



EXPLORING THE INFLUENCE OF FAMILY ENVIRONMENT ON THE MENTAL HEALTH OF SPOUSES OF INDIVIDUALS WITH ALCOHOL USE DISORDER: A COMPREHENSIVE REVIEW

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Article DOI: <https://doi.org/10.36713/epra28847>

DOI No: 10.36713/epra28847

ABSTRACT

Drawing from various psychological frameworks and empirical studies, this review examines how factors such as family dynamics, coping strategies, communication patterns, and social support influence the mental health outcomes of these spouses. The review further highlights the significance of emotional distress, maladaptive coping strategies, and the potential development of mental health conditions, including anxiety and depression. The review also emphasises the value of emotional distress, maladaptive coping strategies, and the possible development of mental health conditions, including anxiety and depression. In conclusion, this review advances knowledge on the psychological effects of being together with a partner who has AUD and makes recommendations for future studies and therapeutic approaches meant to enhance the mental health and general well-being of affected spouses.

KEYWORDS: Family environment, Mental health,, Coping strategies, Psychological well-being, Family dynamics, Social support, Marital stress

INTRODUCTION

Alcohol Use Disorder (AUD) is a prevalent and crippling condition that has a major impact on the person with the diagnosis as well as their family, especially their spouses. As the main social support organisation, the family frequently becomes the target of AUD's challenges, which can cause emotional, psychological, and sometimes even physical suffering. The impact of their partner's alcoholism, which can cause long-term stress, anxiety, hopelessness, and a sense of weakness, is mostly managed by spouses. According to research, a key factor determining mental health is the home environment, comprising things like communication styles, attachments, family roles, and conflict resolution strategies. The interruption, unpredictability, and conflict that AUD brings into daily life can cause stress for spouses of those who have the condition. The spouse may become psychologically vulnerable as a result of these circumstances, which may also lead to the emergence or development of mental health issues.

This review aims to examine the complex interaction that occurs between the mental health of spouses of individuals with AUD and their familial environment; it looks at how these couples' psychological health is affected by the dynamics in their families and focuses on the coping strategies they use when faced with emotional and mental stress. Furthermore, this analysis addresses how several elements of the family environment can either lessen or worsen their impact on mental health, providing an in-depth understanding of the difficulties spouses encounter in this situation. This review attempts to highlight the significance of taking family dynamics seriously in AUD treatments and to underline the need to offer spouses specific mental health assistance by integrating existing research findings.

OBJECTIVES OF THE REVIEW

The family environment has a significant impact on the mental health of spouses of individuals with alcohol use disorder, but very few studies have been done in this area. Spouses who live with an AUD-afflicted partner are frequently subjected to constant stress, emotional strain, and mental health issues as a result of disturbed family relations and poor coping strategies. The study examines the coping mechanisms used in these kinds of households to shed light on the consequences on spouses' mental health. Ultimately, the intention is to identify crucial family dynamics that either aggravate or mitigate psychological distress and offer interventions that encourage mental health and resilience among those who are impacted. The following are the key objectives of the literature review:

1. To examine the impact of the family environment on the mental health of spouses of individuals with Alcohol Use Disorder (AUD).



2. To identify specific family dynamics and factors that contribute to stress, anxiety, depression, and other mental health issues in spouses living with partners with AUD.
3. To explore the coping strategies employed by spouses in managing the psychological challenges associated with living in an AUD-affected household.
4. To investigate the role of social support within the family and its influence on the mental well-being of the spouses.
5. To assess how maladaptive coping mechanisms within the family setting contribute to the onset or exacerbation of mental health problems in spouses of individuals with AUD.
6. To analyse the relationship between communication patterns, conflict resolution, and emotional closeness in the family environment and their effects on the mental health of spouses.
7. To provide recommendations for psychological interventions aimed at improving mental health and promoting resilience in spouses of individuals with AUD, with a focus on family dynamics,
8. To identify gaps in existing literature on the influence of the family environment on the mental health of spouses and suggest areas for future research.

METHODOLOGY

A methodical approach was used to conduct this review of the studies. The researcher looked through several websites, including Google Scholar. Thoroughly analysed data from both qualitative and quantitative research. Only peer-reviewed books and articles with complete text written in English are included in this article. By doing this, the researcher hoped to identify themes and patterns that would shed light on the complex relationships between the mental health of those individuals with alcohol use disorder and their spouses.

REVIEW OF LITERATURE

Research indicates that while dysfunctional family structures frequently make mental health issues worse, the existence of a supportive family environment may be able to reduce some of the negative psychological effects. Spouses' coping mechanisms can have a big impact on how they are feeling emotionally. These coping strategies, whether helpful or harmful, are frequently influenced by the larger family environment, social support networks, and the frequency of the partner's use of alcohol. Studies indicate that while dysfunctional family systems frequently render mental health issues more serious, supportive family environments can help reduce some of the adverse psychological consequences. Considering the current state of research, a more thorough comprehension of the combined impact of the family environment and coping mechanisms on the mental health of spouses is still necessary. Carpenter, K. M, & Hasin, D. S. (1998). [1], found that in their investigation on the causes of alcohol consumption: associations with DSM-IV alcohol diagnoses and alcohol intake in a population sample, the frequency of excessive drinking, the frequency of intoxication, and the average daily ethanol consumption were all positively correlated with pleasure drinking. Nonetheless, compared to people with DSM-IV alcohol dependence, the association between pleasure drinking and average daily ethanol consumption was higher in those without an alcohol condition. Jill N. Kearns et. al. (2005), [2] conducted a study titled Alcohol Involvement and Marital Quality in the Early Years of Marriage: A Longitudinal Growth Curve Analysis, which involved assessing 592 couples at the time of their first marriage, one year after their marriage, and two years ago. The two-way connections between alcohol participation and marital quality, both within and between couple members, were tested by using latent growth curve analysis to look at the trajectories of alcohol use and marital quality for husbands and wives. They observed that there are substantial connections between the spouse's marital quality slope and the partner's alcohol participation slope, suggesting that less steep falls in a spouse's marital quality were linked to greater declines in drinking for spouses. Madhabika B. et. al. (2010). [3], in their research about partner alcohol use, violence, and women's mental health: a population-based survey in India, found that the probability of common mental problems increased two to three times in partners who consumed excessively. The relationship between partner excessive alcohol consumption and these mental disorders was partially mediated by partner violence and problems associated with alcohol. They were also independently associated with women's attitudes toward violence. In another study conducted by Lorna Templeton and Richard Velleman (2010), [4], their research on the causes of alcohol consumption found that the average daily ethanol consumption, the frequency of excessive drinking, the frequency of intoxication, and the associations with DSM-IV alcohol diagnoses and alcohol intake in a population sample were all positively correlated with pleasure drinking. However, the relationship between average daily ethanol consumption and pleasure drinking was stronger in individuals without an alcohol condition than in those with DSM-IV alcohol dependence.

According to a study by Lindsey M. Rodriguez et al. (2013), [5], titled Problematic alcohol use and marital distress: An interdependence theory approach, when one individual suffers from problem drinking, it both impacts and is affected by his or her close relationships. As per the research conducted by M. Senthil et. al. (2014), [6], 60 samples were analysed, 30 from the spouses of individuals with alcohol dependence and 30 from the spouses of normal people. The study focused on family interaction patterns and family environment among spouses of patients with alcohol dependence and standard control. Comparing the perceptions of co-dependency, family situations, and patterns of interaction between spouses of alcohol-dependent and normal individuals was the aim of the study. Their research revealed that spouses of substance-dependent patients scored far lower on family surroundings and family interaction patterns than spouses of normal control. Compared to spouses of normal controls, spouses of patients with substance use disorders exhibit different patterns of family interaction and family environment. Koustubh R. Bagul, et. al (2015), [7], studied the relationship between the intensity of alcoholism and its detrimental consequences on families, the pattern and frequency



of psychological disorders, and the quality of relationships in the spouses of men with alcoholic dependence syndrome, in their study titled Psychiatric Morbidity and Marital Quality among Wives of Patients With Alcohol Dependence Syndrome, find out that spouses of alcohol-dependent men have a high prevalence of psychiatric morbidity (63.33%), with the majority having an Axis-I diagnostic of severe depression (35%), anxiety, or adjustment disorder. It was discovered that there was a strong and significant correlation between psychiatric morbidity, poor marital quality in spouses, and high alcohol dependence in their husbands, along with the negative effects of these. In particular, impulse control, interpersonal relationships, and social responsibility were most affected. Jakob Emiliussen. et.al. (2017).[8], In their study on how family pressure, health, and ambivalence factor into entering alcohol treatment, experiences of people aged 60 and older with alcohol use disorder discovered that family pressure and health concerns are the main reasons why older persons with extremely late-onset alcohol use disorders get treatment and also suggest that family can serve as a framework of pressure to encourage treatment motivation. One of the studies was conducted by Joanne L. Coddington (2021).[9], attempts to explore drinking habits, psychological well-being, stress levels, and behaviours related to seeking support among spouses of service members who have experienced deployments. The study's findings showed that there were statistically significant correlations between alcohol use and current deployments as well as between deployments and stress.

Reviews of Family Environment And Anxiety with Spouses Of AUD

Tomori et al. (1996).[10] explored personality features commonly found in adolescents from homes with at least one alcoholic parent in a second study on the personalities of teenagers with alcoholic parents. Thirty-one male and thirty-one female adolescents, ages twelve to nineteen, comprise the sample under investigation. They observed statistically significant differences in eight self-image variables (emotional tone, sexual attitudes, family relationships, psychopathology, adjustment, and depression), six aggression variables (verbal, indirect, and sexual aggression, irritability, suspicion, and guilt), and both anxiety variables (anxiety as a state and anxiety as a personality trait) were present in their results. Dawson DA. et al. (2007).[11], studied the relationships between partner alcohol problems and particular physical and psychological health outcomes in married or cohabiting women, both before and after controlling for potential confounders. They also compared these relationships to those that showed the effects of women's alcohol use disorders. They found that women with alcohol-related partner difficulties were more likely than women having such problems to be victims, suffer injuries, have mood or anxiety disorders, be in fair or poor health, and experience victimisation. Furthermore, their mental and psychological quality-of-life scores were worse, and they encountered more stressors in life. Dr. Karan et al. (2010).[12], Conducted a cross-sectional research titled "Assessment of Mental Health and Conjugal Satisfaction Among Spouses of Men with Alcohol Use Disorder." In India, spouses who have a male partner with an alcohol use disorder are more likely to experience poor mental health, marital discord, and psychiatric morbidities like depression, anxiety, somatic complaints, verbal and physical abuse, and higher levels of stress. However, in the Indian subcontinent, it is not very common for a spouse of an alcoholic man to leave their marriage despite experiencing significant suffering. They discovered that the degree of a husband's alcoholism is linked to the emergence of psychological disorders in spouses. Spouses of alcohol-dependent men developed coping mechanisms known as problem- and emotion-focused engagement to handle the suffering that their partners caused them. A study by Kishor M. et al. (2013).[13], examined the mental health morbidity and marital satisfaction of women who are married to males who overuse alcohol. They assessed sixty spouses of males who had alcohol dependency syndrome. Sixty-five per cent of the couples suffered from a mental illness. Anxiety and mental disorders dominated. In 43% of cases, major depressive illness was found. Significant and robust correlations were found between psychiatric morbidity, marital dissatisfaction in spouses, and higher adverse consequences from alcohol dependence in their husbands, particularly whenever problems in the physical, interpersonal, and intrapersonal domains were serious. Dr. Karan Lalwani (2020).[14], states that alcohol use disorder in the male partner is associated with poor mental health and marital discord among Indian spouses, with those who use alcohol being prone to suffer from physical and verbal abuse, higher levels of stress, and psychiatric morbidities such as depression, anxiety, and somatic complaints.

Reviews on Social Support, Resilience, And Coping Mechanisms with the Spouses Of AUD

The research study by Grubisic et al. (1998).[15], was entitled Personality Dimensions and Psychiatric Treatment of Alcoholics' Wives. It was discovered that alcoholics' wives had lower levels of extroversion compared to their non-alcoholic counterparts. The traits of neuroticism and psychoticism were identical. Wives of alcoholics also showed less extroverted conduct before marriage, based on their self-reports of their behavior. Compared to the wives of non-alcoholics, spouses of alcoholics received psychiatric treatment more frequently during their marriage. Cross-cultural comparison of alcohol consumption in Nigeria, Mexico, and India by LA Bennett et al. (1998).[16], In light of this study, scholars have examined drinking practices and patterns across cultural boundaries. These evaluations cover Nigeria, Mexico, and India as three nations. The ethnic and cultural traits of these nations vary greatly, as does the prevalence of alcohol in daily life. India is known for its extreme cultural diversity when it comes to attitudes and customs around the use of alcoholic beverages. In addition, India is witnessing alterations in the conventional family structure, a breakdown of informal cultural and religious constraints on alcohol use, and a rise in interactions with drinking customs beyond Indian borders.

Kristen L. et al. (1990).[17], discovered that differences in perceptions of current family interactions were not connected with a family history of alcoholism alone. Their study focused on family cohesion, expressiveness, and conflict in alcoholic families. The results of this study shed doubt on the generally accepted notion that people who were raised in alcoholic households are more likely to experience family dysfunction as adults. One of the studies by Jill.M et, al.(2005).[18], entitled 'Alcohol Involvement and



Marital Quality in the Early Years of Marriage: A Longitudinal Growth Curve Analysis' examines the two possible influences on the drinking courses of newly married husbands and wives, the impact of the partner's drinking, and the quality of the marriage. They concluded that there was substantial individual diversity in these changes over time and that both husbands' and wives' alcohol involvement and marital quality dropped over time. Individuals' reported marital quality and alcohol involvement were correlated at the time of marriage, and changes in an individual's drinking were significantly correlated with changes in their reported marital quality, even though we were unable to find any longitudinal influence of increased alcohol involvement on declines in marital quality or vice versa. In a study by Gladstone D'costa, et al. (2006).[19], they ascertain the prevalence and features of harmful alcohol intake in general practice participants, as well as the social and psychological correlations with problematic drinking and the recognition of harmful drinking. In their study's conclusion, they came to find that Goa's male drinking pattern is characterized by high rates of abstinence combined with comparatively high rates of problematic and dependent drinking among those who regularly drink. According to Michael P. Marshal's, (2009).[20], a comprehensive review of over sixty studies, alcohol consumption was found to be associated with one of the three marital functioning categories (violence, interaction, or satisfaction). The findings offer strong evidence in favour of the maladaptive theory that links alcohol consumption to unhappy marriages, unfavourable patterns of interaction, and increased rates of domestic violence.

Floyd. et al (2009).[21], Their study looked at how 132 couples, who were alcoholics and non-alcoholics, solved marital problems. They examined four alcoholic group husbands with alcoholism and antisocial personality disorder, or not, partnered with either alcoholic or non-alcoholic wives, as well as a group that included both spouses and was non-alcoholic. Regardless of the ladies' alcoholism status, there was a higher level of hostile conduct in couples with an antisocial alcoholic husband, which is consistent with the alcoholic subtype concept. There was no significant relationship between the wife's alcoholism status and the husband subtype, and couples with an AAL spouse exhibited greater rates of hostile behaviours. In their study, a thorough analysis of the effects of the current stress and coping paradigm on clinical interventions for heavy drinkers and their families is provided, along with recommendations for further investigation.

The extent to which excessive drinking impacts family members who do not drink is a topic of great discussion in the addiction literature, according to Carolyn Hurcom et al. (2009).[22], They examined and assessed studies about how drinking affects kids, families, and the partners of alcohol consumers to take this into account in their review. They came to the conclusion that usually the latter group has been pathologised and held responsible for their partner's drinking. However, more recent ideas have embraced a paradigm of stress and coping, normalising individuals and their behaviours. In their study on the effects of partner alcohol problems on women's physical and mental health. In a long-term study, 105 couples from the Michigan Longitudinal Study (MLS), an ongoing multimethod investigation of substance use in a community-based sample of alcoholics, non-alcoholics, and their families, were tested for the relationships between wives' and husbands' lifetime alcoholism status, marital behaviours, and marital adjustment by Cranford, et al. (2011).[23]. The results suggest that in alcoholic couples, the wives' alcohol use disorder and marital conduct may have a greater influence on the adjustment of the marriage than that of the husbands. Social support has positive as well as negative impacts on the link between work stress and alcohol intake, according to a study by Akihito, H. et al. (2015).[24], Depending on the type of social support and the specific circumstances that define the control groups, it has been suggested that social support could have different effects (i.e. positive, negative, or no effect) on the association between alcohol intake and work stress. Shah V. et al. (2017).[25], assessed 50 cases (including indoor and outdoor patients) whose husbands were diagnosed as having alcohol dependence and 50 controls whose husbands had no alcohol dependence. They noted that anxiety (16%) and depression (36%) were higher in wives of alcohol-dependent men. They also compared the common mental disorders among spouses of alcoholics and non-alcoholics. Compared to controls (4%), cases had a greater percentage of stress (6%). When comparing diagnosis and age-wise distribution, depression was higher in cases (28%) as compared with controls (14%) in the age range of 31 to 40. Excessive partner alcohol use increased the risk for common mental disorders by two to three times, according to a study by Nayak Madhabika B, et al. (2018).[26], that examined partner-related and other psychosocial risk factors for common mental disorders in women and the relationships between these factors. There is a partial mediation effect of partner violence and alcohol-related issues on the relationship between partner excessive alcohol use and these mental disorders. They were also independently correlated with the opinions of women toward violence.

One study by Johnson Pradeep R. et al.(2018).[27], examined the resilience of alcoholics' wives. An investigation conducted in India revealed that 82% of the wives of alcoholics had low RSA scores. When compared to the High Resilience (HR) spouse of an alcoholic, the Low Resilience (LR).

Another study by Sreekumar et al. (2019).[28], examined the variables associated with resilience in the spouses of individuals with alcohol dependence syndrome. They enrolled and assessed eighty patients and their spouses and discovered that resilience was negatively correlated with the level of alcohol dependence, the length of time spent drinking in a dependent manner, the history of domestic abuse, and the intensity of the wives' depression. The severity of alcoholism and its negative impact on families, the frequency and pattern of mental illness, and the quality of marriage among spouses of men with alcohol dependence syndrome are all evaluated by Koustubh R et al. (2020).[29], and their relationships are examined. They concluded that the high prevalence of psychiatric morbidity among spouses of alcohol-dependent men, poor marital quality in spouses, and high alcohol dependence in their husbands and its adverse consequences were found to be significantly correlated with each other, and their association was robust, particularly in impulse control, interpersonal and social responsibility were most affected.

According to a different study by Johnson et al. (2021).[30], on the resilience of spouses of people with alcohol use disorders and their marital quality in a cross-sectional study from a tertiary care centre, 52% of the wives reported their marriage was seriously



impacted. It was discovered that low resilience correlated to low marital quality. It was shown that wives who suffered physical violence at the hands of their husbands lacked resilience.

RESEARCH GAP

Even though a large number of studies have been done on Alcohol Use Disorder (AUD) and its consequences on the person with medical conditions, relatively less has been done on how specifically AUD affects spouses' mental health. The majority of research focuses on the clinical aspects of treating AUD, with little investigation into how household dynamics, communication styles, and coping strategies affect the spouse's mental health. Moreover, current research frequently concentrates on specific variables like stress and marital discord, failing to offer a thorough understanding of the complex influence the family environment has on the mental health of partners of individuals with AUD. Another significant gap is the absence of concentration on the lingering mental impacts on spouses and the interaction between the severity of AUD and the changing dynamics of the family over time. Little research has carefully investigated specific coping methods spouses adopt and the degree to which these methods are successful in reducing mental health issues. In addition, there hasn't been enough research done on the function of social support—both inside and outside the family—as a reducing influence on the mental health outcomes of the spouse. Finally, there are gaps in our knowledge of how cultural, social, and economic factors affect family dynamics and coping mechanisms in non-Western civilisations because most research is geographically limited and focuses on Western contexts. To improve the mental health of spouses impacted by AUD, more comprehensive and culturally sensitive interventions must address these gaps.

ANALYSIS OF THE REVIEW

The review's research demonstrates the intricate relationship that exists between family relationships and the mental health of spouses of AUD sufferers. Examining many aspects, researchers discovered that poor marital patterns and certain familial stresses frequently worsen the emotional and psychological toll on spouses. The review highlights how important it is to understand how these dynamics influence mental health problems and how couples cope with their situation by using different coping mechanisms. Furthermore, the significance of social support within the home environment has been recognised as a critical element in determining mental health. This emphasises the necessity of both the tools accessible to spouses and the holistic approaches that take into account the difficulties they experience. Overall, the review highlights the significance of more research into effective interventions that can enhance mental health outcomes for partners in households affected by AUD.

DISCUSSION

The present review explored the influence of family environment on the mental health of spouses of individuals with Alcohol Use Disorder (AUD). The findings indicate that living with a partner affected by alcohol dependence often creates a dysfunctional family atmosphere characterised by conflict, emotional instability, poor communication, financial strain, and unpredictability. Such an environment significantly impacts the psychological well-being of spouses, especially women in collectivistic societies where marital responsibilities are deeply rooted. Continuous exposure to these stressors may lead to anxiety, depression, chronic stress, low self-esteem, emotional exhaustion, and feelings of helplessness. Thus, the family environment emerges as a major determinant of mental health outcomes among spouses of individuals with AUD.

One of the most recurring themes identified in the reviewed studies is marital conflict and domestic instability. Alcohol misuse often disrupts trust, intimacy, and emotional bonding between partners. Frequent arguments, aggression, neglect, and broken promises create persistent tension within the household. Over time, spouses may develop emotional insecurity and fear, which can contribute to depressive symptoms and trauma-related stress. In many cases, the spouse becomes hypervigilant, constantly anticipating the drinking partner's mood, behavior, or possible violence. This prolonged state of alertness can damage both emotional and physical health.

Another important factor is the burden of role overload and caregiving stress. Many spouses of individuals with AUD are forced to assume multiple responsibilities, such as childcare, financial management, household maintenance, and social problem-solving, without adequate support. This role strain can lead to burnout, frustration, and reduced life satisfaction. Particularly in traditional family systems, women may remain silent and continue caregiving despite severe distress due to cultural expectations, family pressure, or concern for children. Such circumstances reinforce psychological suffering while limiting opportunities for help-seeking.

The review also highlights the influence of stigma and social isolation. Families affected by alcoholism often face shame, blame, and judgment from relatives and society. Spouses may hide the problem to protect family reputation, resulting in emotional suppression and withdrawal from social support networks. Lack of open communication and reduced social connectedness may intensify loneliness, hopelessness, and internalised distress. This finding is particularly relevant in South Asian contexts, including India, where social image and family honour can strongly shape coping behaviours.

Coping strategies adopted by spouses vary considerably. Some use adaptive methods such as seeking social support, engaging in employment, spiritual coping, or accessing counselling services. Others may rely on maladaptive coping patterns such as denial, emotional suppression, co-dependency, or tolerating abuse for long periods. The review suggests that spouses who receive emotional support and psychoeducation tend to report better psychological adjustment than those who remain isolated. Therefore, strengthening coping resources can act as a protective factor against mental health deterioration.



Children and parenting responsibilities also indirectly influence spouses' mental health. Concern about children's safety, education, emotional development, and future stability adds another layer of stress. Mothers, in particular, may experience guilt and anxiety regarding the impact of the alcoholic family environment on their children. This intergenerational concern often compounds emotional burden and reinforces the need for family-centred interventions rather than focusing solely on the individual with AUD.

The findings emphasise the importance of holistic treatment approaches. Managing Alcohol Use Disorder should not be limited to detoxification or individual rehabilitation of the drinker. Mental health services must also address the emotional needs of spouses and family members. Couple therapy, family therapy, support groups, psychoeducation, stress management training, and community-based interventions can improve both family functioning and spouse well-being. Inclusion of spouses in treatment planning may enhance recovery outcomes for the individual with AUD while reducing family distress.

Despite consistent evidence, some limitations should be acknowledged. Existing studies often focus primarily on female spouses, leaving male spouses underrepresented. Many studies are cross-sectional in nature, limiting causal interpretation. Cultural variations in family roles, stigma, and coping styles also make generalisation difficult. Future research should use longitudinal designs, include diverse populations, and examine resilience factors that help some spouses maintain good mental health despite adversity.

In conclusion, the review demonstrates that the family environment associated with Alcohol Use Disorder has a profound influence on the mental health of spouses. Chronic conflict, instability, stigma, caregiving burden, and reduced support systems contribute significantly to psychological distress. Addressing the needs of spouses through integrated family-focused interventions is essential for promoting healthier relationships, improving treatment outcomes, and enhancing overall family well-being.

CONCLUSION

This review demonstrates the intricate relationship that exists between family relationships and the mental health of those who are married to a person who has alcohol use disorder (AUD). By looking at some factors, researchers discovered that certain familial pressures and bad relationship patterns frequently make the emotional and psychological toll on spouses worse. The review emphasises how important it is to comprehend these dynamics' role in mental health problems as well as the coping mechanisms spouses adopt to deal with their situations. Later studies ought to delve into effective interventions that promote salubrious interpersonal relationships and strengthen coping strategies, ultimately improving the psychological well-being and general standard of living of partners impacted by AUD.

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