಂದ'ಯನು ಸಹಸೊಳುತುತೇತಿ'					
8.	ನಾನು ರಂವಪದರ ನನಾ ಸಂಗಾತಿಯು ಬಗೆೆ ತಂಂಬಾ ಯೀಚ್ಚಸುತ್ತೇತಿ' ನನಾ ಬಗೆೆ ಯೀಚ್ಚಸುತ್ಂತ'					
9.	ನನಾ ಭಾವಗಳ ಬಗೆೆ ಮಾತ್ನಾಡುವಪದು ನನಗೆ ಸುಲಭವಾಗಿದೆ ಈ ಕ್ಷಣದಲ್ಲಿ					
10.	ನನಗೆ ನನಗಾಗಿ ನಾನು ಏನು ಮಾಡಲು ಸಮಯವಿಲಿ					
11.	ಕೆಲವೊಮಮ ನನಗೆ ನನಾ ಸಂಗಾತಿಯ ಬಗೆೆ ಯೀಚ್ಚಸುವಪದನು ನಲ್ಲಿಸಲು ಸಾಧಾವಾಗುತ್ತಲಿ					
12.	ನಾನು ನನಾ ಸಂಗಾತಿಗೆ ಕೆಲಸ ಮಾಡಲು ಬಿಡುವಪದು ನನಗೆ ಸುಲಭ					
13.	ನನಾ ಸಮಸಾಗಳಿಂದ ನನಾ ಸಂಗಾತಿಗೆ ಹೂರೆ ಬೀಡ ಅನಾಸುತ್ತೆತ					
14.	ನನಾ ಸಂಗಾತಿಯು ನನಾನು 'ಂೂತೀಯಸ್ಗ ಅಳಬೀಕ್ಂ ಅನಾಸುತ್ತದೆ					

ಎಪಿಡೆಮಿಯೋಲಾಜಿಕ್ ಸಟಿಡೀಸ್ ಡಿಪ್ರಶನ್ ಸೇಲ್ (CES-D) ಕೇಂದರ

ಸೂಚಿಗಳು:-

ದಯವಿಟ್ಟು ಕೆಳಗಿನ ಪ್ರಶ್ನೆಗಳನ್ನು ಎಚಿರಕೆಯಿಂದ ಓದಿ ಮತ್ತೆ ಟಿಕ್ (✓)

ಮಾಕಾಂಧಿಗೆ ನೀಡಲಾದ ಆಯ್ಕೆಗಳಿಂದ ಸೂಕ್ತವಾದ ಉತ್ತರವನ್ನು ಆಯ್ಕೆಮಾಡಿ.

ದಯವಿಟ್ಟು ಎಲಾಠಿ ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸಿ.

ಕೈದ ವಾರದಲ್ಲಿ....

Sl.no	ವಿಷಯ	ಅಪ್ರೂಪಾ ಗಿ	ಕೆಲವಪ ಅಥವಾ ಸವಲಪ ಸಮಯ	ಸಾಂದರ್ಭಾಕ್ವಾ ಗಿ ಅಥವಾ ಮಧಾಮ ಸಮಯ	ಹಚ್ಚಿನ ಸಮಯ
1	ಸಾಮಾನಾವಾಗಿ ನನಗೆ ತೊಂದರೆರಾಗದ ವಿಷಯಗಳಿಂದ ನಾನು ತೊಂದರೆಗೀಡಾಗಿದೆದೀ				
2	ನನಗೆ ತಿನಾಲು ಅನಸಲ್ಲಲಿ, ನನಾ ಹಸ್ವಪ ಕೈಪ್ರಾಾಗಿತ್ಯತ				
3	ಕಾಂಟ್ಯಂಬ ಅಥವಾ ಸಶೀಹತ್ರ ಸಹಾಯದಿಂದ ನಾನು ಬೂಶಿಸ್ ಅನುಾ ಅಲಾಡಿಪಲು ಸಾಧಾವಿಲಿ ಎಂದು ನಾನು ಭಾವಿಸ್ಸೆ				
4	ನಾನು ಇತ್ರ ಜನರಂತೆ ಒಳೆಯವನು ಎಂದು ನಾನು ಭಾವಿಸ್ಸೆ				
5	ನಾನು ಏನು ಮಾಡುತಿತದೆದೀ ಎಂಬುದರ ಮೀಲೆ ನನಾ ಮನಸುನುಾ ಇರಸ್ಸೊಳುಲು ನನಗೆ ತೊಂದರೆರಾಯತ್ಯ				
6	ನಾನು ಖಿನಾತೆಗೆ ಒಳಗಾಗಿದೆದ				
7	ನಾನು ಮಾಡಿದೆದಲಿವೊ ಒಂದು ಪ್ರಯತ್ಯ ಎಂದು ನಾನು ಭಾವಿಸ್ಸೆ				
8	ಭವಿಷ್ಯಾದ ಬಗೆಗೆ ನನಗೆ ಭರವಸಯತ್ಯತ				

9	ನನಾ ಜೀವನವಪ ವಿಫಲವಾಗಿದೆ ಎಂದು ನಾನು ಭಾವಿಸ್ತೆ				
10	ನನಗೆ ಭಯ ಅನಸ್ತು				
11	ನನಾ ನದೆರ ಪ್ರಕ್ಷುಬ್ಧವಾಗಿತ್ಯಂತ				
12	ನಾನು ಸಂತೋಷಿ ವಾಗಿದೆದ				
13	ನಾನು ಸಾಮಾನಾಕಿಂತ್ ಕ್ಷಮೆ ಮಾತ್ನಾಡಿದೆ				
14	ನನಗೆ ಒಂಟಿತ್ನ ಅನಸ್ತು				
15	ಜನರು ಸಶೀಹಹೀನರಾಗಿದರು				
16	ನಾನು ಜೀವನವನು ಆನಂದಿಸ್ತೆ				
17	ನನಗೆ ಅಳುವ ಮಂತ್ರಗಳಿದವಪ				
18	ನನಗೆ ದುಃಖವಾಯತ್ಯು				
19	ಜನರು ನನಾನು ಇತಿಪ್ಪುವಪದಿಲಿ ಎಂದು ನಾನು ಭಾವಿಸ್ತೆ				
20	ನನಗೆ ಹುಶೀಗಲು ಸಾಧಾವಾಗಲ್ಲಲಿ				

**ANNEXURE – 8****List of Validators**

1. **Mr. Rajesh**  
Professor  
Archrya College of Nursing  
Bengaluru
2. **Mr. Shridhar PM**  
Principal  
KTG College of Nursing  
Bengaluru
3. **Mr. Mithun**  
Associate Professor  
Kempgowda College of  
Nursing Bengaluru
4. **Mr. Jayaraj**  
Associate Professor  
Videhyi College of  
Nursing Bengaluru
5. **Mr. Swamy**  
Assistant Professor  
Sri Lakshmi College of  
Nursing Bengaluru
6. **Mrs. Simi George**  
Assistant Professor  
Sneha College of  
Nursing Bengaluru
7. **Mrs. Mamatha**  
Assistant Professor  
Divine College of  
Nursing Bengaluru

## ANNEXURE – 9

## List of statistical formulae used

1. **Karl-Pearson's coefficient of correlation**

$$r = \frac{n \sum xy - (\sum x)(\sum y)}{\sqrt{[n \sum x^2 - (\sum x)^2][n \sum y^2 - (\sum y)^2]}}$$

2. **Chi-square test**

$$\chi^2 = \frac{(ad - bc)^2 G}{(a + b)(c + d)(a + c)(b + d)}$$

$$\chi^2 = \frac{[(O - E)^2 - 1/2]G}{E}$$

3. **Paired 't' test**

$$t = \frac{\left| \frac{\bar{d} \sqrt{n}}{SD} \right|}{\frac{\sum d}{n}} \quad \sigma d = \frac{\sqrt{\sum (d - \bar{d})^2}}{n - 1}$$

4. **Mean**  $\bar{x} = \frac{\sum x}{n}$

5. **Standard deviation**  $\sigma = \sqrt{\frac{\sum (x - \bar{x})^2}{n}}$

## ANNEXURE – 10

Sample	1	2	3	4	5	6	7
1	e	a	b	a	a	c	a
2	b	c	b	a	b	b	c
3	c	c	c	b	a	c	c
4	a	b	c	c	b	a	b
5	d	a	b	a	a	b	b
6	b	c	c	b	a	d	c
7	a	a	b	a	a	a	d
8	d	a	b	d	a	c	c
9	b	c	c	b	a	b	b
10	e	a	a	e	a	b	a
11	e	b	c	b	b	d	d
12	c	c	b	a	a	c	b
13	b	a	d	c	b	d	c
14	c	c	b	a	a	b	d
15	b	a	b	a	a	d	d
16	d	c	d	c	b	b	b
17	e	a	a	e	a	c	d
18	d	c	d	c	a	c	a
19	a	a	b	a	a	a	b
20	b	a	b	a	a	a	b
21	a	c	d	c	a	a	c
22	e	a	a	e	b	c	a
23	a	b	b	a	b	a	c
24	e	c	a	d	a	c	b
25	b	a	c	b	b	d	b
26	d	c	b	a	a	b	b
27	c	a	b	a	a	d	c
28	b	c	c	b	a	c	c
29	d	a	b	a	a	b	a
30	b	c	b	a	b	c	b
31	a	a	c	a	b	a	d
32	c	c	c	a	a	d	b
33	c	b	d	c	b	c	d
34	b	a	c	b	a	a	d
35	c	b	b	a	a	d	c
36	e	a	b	a	b	b	a

## Master Data Sheet Demographic Data

37	b	c	c	b	a	a	c
38	d	a	c	c	a	b	b
39	e	c	a	e	a	c	d
40	b	c	d	c	a	a	a
41	d	b	b	d	b	d	d
42	c	a	c	b	b	c	a
43	b	c	c	b	b	b	b
44	c	c	d	c	a	b	a
45	c	a	b	a	b	d	b
46	a	c	d	a	a	a	d
47	b	a	b	a	a	b	a
48	a	c	d	a	a	a	c
49	e	a	a	e	b	c	b
50	c	c	c	c	a	b	a
51	b	a	b	d	b	a	c
52	e	c	c	b	a	d	c
53	e	a	a	e	b	d	b
54	d	c	d	c	a	c	c
55	b	a	d	c	a	a	b
56	d	c	b	a	a	c	a
57	a	c	c	b	a	b	c
58	c	a	d	a	a	c	c
59	a	b	b	a	b	a	a
60	d	c	b	d	a	c	a
61	c	a	d	a	b	b	a
62	d	a	b	a	a	d	d
63	b	a	d	c	b	a	b
64	c	b	d	c	a	d	c
65	e	c	c	a	b	c	c
66	e	c	c	b	b	b	b
67	c	a	b	d	a	b	a
68	c	a	c	b	a	d	d
69	b	a	c	b	b	a	a
70	e	c	a	e	a	b	c
71	a	a	c	a	a	a	b
72	d	c	c	b	b	d	b
73	c	c	b	e	a	d	d
74	b	a	b	e	a	b	d
75	d	c	c	b	a	c	b
76	a	c	b	d	a	a	a
77	e	c	c	b	a	c	c
78	e	a	a	e	b	c	a

79	c	c	c	b	b	b	c
80	b	a	b	a	b	c	a
81	c	a	c	a	b	c	d
82	b	c	c	b	a	a	d
83	a	c	b	e	a	a	c
84	d	b	b	e	b	d	a
85	d	a	d	a	b	b	b
86	b	c	d	c	b	d	c
87	b	c	c	b	a	a	b
88	c	c	b	a	a	c	a
89	e	a	a	e	b	c	b
90	a	c	b	e	a	d	b
91	e	b	d	b	a	d	c
92	b	a	b	d	b	b	b
93	c	c	d	c	b	b	c
94	d	c	b	a	a	c	c
95	e	a	c	c	b	b	d
96	b	b	c	b	a	a	d
97	e	c	a	e	b	d	b
98	c	a	d	c	a	b	c
99	d	c	b	e	b	b	b
100	e	a	a	d	a	c	c

## Co-dependency scores

Sample	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	4	1	3	3	4	3	3	3	2	3	4	3	2	4
2	3	1	3	2	3	3	3	2	1	2	2	3	1	3
3	3	1	2	2	3	2	3	2	1	3	3	2	2	3
4	3	2	2	2	4	2	3	2	1	2	3	3	1	3
5	2	1	2	2	3	2	3	2	1	2	2	3	1	4
6	3	1	2	2	3	2	2	1	2	3	3	2	1	3
7	3	1	2	2	3	2	2	1	1	2	2	3	2	2
8	2	1	2	2	3	2	2	2	1	1	2	2	1	3
9	4	4	3	0	4	4	3	2	1	3	3	4	1	4
10	3	2	4	3	4	3	3	3	2	3	3	4	0	4
11	4	2	3	3	4	4	4	2	2	1	4	4	1	4
12	2	3	2	3	2	2	3	2	2	3	3	2	1	2
13	4	3	3	4	4	3	3	3	3	3	4	3	3	4
14	4	4	3	4	3	3	3	3	3	3	4	4	2	4
15	4	2	4	3	4	4	2	3	3	3	3	3	3	4
16	4	3	3	3	4	4	3	3	2	3	3	2	1	4
17	1	2	1	0	1	0	1	2	2	1	1	1	2	1
18	2	2	3	2	3	2	2	3	2	3	2	2	2	4
19	3	2	3	2	3	3	2	3	2	3	3	2	2	3
20	4	3	3	3	4	3	3	3	3	3	4	3	1	4
21	4	3	3	4	4	3	3	3	4	3	4	4	3	4

22	4	2	2	2	4	4	4	2	2	4	3	3	3	4
23	3	2	3	2	1	1	2	3	1	2	3	3	2	3
24	2	1	2	2	2	1	2	2	1	2	1	2	1	0
25	3	2	3	3	3	3	3	3	2	3	2	3	1	3
26	4	3	3	3	4	3	4	1	1	3	4	3	1	4
27	1	2	1	0	1	1	1	1	2	1	0	1	2	1
28	0	1	1	0	1	1	0	1	2	1	1	1	1	1
29	2	1	3	2	2	2	3	2	2	3	3	2	2	2
30	2	1	3	3	2	2	3	3	2	3	2	2	2	1
31	4	1	3	3	3	4	3	3	2	3	2	3	1	3
32	4	2	3	3	4	4	3	3	2	3	3	3	1	4
33	0	1	2	2	1	1	2	1	2	0	1	2	1	0
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35	4	2	3	3	4	3	4	3	2	3	3	3	2	4
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37	3	2	3	3	3	3	3	3	2	3	3	3	2	3
38	4	1	4	3	4	4	3	3	2	3	4	4	1	4
39	2	1	2	3	2	2	3	3	1	2	2	2	2	2
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42	4	2	3	3	4	3	3	3	3	3	3	3	1	4
43	2	1	3	3	1	2	2	2	1	2	2	2	1	3
44	1	1	0	0	1	0	1	1	2	1	0	1	1	0

45	4	2	3	3	3	2	3	3	1	3	3	4	2	3
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63	2	1	2	2	3	2	2	2	1	2	3	2	1	1
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71	2	1	2	2	3	2	2	2	1	2	2	3	2	3
72	3	2	3	3	3	3	3	3	2	3	3	4	2	3
73	2	2	2	2	0	2	3	2	2	3	3	3	2	1
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82	3	1	3	3	2	2	3	2	1	2	2	3	2	0
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97	3	1	4	2	2	2	3	1	1	3	3	4	2	0
98	4	2	3	3	3	3	3	2	1	3	3	3	1	3
99	3	2	2	2	3	2	3	2	2	3	3	3	2	3
100	2	2	3	1	2	2	2	3	2	3	3	2	1	2

### Depression scores

Sample	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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3	1	1	2	1	1	1	2	1	2	1	0	0	1	1	1	1	1	2	1	1
4	0	1	1	1	1	2	1	1	0	0	0	1	1	1	2	2	1	1	2	2
5	1	0	1	1	1	2	1	1	1	0	0	1	1	1	1	1	1	1	2	2
6	0	1	1	1	1	2	1	2	1	0	0	1	1	1	1	1	1	1	1	2
7	0	1	1	1	1	2	1	1	1	0	0	1	1	1	1	1	2	1	1	2
8	1	0	0	1	1	2	1	1	0	0	0	1	1	1	1	1	1	1	1	1
9	2	3	2	2	2	3	2	1	2	2	3	2	2	2	2	2	2	3	2	3
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11	2	2	2	2	2	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2
12	1	1	1	1	1	2	1	2	1	1	2	1	1	1	2	1	1	1	1	2
13	2	2	3	2	2	3	3	2	2	2	3	2	2	2	2	2	2	3	2	3

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15	2	2	3	2	2	2	2	2	3	2	2	2	3	2	2	2	2	2	2	3
16	2	2	2	2	2	3	2	1	2	3	2	2	2	2	2	2	2	2	2	3
17	0	1	0	2	0	1	0	1	1	0	0	1	1	2	1	0	0	0	1	0
18	1	2	2	1	2	2	1	1	1	2	1	1	1	1	2	1	1	2	1	2
19	1	2	2	1	2	2	1	1	1	1	1	1	1	1	2	0	1	2	1	2
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22	2	3	2	1	2	2	2	1	1	2	2	2	2	2	1	1	2	1	1	1
23	2	1	1	2	1	2	2	2	1	2	1	1	1	1	2	1	2	1	1	2
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35	1	3	2	2	2	2	2	2	2	2	2	3	3	2	2	2	1	1	2	0
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41	1	3	2	2	2	3	2	1	1	2	3	2	2	2	1	2	2	2	2	2
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