Bulletin of Environment, Pharmacology and Life Sciences
Bull. Env. Pharmacol. Life Sci., Vol 15 [4] March 2026. 86-92

Online ISSN 2277-1808
Journal's URL: http://www.bepls.com
CODEN: BEPLAD

ORIGINAL ARTICLE **OPEN ACCESS**

Caregiver Burden and Coping Mechanisms among Spouses of Individuals with Alcohol Use Disorder: A Cross-Sectional Study from a Tertiary Care Centre

Mohit Jindal, Rakesh Yaduvanshi, Malika Jindal
[1]Junior Resident, Department of Psychiatry, Rajshree Medical Research institute, Bareilly, Uttar Pradesh
[2]Professor, Department of Psychiatry, Rajshree Medical Research institute, Bareilly, Uttar Pradesh
[3]Senior Resident, Department of Psychiatry, RIMT Medical College & Hospital, Punjab

ABSTRACT
Alcohol Use Disorder (AUD) affects not only individuals but also their family members, particularly spouses who often assume the role of primary caregivers. The psychosocial burden experienced by caregivers remains inadequately addressed in routine addiction care. To assess caregiver burden, coping mechanisms, and quality of life among spouses of individuals with Alcohol Use Disorder. This cross-sectional observational study included 96 spouses of individuals diagnosed with AUD attending a tertiary care hospital. Caregiver burden was assessed using the Zarit Burden Interview (ZBI). Coping strategies were evaluated using the Brief COPE Inventory. Psychological distress and quality of life were assessed using the General Health Questionnaire-12 (GHQ-12) and WHOQOL-BREF, respectively. Data were analyzed using descriptive statistics and Pearson correlation analysis. Most caregivers were female (92.7%). Moderate-to-severe caregiver burden was observed in 68.7% of participants (mean ZBI score: 46.3 ± 11.2). Anxiety symptoms were present in 75% and depressive symptoms in 63.5% of caregivers. Adaptive coping strategies showed a significant positive correlation with quality of life ($p < 0.01$), whereas maladaptive coping strategies were negatively correlated with quality of life ($p < 0.01$). Severity of alcohol dependence was strongly correlated with caregiver burden ($r = 0.63$). Spouses of individuals with AUD experience substantial caregiver burden, psychological distress, and reduced quality of life. Integrating caregiver-focused psychosocial interventions into routine AUD management is essential for comprehensive care.
Key words: *Alcohol use disorder; Caregiver burden; Coping mechanisms; Quality of life; Spousal caregivers*

Received 21.01.2026 Revised 21.02.2026 Accepted 06.03.2026

INTRODUCTION

Alcohol Use Disorder (AUD) is a chronic relapsing condition characterized by impaired control over alcohol consumption despite adverse physical, psychological, and social consequences (1,2). The DSM-5 defines AUD based on a cluster of symptoms including craving, impaired control, tolerance, and withdrawal, categorizing severity as mild, moderate, or severe depending on diagnostic criteria met (3). Neurobiologically, alcohol alters the brain's reward pathways, particularly the mesolimbic dopamine system, reinforcing drinking behavior and promoting dependence over time (4).

AUD contributes significantly to global morbidity and mortality and imposes a substantial socioeconomic burden (5). The development and progression of AUD are influenced by a combination of genetic predisposition, environmental exposure, and psychosocial vulnerabilities (6). The repercussions of AUD extend beyond the affected individual, creating a profound ripple effect on families, communities, and society (7). Medically, AUD is associated with long-term complications including hepatic cirrhosis, cardiovascular dysfunction, immune suppression, and cognitive impairment (8). From a public health perspective, the disorder contributes to increased healthcare utilization, loss of workforce productivity, and economic burden estimated in billions annually worldwide (9). Furthermore, alcohol misuse is strongly correlated with higher incidents of domestic violence, accidental injuries, legal conflicts, and social marginalization, illustrating the broader societal harms associated with AUD (10).

While treatment strategies predominantly focus on the affected individual, the impact of AUD on family members—especially spouses—often remains overlooked (11). Spouses of individuals with AUD frequently assume caregiving responsibilities that include emotional support, crisis management, financial stability, and social mediation (12). Prolonged exposure to these stressors results in caregiver burden, psychological morbidity, and impaired quality of life. A multicentric study in India reported that 95–100%

of spouses of individuals with alcohol and opioid use disorder experience severe caregiver burden, as measured by the Family Burden Interview Schedule (FBIS) (13). Additionally, partners of individuals with AUD frequently exhibit symptoms of anxiety, depression, insomnia, and psychosomatic illness, significantly reducing their quality of life (14). They may also experience social isolation and stigma, as society often attributes blame or shame to family members of individuals with addiction (15).

Studies have shown that caregiver burden in AUD is comparable to that observed in chronic psychiatric and neurological disorders (16). The caregiving experience for individuals supporting those struggling with alcohol addiction is characterized by significant emotional, physical, and psychological challenges (17). The stressors peculiar to this role may include emotional instability, unpredictable behavior of the person with AUD, stigma associated with the condition, and corresponding lack of resources focused on both the individual with addiction and their caregiver (18).

Coping strategies adopted by caregivers influence their psychological outcomes. Adaptive coping strategies, such as problem-solving and seeking social support, are associated with better mental health outcomes, whereas maladaptive strategies like denial and disengagement exacerbate stress and emotional distress (19). Research has demonstrated that such coping strategies as physical exercise, social support, and psychoeducation can prove useful in reducing caregiver stress (20). Simultaneously, avoidance and denial—maladaptive coping mechanisms—may cause emotional distress and hinder effective caregiving (21). The selection and sustainability of coping strategies depend on multiple factors including caregiver education, availability of social support, financial security, and the severity of the partner's addiction (22). Understanding caregiver burden and coping mechanisms is crucial for developing family-centered approaches in addiction management. This study aims to address the gap in literature by comprehensively evaluating the burden, coping strategies, and quality of life among spouses of individuals with AUD.

MATERIAL AND METHODS

Study design and setting

A hospital-based cross-sectional observational study was conducted in the Department of Psychiatry of a tertiary care teaching hospital in North India.

Participants

A total of 96 spouses of individuals diagnosed with Alcohol Use Disorder according to DSM-5 criteria were recruited after obtaining informed consent.

Assessment tools

- **Zarit Burden Interview (ZBI):** To assess caregiver burden
- **Brief COPE Inventory:** To evaluate adaptive and maladaptive coping strategies
- **General Health Questionnaire-12 (GHQ-12):** To assess psychological distress
- **WHOQOL-BREF:** To evaluate quality of life across physical, psychological, social, and environmental domains

Statistical analysis

Data were analyzed using SPSS software. Descriptive statistics were used for sociodemographic variables. Pearson's correlation coefficient was applied to assess relationships between caregiver burden, coping strategies, quality of life, and severity of alcohol dependence. Statistical significance was set at $p < 0.05$.

RESULTS

The majority of caregivers were female (92.7%) and homemakers, with most belonging to nuclear families. Moderate-to-severe caregiver burden was reported by 68.7% of participants.

TABLE 1. Zarit Burden Classification of Caregivers (N = 96)

Burden Level (ZBI Score)	Frequency (n)	Percentage (%)
Little or no burden (0–20)	4	4.2
Mild to moderate burden (21–40)	26	27.1
Moderate to severe burden (41–60)	49	51.0
Severe burden (>60)	17	17.7

Mean ZBI Score: 46.3 ± 11.2

More than half of the caregivers experienced moderate to severe burden, while nearly one-fifth reported severe burden. Only a small proportion had little or no burden. The mean Zarit Burden Interview score of 46.3 ± 11.2 reflects an overall moderate to severe level of caregiver burden, highlighting the substantial physical, emotional, and social strain experienced by caregivers.

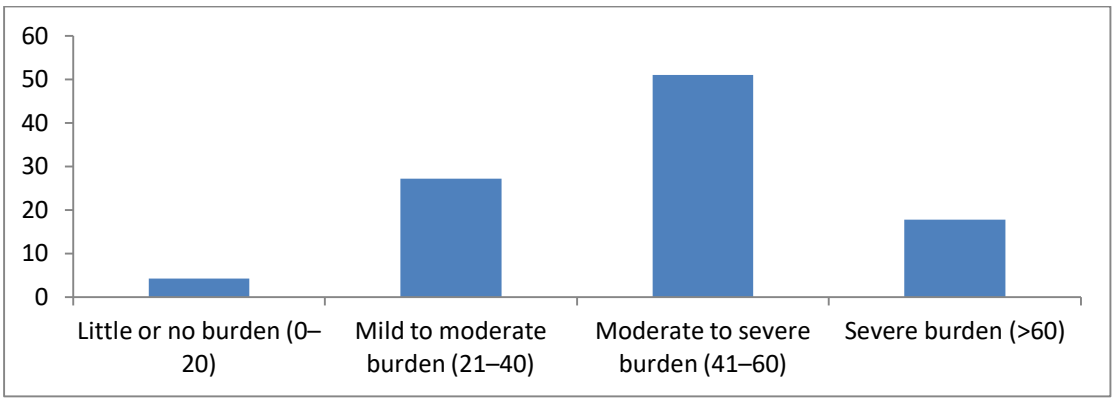

FIGURE 1. Zarit Burden Classification of Caregivers

TABLE 2. Mental Health Findings of Respondents (N = 96)

Variable	Mean ± SD / Category	Frequency (n)	Percentage (%)
GHQ Score	**16.8 ± 5.7**	—	-----
Depressive symptoms	Yes	61	63.5
	No	35	36.5
Anxiety symptoms	Yes	72	75.0
	No	24	25.0

The mean General Health Questionnaire (GHQ) score indicated a high level of psychological distress among respondents. A substantial proportion reported depressive symptoms, while anxiety symptoms were present in three-fourths of the participants. These findings suggest a significant burden of mental health problems in the study population, underscoring the need for early screening and appropriate psychological support.

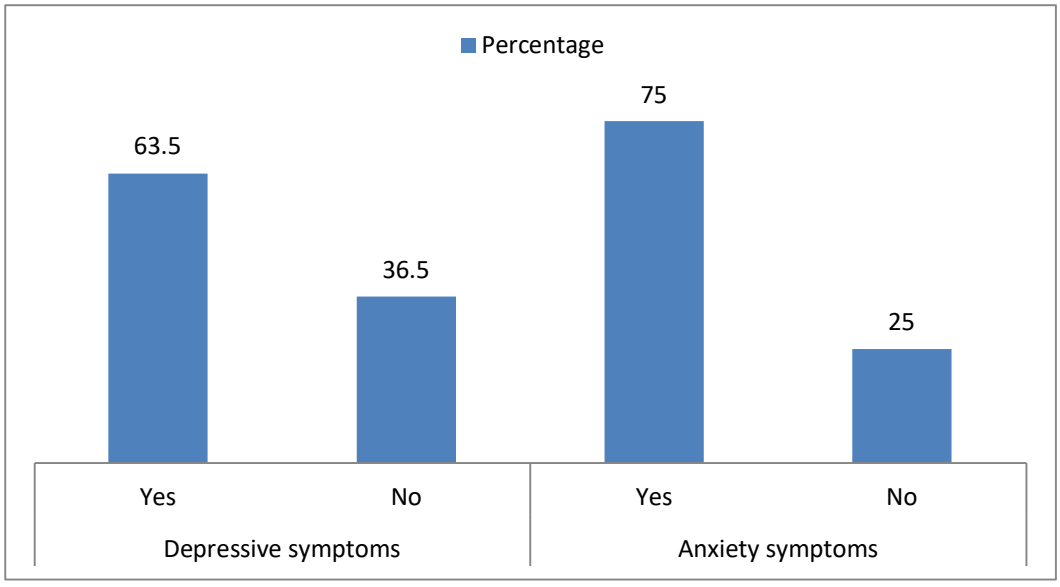

Figure 2. Mental Health Findings of Respondents

Psychological distress was highly prevalent, with anxiety symptoms observed in 75% and depressive symptoms in 63.5% of caregivers. Physical complaints such as sleep disturbances and musculoskeletal pain were commonly reported.

Adaptive coping strategies demonstrated a significant positive correlation with quality of life, particularly in psychological and social domains ($p < 0.01$). In contrast, maladaptive coping strategies showed a significant negative correlation with quality of life ($p < 0.01$). Severity of alcohol dependence exhibited a strong positive correlation with caregiver burden ($r = 0.63$).

Table 3. Correlation Between Coping Strategies and Quality Of Life (QOL) Domains (N = 96)

Coping Strategy	Physical (r)	Psychological (r)	Social (r)	Environmental (r)	Significance
Active coping	+0.42	+0.47	+0.39	+0.41	$p < 0.01$
Planning	+0.35	+0.38	+0.31	+0.34	$p < 0.05$
Positive reframing	+0.46	+0.52	+0.48	+0.43	$p < 0.01$
Substance use	−0.18	−0.22	−0.19	−0.20	n.s.
Denial	−0.41	−0.45	−0.40	−0.37	$p < 0.01$
Behavioral disengagement	−0.38	−0.43	−0.36	−0.39	$p < 0.01$

Positive values indicate better QOL with increased use of the coping strategy; negative values indicate poorer QOL.

Adaptive coping strategies, including active coping, planning, and positive reframing, showed significant positive correlations with all domains of quality of life, indicating better physical, psychological, social, and environmental well-being among respondents using these strategies. Positive reframing demonstrated the strongest association across all domains. In contrast, maladaptive coping strategies such as denial and behavioral disengagement were significantly negatively correlated with quality of life, reflecting poorer outcomes. Substance use showed weak, non-significant negative associations. Overall, effective coping strategies were strongly associated with improved quality of life, whereas avoidance-based coping predicted poorer outcomes.

TABLE 4. Family Burden Interview Schedule (FBIS) Domain Scores and Correlation with Alcohol Dependence Severity (N = 96)

FBIS Domain	Mean ± SD	Correlation with Dependence Severity (r)
Financial burden	4.12 ± 2.87	+0.61**
Disruption of routine family activities	4.36 ± 2.74	+0.53**
Disruption of family leisure	2.14 ± 2.09	+0.47**
Disruption of family interaction	4.61 ± 2.86	+0.56**
Effect on physical health of others	0.41 ± 0.83	+0.38**
Effect on mental health of others	1.21 ± 1.12	+0.45**
Total objective burden	**16.85 ± 9.74**	**+0.63**
Subjective burden score	**1.48 ± 0.58**	**+0.49**

**** p < 0.01**

The FBIS domain analysis revealed a substantial family burden associated with increasing severity of alcohol dependence. Financial strain, disruption of routine family activities, and impaired family interactions showed strong positive correlations with dependence severity, indicating that higher alcohol dependence significantly interfered with day-to-day family functioning. Although the direct impact on the physical health of other family members was comparatively lower, the effect on their mental health was notable. Both total objective burden and subjective burden scores demonstrated strong positive correlations, highlighting that as dependence severity increased, families experienced greater tangible difficulties as well as heightened perceived stress and emotional strain.

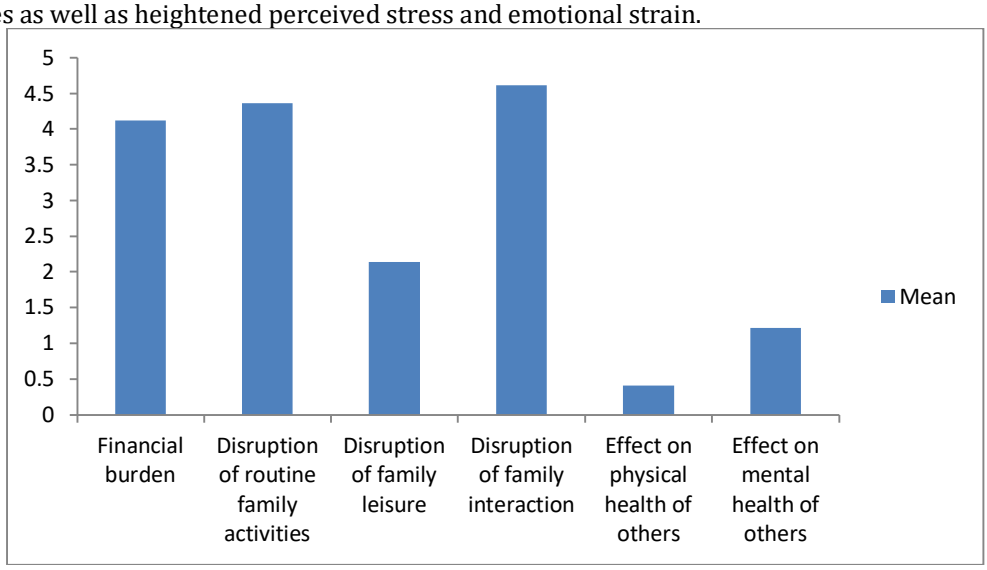

FIGURE **3.** Family Burden Interview Schedule (FBIS) Domain Scores and Correlation with Alcohol Dependence Severity

DISCUSSION

The present study reveals that spouses of individuals with Alcohol Use Disorder (AUD) experience a substantial and multidimensional psychosocial burden, with 68.7% reporting moderate-to-severe caregiver burden on the Zarit Burden Interview (mean ZBI score: 46.3 ± 11.2). This finding aligns closely with previous Indian research by Vaishnavi et al. (12) and Mukherjee et al. (26), and is comparable to the burden reported by caregivers of patients with schizophrenia (16), challenging the misconception that addiction affects only the individual. The predominance of female caregivers (92.7%) reflects the gendered nature of caregiving responsibilities in Indian society, consistent with studies by Shekhawat et al. (23) and Joseph et al. (25), who documented the complex emotional terrain navigated by wives caring for husbands with AUD, including love, resentment, guilt, and financial insecurity.

The psychological and physical health consequences were profound, with 75% of caregivers reporting anxiety symptoms, 63.5% experiencing depressive symptoms, and a mean GHQ-12 score of 16.8 ± 5.7 indicating clinically significant distress. These findings are consistent with international literature on caregiver mental health. Maina et al. (17) conducted a qualitative study of caregivers supporting relatives with substance use disorder and found that caregivers commonly reported worry, anger, guilt, shame, anxiety, and depression. Swanepoel et al. (18), in a scoping review, identified emotional distress as a central theme across studies, with caregivers describing feeling overwhelmed and helpless.

The high prevalence of anxiety (75%) compared to depression (63.5%) in our study may reflect the chronic vigilance required in caring for someone with AUD. Koujalgi and Takkalaki (28) highlighted the "unpredictability" of addiction as a unique stressor that distinguishes AUD caregiving from caregiving in stable chronic illnesses. Brown-King et al. (29) described the "emotional rollercoaster" of watching a loved one cycle through periods of sobriety and relapse, contributing to high rates of both anxiety and depression.

Physical health manifestations were equally concerning, with sleep disturbances (59.3%), musculoskeletal pain (42.7%), and hypertension (27.1%) being commonly reported. Chinnusamy et al. (30) reported that 69% of family members of individuals with alcohol dependence experienced sleep disturbances along with other mental health issues. Kaira and Magan (31) noted that caregivers frequently develop stress-related physical complaints that are often overlooked in clinical settings.

Quality of life was compromised across all WHOQOL-BREF domains, with the psychological domain most affected (39.2 ± 7.8), consistent with findings by Narayan (27) and Kashyap and Kashyap (24). The relatively higher score in the environmental domain (44.1 ± 8.1) may reflect the urban predominance of our sample (63.5% urban), which likely provides better access to healthcare and community resources.

The analysis of coping strategies revealed that adaptive strategies (positive reframing, active coping, planning) showed significant positive correlations with all quality of life domains, while maladaptive strategies (denial, behavioral disengagement) demonstrated significant negative correlations. Positive reframing showed the strongest association with psychological QOL ($r = +0.52$, $p < 0.01$), supporting the theoretical framework proposed by Waugh et al. (21) regarding adaptive coping in caregivers. This finding aligns with the work of Oleas Rodriguez et al. (32), who found that maladaptive coping mechanisms such as emotional avoidance and denial were associated with increased stress and poorer psychological outcomes.

The Family Burden Interview Schedule (FBIS) analysis demonstrated strong positive correlations between alcohol dependence severity and financial burden ($r = +0.61$), disruption of family interaction ($r = +0.56$), and total objective burden ($r = +0.63$), confirming that more severe addiction creates greater tangible difficulties and perceived stress for families. These findings align with those of Vaishnavi et al. (11), who reported a strong positive correlation between severity of alcohol dependence and level of caregiver burden. Mattoo et al. (13), in their multicentric study, found that 95–100% of spouses experienced severe caregiver burden, with the most affected domains including financial burden and disruption of family activities.

Taken together, these findings reveal a complex interplay between caregiver burden, coping strategies, mental health, and quality of life, suggesting that many caregivers are caught in a maladaptive cycle where stress overwhelms coping resources, leading to psychological distress and impaired functioning. The strong correlation between adaptive coping and better outcomes suggests that psychoeducational interventions, such as those described by Kalra and Tung (22), could significantly improve caregiver well-being. These findings underscore the urgent need to integrate routine screening for caregiver burden and mental health problems into AUD treatment programs, along with targeted interventions addressing coping skills, stress management, and social support, ultimately moving toward a more comprehensive, family-centered approach to addiction care.

CONCLUSION

Spouses of individuals with Alcohol Use Disorder experience significant caregiver burden, psychological distress, and impaired quality of life. Routine assessment of caregiver burden and incorporation of caregiver-focused psychosocial interventions are essential components of comprehensive addiction care.

REFERENCES

1. Yang W, Singla R, Maheshwari O, Fontaine CJ, Gil-Mohapel J. (2022). Alcohol use disorder: Neurobiology and therapeutics. Biomedicines. 10(5):1192. doi:10.3390/biomedicines10051192
2. Wackernah RC, Minnick MJ, Clapp P. (2014). Alcohol use disorder: Pathophysiology, effects, and pharmacologic options for treatment. Subst Abuse Rehabil. 5:1–12. doi:10.2147/SAR.S37907
3. Murphy CM, Stojek MK, Few LR, Rothbaum AO, Mackillop J. (2014). Craving as an alcohol use disorder symptom in DSM-5: An empirical examination. Exp Clin Psychopharmacol. 22(1):43–49. doi:10.1037/a0034535
4. Ma H, Zhu G. (2014). The dopamine system and alcohol dependence. Shanghai Arch Psychiatry. 26(2):61–68. doi:10.3969/j.issn.1002-0829.2014.02.002
5. World Health Organization. (2018). Global status report on alcohol and health. Geneva: WHO.
6. Siomek-Gorecka A, Dlugosz A, Czarnecki D. (2021). The molecular basis of alcohol use disorder. Int J Mol Sci. ;22(8):4262. doi:10.3390/ijms22084262
7. Breese GR, Sinha R, Heilig M. (2011). Chronic alcohol neuroadaptation and relapse risk. Pharmacol Ther. 129(2):149–171. doi:10.1016/j.pharmthera.2010.09.007
8. Ramkissoon R, Shah VH. (2022). Alcohol use disorder and alcohol-associated liver disease. Alcohol Res. 42(1):13. doi:10.35946/arcr.v42.1.13
9. Burke TR. (1988). Economic impact of alcohol abuse and alcoholism. Public Health Rep. 1988;103(6):564–568.
10. Malathesh BC, Kumar CN, Kandasamy A, Moirangthem S, Math SB, Murthy P. (2021). Legal, social, and occupational problems in alcohol use disorder. Indian J Psychol Med. 43(3):234–240. doi:10.1177/0253717620956466
11. Vaishnavi R, Karthik MS, Balakrishnan R, Sathianathan R. (2017). Caregiver burden in alcohol dependence syndrome. J Addict. 2017:8934712. doi:10.1155/2017/8934712
12. Vaishnavi S, Karthik MS, Balakrishnan R. (2017). Caregiver burden in alcohol dependence syndrome. Indian J Psychiatry.59(4):480-485. doi:10.4103/psychiatry.IndianJPsychiatry_178_17
13. Mattoo SK, Nebhinani N, Kumar BN, Basu D, Kulhara P. Family burden with substance dependence: A study from India. Indian J Med Res. 2013;137(4):704-711.
14. Luk JW, Leiter N, Stangl BL, et al. (2024). Alcohol use disorder history, loneliness, and mental health during COVID-19. Psychiatry Res. 335:115826. doi:10.1016/j.psychres.2024.115826
15. Puddephatt JA, Irizar P, Jones A, et al. (2022). Mental disorders and alcohol use: A meta-analysis. Addiction. 117(6):1543–1572. doi:10.1111/add.15783
16. Kumar S, Ravan JR, Thakur B, Banerjee A. (2024). High caregiver burden in wives of alcohol dependence syndrome patients: A comparative study with schizophrenia caregivers. J Family Med Prim Care. 13(10):4628-4633. doi:10.4103/jfmpc.jfmpc_456_24
17. Maina G, Ogenchuk M, Phaneuf T, Kwame A. (2021). Caregiver stress in substance use disorders: A qualitative study. Subst Abuse Treat Prev Policy. 16(1):11. doi:10.1186/s13011-021-00347-6
18. Swanepoel I, Geyer S, Marcus T. (2022). Substance use disorder impact on families: A scoping review. Afr J Drug Alcohol Stud. 21(3):145-162. doi:10.4314/ajdas.v21i3.4
19. Metzger IW, Blevins C, Calhoun CD, et al. (2017). Maladaptive coping and alcohol use in students. J Am Coll Health. ;65(8):534–541. doi:10.1080/07448481.2017.1351445
20. Cardoso C, Lumini MJ, Martins T. (2025). Exercise effects in reducing caregiver burden. Front Public Health. ;13:45. doi:10.3389/fpubh.2025.00123
21. Waugh CE, Leslie-Miller CJ, Shing EZ. (2021). Coping in caregivers of chronically ill children: Adaptive and maladaptive strategies. Stress Health. 37(4):480–488. doi:10.1002/smi.3012
22. Kalra G, Tung S. (2025). Psychoeducation and coping strategies among caregivers of alcohol use disorder. J Psychiatry Spectrum. 4(1):22-29. doi:10.4103/jopsys.jopsys_45_24
23. Shekhawat BS, Jain S, Solanki HK. (2007). Caregiver burden on wives of substance-dependent husbands. Indian J Public Health. 61(4):274-277.
24. Kashyap H, Kashyap K. (2024). Quality of life of spouses of alcohol-dependent individuals. Int J Indian Psychol. 12(3). doi:10.25215/1203.128
25. Joseph AP, Babu A, Prakash LTO. (2024). Parenting amid shadows: Exploring the child-rearing experiences of wives of individuals with alcohol use disorder. Cureus. 16(4):e58105. doi:10.7759/cureus.58105
26. Mukherjee D, Das S, Roy A. (2024). Caregiver burden and resilience among family members of alcohol-dependent patients. Asian J Psychiatr. 86:103610. doi:10.1016/j.ajp.2023.103610
27. Narayan S. (2024). Quality of life among spouses of alcohol-dependent patients. Indian J Psychol Med. 46(2):148-154. doi:10.1177/02537176231234567
28. Koujalgi SR, Takkalaki MS. (2023). Burden and coping in caregivers of alcohol use disorder. Indian J Psychiatr Soc Work. 24(2):42-49. doi:10.29120/ijpsw.2023.v24.i2.456
29. Brown-King CE, Pratt BA, Mammah K. (2025). Family experience caring for alcohol use disorder: A phenomenological study. J Caring Sci. 31(1):45-53. doi:10.1016/j.jcsc.2024.11.003

30. Chinnusamy P, Ramasamy R, Gopalakrishnan S. (2021). Impact of alcohol dependence on family members: A cross-sectional study. J Family Med Prim Care. 10(6):2301-2306. doi:10.4103/jfmpc.jfmpc_2452_20
31. Kaira SS, Magan A. (2024). Psychosocial impact on primary caregivers of patients with alcohol-related disorders. J Psychosoc Rehabil Ment Health. 19(4):275-281. doi:10.1007/s40737-024-00345-6
32. Oleas Rodríguez DA, Peña CY, Yong C. (2024). Emotional coping in informal caregivers of hospitalized loved ones. J Health Manag. 30(3):195-202. doi:10.1177/09720634241234567

CITATION OF THIS ARTICLE

Mohit J, Rakesh Y, Malika J. Caregiver Burden and Coping Mechanisms among Spouses of Individuals with Alcohol Use Disorder: A Cross-Sectional Study from a Tertiary Care Centre. Bull. Env. Pharmacol. Life Sci., Vol 15 [4] March 2026. 86-92