RESILIENCE IN WIVES OF PERSONS WITH ALCOHOLISM (WOPA): IMPLICATIONS FOR SOCIAL WORK PRACTICE

Praneethi Pachipala, Research Scholar, Department of Social Work, Sri Padmavati MahilaVisvavidyalayam, Tirupati, Andhra Pradesh, India

K Anuradha, Professor, Department of Social Work, Sri Padmavati MahilaVisvavidyalayam, Tirupati Andhra Pradesh, India

ABSTRACT

Alcoholism is a significant concern as it not only impacts the individual but also poses considerable challenges to the mental health and well-being of family members, particularly the wives of individuals with alcoholism (WoPA). This paper focuses on the mental health and well-being of WoPA, emphasizing the concept of resilience from the perspective of positive psychology and a strength-based approach. The study aims to explore perceived resilience among WoPA in the context of managing an alcoholic husband and their family responsibilities.

The objectives include examining the socio-demographic characteristics of their families and assessing the level of resilience among WoPA to derive implications for social work practice. A descriptive study was conducted using cross-sectional sampling, involving interviews with WoPA. Data was collected using a semi-structured schedule on socio-demographic characteristics and the Resilience Scale for Adults (RSA) developed by Friborg et al. (2003). The RSA, comprising 43 items across five domains—personal competence, social competence, family coherence, social support, and personal structure—was administered to 35 WoPA recruited from a hospital-based sample in Nellore city. The data was analysed using inferential statistics, including correlation analysis and ANOVA, to present the key findings of the study.

Key Words: *Alcoholism, Mental health, Resilience, Social Work Practice, Wellbeing, Wives*

INTRODUCTION

Alcohol consumption in India has seen a significant rise of 38% in recent decades, with teenagers aged 14.4 to 18.3 years increasingly exposed to it (Manthey et al., 2019; Nadkarni et al., 2022). Young adults, particularly those gaining independence from parental supervision, are especially vulnerable. A 2020 survey reported that 27.36% of individuals aged 20-29 consume alcohol (Bachman et al., 2013; Sanyukta, 2022). Over time, the likelihood of heavy drinking among adults increases, necessitating continuous monitoring, as the harmful use of alcohol directly impacts health and extends its consequences from the individual to the societal level (Wolf et al., 2017). Some view alcoholism as a moral failing, while others see it as a disease (Vaillant, 2009).

At the individual level, alcohol misuse leads to high-risk behaviors, such as self-harm, violence, and road accidents. On a societal scale, it disrupts social norms, cultural values, and national economic stability. Regardless of the perspective, research consistently shows that heavy alcohol consumption significantly contributes to the global burden of disease, with both direct health risks and social consequences that include family disruptions, homelessness, job loss, unemployment, financial strain, and criminal activity (Rehm, 2011; Johannessen, 2022; Moss, 2013) heightened aggression, leading to violent behavior and increasing crime rates (Bushman & Cooper, 1990; Room &Rossouw, 2001). Additionally, high-risk behaviors associated with alcohol use can foster casual relationships, increasing the spread of infectious diseases (WHO, 2022) and at the same time “there is no health without mental health.” (WHO,2005)

In response to these challenges, families develop various coping strategies to manage the stress caused by alcoholism. These strategies can be broadly categorized into problem-focused and emotion-focused coping. By employing these strategies, families can mitigate the effects of alcoholism, reorganize disrupted family dynamics, and safeguard their overall well-being (Orford et al., 1975).

Resilience: A Critical Factor

Resilience refers to the ability to adapt positively and effectively in the face of adversity. It is characterized by the capacity to generate positive outcomes, maintain sustained competence

under stress, and recover successfully from challenging situations (Zigler, 2000). For wives of persons with alcoholism (WoPA), the continuous stress of dealing with an alcoholic partner can, over time, foster personal growth and competence (Garmezy, 1984) and they develop various coping mechanisms to manage stressful events, leading to positive adaptation—a phenomenon known as resilience (Werner, 1995). Resilience enhances their problem-solving abilities, equipping them to handle crises more effectively (Sankaran, 2006). George Bonanno (2004) described it as "a stable trajectory of functioning after a highly adverse event, while Rachel Yehuda (2007) studying trauma survivors found that resilience often co-occurs with PTSD, characterized by individuals' conscious efforts to move forward in a positive, integrated manner, using insights gained from adversity.

Catherine Panter-Brick (2013) explored resilience across different cultural contexts and defined resilience as "a process to harness resources to sustain well-being." Similarly, resilienceas a multifaceted concept (Southwick et al., 2014).) has been viewed as "the capacity of a dynamic system to successfully adapt to disturbances that threaten its viability, function, or development." (Ann Masten, 2014) The American Psychological Association (2014) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress" (Southwick et al., 2014).These definitions share a common theme: resilience is "the process of adapting to and bouncing back from adversity" (Southwick et al., 2015), it operates at various levels (Southwick et al., 2015) with each person's resilience journey being uniquely shaped by their internal and external resources (Yehuda et al., 2010; Southwick et al., 2015).

Historically, the concept of resilience was overlooked, particularly in the aftermath of World War II. Psychologists and psychiatrists anticipated severe psychological trauma among displaced individuals who faced the loss of loved ones and homes. However, contrary to expectations, many of these individuals demonstrated remarkable adaptability and hope, using their experiences as a foundation for personal growth (Frankl, 1963). This positive response to trauma was initially disregarded, with limited recognition of its impact on well-being (Myers, 1992).

In recent decades, psychology has shifted its focus from emphasizing negative aspects of human behavior to fostering positive psychology, which emphasizes the development of strengths, talents, and interpersonal skills, as well as cultivating hope, courage, and life

satisfaction(Gillham & Seligman, 1999). Promoting resilience and mental health can be systematically achieved through a strength-based approach (Nickerson & Fishman, 2013) which involves assessing and building on individual strengths, including behavioral and emotional skills, family cohesion, and social support, to foster resilience and improve mental well-being (Epstein, 2000).

Resilience in Wives of Persons with Alcoholism (WOPA)

Women are the backbone of families and society, playing crucial roles that contribute to both familial and national development (Bhat, 2015). Empowering women and addressing gender-based discrimination are essential for achieving sustainability and improving the quality of life (Hirsu et al., 2019). In India, marriages are often arranged within the same caste and religion, and women enter marital life with high expectations, building new relationships within their spouse's family (Johnson et al., 2018). However, women married to individuals with alcohol addiction face significant challenges that test their capacity to cope with adversity. The strain on their marital life and the resulting decline in their quality of life create immense psychological and emotional burdens (Pandey & Shrestha, 2020).

To manage these adversities, WoPA adopt various coping strategies categorized into tolerant, avoidance, and engaged coping (Orford et al., 1976). Women with more dependent or less assertive personalities often resort to tolerant coping, enduring the behavior for extended periods (Banerjee, 2017). Avoidance coping focuses on ignoring the husband’s drinking and engaging in self-regulatory activities to gain personal independence (Orford et al., 1976).When circumstances become unbearable, WoPA may shift to engaged coping, actively confronting the husband’s behavior and seeking solutions (Barman, 2019).

In families where alcohol addiction persists for over a decade, leading to significant financial strain, wives often assume greater responsibility to meet the family’s needs when their husbands fail to do so (Revathy, 2009). This transition from tolerant to engaged coping reflects traits such as assertiveness, resilience, high self-esteem, and dominance (Sharma et al., 2016). Researchalsoshows that factors like the wife’s personality, education level, employment status, family income, type of family structure, and the duration of the husband’s alcohol addiction

influence the coping strategies employed (Barman, 2019; Revathy, 2009). Although engaged coping can be mentally and emotionally exhausting, it often yields positive outcomes, including helping the husband overcome his addiction (Orford et al., 1976). Over time, the adaptive behaviors, strategies, and resilience developed by WoPA while navigating these challenges strengthen their ability to manage future adversities (Sankaran et al., 2006).

The multidimensional model proposed by Ryff (1995) emphasizes that an individual's well-being is closely linked to both demographic and psychological factors, with resilience and self-efficacy being key components having a significant correlation (Sharma, 2013). Studies have also shown that higher resilience has been associated with personal attributes and external support (Shanthakumari et al., 2014) while lower resilience was associated with severe depression. (Sreekumar et al., 2016) and poor marital quality (Johnson et al 2018;2021)

Ramya et al. (2019) conducted a comparative study of resilience between two groups: 60 wives of alcoholics and 60 wives of non-alcoholics, matched by demographics such as age, education, and family size. The study excluded participants with mental illnesses using a modified mini-screen. The results showed that alcohol dependency was a significant stressor, leading to poor emotional balance and low resilience among WoPA, whereas wives of non-alcoholics demonstrated higher resilience, attributed to better external support and living standards.

Overall, the literature reveals limited research on resilience in WoPA (Sreekumar et al., 2016). However, the studies consistently indicate that WoPA exhibit low resilience due to factors such as poor marital quality, domestic violence, neglect, high alcohol consumption, and prolonged dependency. Additional contributing factors include low self-efficacy, poor self-perception, limited social support, and inadequate resources. Addressing these stressors through early family interventions, counseling, and psychotherapy could significantly enhance resilience, thereby improving their mental health and quality of life (Johnson et al., 2018; Ramya et al., 2019; Johnson et al., 2021; Sreekumar et al., 2016).

By examining the background characteristics of families affected by alcoholism, this study aims to explore the perceived resilience of WoPA in managing both their alcoholic partner and their

family dynamics. Assessing their resilience levels will provide valuable insights for developing targeted interventions in social work practice

METHODOLOGY

Aim and Objectives

The aim of this study was to examine the perceived resilience of wives of alcoholics (WoPA) in managing their alcoholic husbands and their families. The specific objectives were:

1. To explore the background characteristics of the families of WoPA.
2. To assess the level of resilience among WoPA.
3. To derive implications for social work practice based on the findings.

RESEARCH DESIGN

This study adopted a descriptive cross-sectional research design. Data was collected through interviews conducted with WoPA recruited from a hospital in Nellore city, Andhra Pradesh.

SAMPLE, DATA COLLECTION TOOLS, AND METHODS

The sample consisted of 35 WoPA who provided informed consent to participate in the study. The following tools and methods were used:

- Semi-structured interview schedule: Used to gather socio-demographic and basic clinical information about both the participants and their alcohol-dependent husbands.
- Resilience Scale for Adults (RSA): Developed by Friborg et al. (2003), this 43-item scale measures resilience across five domains:
    1. Personal Competence
    2. Social Competence
    3. Family Coherence
    4. Social Support
    5. Personal Structure

The interviews were conducted in Telugu, the regional language, ensuring clarity and comprehension for the participants. Data collected included:

- Demographic Information: Age of WoPA (19–50 years), marital duration (1–33 years), and spouses' age (23–62 years).
- Educational and Employment Status: Including the participants' education levels, employment status, and economic standing.
- Family and Clinical Information: Details about family size, duration of the husband's alcohol addiction, monthly expenditure on alcohol, and any related health issues.

STATISTICAL ANALYSIS

The data were analyzed using descriptive and inferential statistics:

- Descriptive Statistics: Used to summarize socio-demographic and clinical characteristics.
- Resilience Classification: The Likert scale was applied to categorize resilience levels into four groups: low, moderate, moderately high, and high.
- Inferential Analysis: Correlation analysis and ANOVA were conducted to examine relationships between variables and identify significant differences. The significance level was set at $p < 0.05$.
- All statistical analyses were performed using R-Studio on Microsoft Windows [Version 10.0, 2019].

This approach ensured a comprehensive understanding of the resilience levels in WoPA and provides insights into how socio-demographic and clinical variables influence their coping strategies.

FINDINGS AND DISCUSSION

Sample Characteristics

The study sample included 35 WoPA with a mean age of 33.34 years (±8.33). Educational levels varied, with 25% illiterate and 40% having primary education or less, while 25% had university-

level education. The mean age of their alcoholic spouses was 38.14 years (±9.84), with 42% having primary education or less and 20% attaining university-level education.

The mean duration of marriage was 14.45 years (±9.26), with a median family size of 4 and 2 children. Employment data revealed that 31.4% of WoPA were unemployed, 40% worked as daily wage laborers, and 29% were in skilled jobs with fixed incomes. Among the husbands, 43% were daily wage earners, and 55% were employed in skilled jobs.

The average monthly household income was ₹33,157 (±₹20,817), with husbands' alcohol addiction averaging 9 years (±6.85). Monthly alcohol expenditures were around ₹15,500 (±₹9,547), consuming nearly half of household earnings. 74.3% of households reported debts ranging from ₹1 lakh to ₹15 lakhs, with 48.57% of husbands experiencing health complications linked to alcohol dependency, including conditions such as diabetes, hypertension, and alcohol-induced psychosis.

Resilience Levels

Resilience was assessed using the Resilience Scale for Adults (RSA), scoring from 43 to 215. Based on this, resilience was categorized into:

- Low Resilience (LR): 14 participants (40%)
- Moderate Resilience (MR): 6 participants (17.2%)
- Moderately High Resilience (MHR): 7 participants (20%)
- High Resilience (HR): 8 participants (22.8%)

The RSA evaluated five domains, revealing variations where participants could score high in one domain and low in another, indicating the multidimensional nature of resilience.

Table: 1. Respondents scores on the Resilience Scale for Adults (RSA)

Domain	Score Range	Resilience Level	Mean ± SD
Personal Competence	12 - 60	LR = 12 (34.3%) HR = 9 (25.7%)	26.41 ± 2.46 56.55 ± 1.81

Social Competence	10 - 50	LR = 14 (40%)	20.21 ± 5.43
Family Coherence	7 - 35	HR = 7 (20%)	32.42 ± 1.27
Social Support	9 - 45	HR = 9 (25.7%)	42.66 ± 1.41
Personal Structure	5 - 25	LR = 17 (48.6%)	6.35 ± 2.05
Total Resilience	43 - 215	LR = 14 (40%)	103.00 ± 12.77

Table 2: Key Associations

1. Resilience and Duration of Spouse's Alcohol Addiction:
    - Correlation: 0.67 (moderate positive).
    - ANOVA: Significant at $p < 0.001$. Longer addiction duration was associated with higher resilience among WoPA.
2. Resilience and Age:
    - Correlation: 0.78 (strong positive).
    - ANOVA: Significant at $p < 0.001$. Older participants showed higher resilience levels.
3. Resilience and Employment Status:
    - Correlation: 0.63 (moderate positive).
    - ANOVA: Significant at $p < 0.001$. Employment was positively associated with resilience

Table 3: Non-Significant Variables

No significant associations were found between resilience and:

- Education level of WoPA
- Number of children in the household
- Family income or household debt
- Health conditions of alcoholic husbands

The findings above support resilience as a dynamic, multifaceted process that varies across individuals and domains, aligning with Southwick et al. (2015). For instance, women scoring high in personal competence often reported low social competence, influenced by social isolation and illiteracy. Similarly, employment status and age emerged as key contributors to resilience, suggesting their pivotal role in coping with adversity.

The American Psychological Association (2014) defines resilience as the capacity to adapt well in response to adversity. While earlier studies indicated that prolonged exposure to an alcoholic partner often weakens resilience (Sreekumar et al., 2016; Johnson et al., 2018), this study revealed that extended exposure increases resilience, demonstrating an adaptive response over time.

Unlike previous binary classifications of resilience (Johnson et al., 2021; Ramya et al., 2019), this study highlights a broader spectrum and variations across domains, emphasizing the complex nature of resilience in WoPA. This nuanced understanding is crucial for developing targeted social work interventions aimed at strengthening specific resilience domains for WoPA.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Families impacted by alcohol dependence face profound challenges that extend to future generations, with children at a heightened risk of developing behavioral problems, scholastic underachievement, and psychiatric issues (Daley &Feit, 2013). Addressing alcohol addiction as a social issue is essential, with social workers playing a pivotal role in its prevention and treatment. Social work curricula should emphasize understanding addictive behavior, its root causes, and societal consequences, using screening and assessment techniques to design effective interventions (Levy, 1963; Hanson, 2001).

Research highlights the effectiveness of psychosocial treatments such as brief interventions, social skills training, case management, and the community reinforcement approach in addressing alcohol use disorders (Miller &Wilbourne, 2002). Brief interventions range from unstructured counselling, encouraging independent attempts at sobriety, to structured programs like Alcoholics Anonymous and Rational Recovery (Barry, 1999). Skill development in

communication, anger management, and assertiveness further strengthens coping strategies (Dehghani, 2013).

The community reinforcement approach rewards individuals for maintaining a healthy, alcohol-free lifestyle by fostering joy in family and workplace settings, helping them rediscover the value of sobriety (Meyers et al., 2011). Intensive case management can improve adherence to rehabilitation programs by integrating services such as medical care, legal aid, and drug-free housing, which significantly enhance sobriety and family dynamics (McLellan et al., 1999; Morandi et al., 2017).

Building resilience is crucial for managing addiction's impact. Social workers should harness clients' innate strengths and support systems while addressing crisis situations through a strengths-based approach (Gitterman& Knight, 2016). Incorporating faith-based methods can enhance coping mechanisms by integrating spiritual and religious elements (Campbell & Bauer, 2021). Researchalso suggests focusing on four areas: understanding personal factors like self-efficacy and hope, building skills to overcome challenges, fostering motivational factors, and recognizing resilience as a dynamic process throughout life (Campbell & Bauer, 2021). These strategies empower social workers to foster resilience, prevent alcohol abuse, and promote recovery within affected families.

CONCLUSION

Wives of persons with alcoholism (WoPA) exhibit remarkable resilience while managing families under persistent stress. The study shows a moderately positive correlation between the duration of a husband's addiction and the wife's resilience, influenced by factors like personal efficacy, age, and external support systems (Wagnild, 2010).

The findings highlight the importance of understanding alcoholism's dynamics and implementing family-inclusive treatment strategies. Effective measures include engaging family members, particularly wives, to strengthen adaptive coping mechanisms and support long-term recovery efforts (Johnson et al., 2018; Sreekumar et al., 2016).

REFERENCES

1. Bachman, J. G., Wadsworth, K. N., O'Malley, P. M., Johnston, L. D., & Schulenberg, J. E. (2013). *Smoking, drinking, and drug use in young adulthood: The impacts of new freedoms and new responsibilities.* Psychology Press.
2. Banerjee, I., Bora, D., & Deuri, S. P. (2017). Coping strategies and perceived social support in wives of persons with alcohol dependence syndrome. *Indian Journal of Psychiatric Social Work, 8*(1), 28–32.
3. Barman, H. (2019). Coping strategies used by wives of patients with alcohol related disorders. *International Journal of Nursing Education and Research, 7*(2), 237–241.
4. Barry, K. L. (1999). *Brief interventions and brief therapies for substance abuse: Treatment Improvement Protocol (TIP) Series 34.* Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment: Rockville, MD.
5. Bhat, R. A. (2015). Role of education in the empowerment of women in India. *Journal of Education and Practice, 6*(10), 188–191.
6. Bushman, B. J., & Cooper, H. M. (1990). Effects of alcohol on human aggression: An integrative research review. *Psychological Bulletin, 107*(3), 341.
7. Campbell, C., & Bauer, S. (2021). Christian faith and resilience: Implications for social work practice. *Social Work & Christianity, 48*(1).
8. Dehghani, Y., &Dehghani, M. (2013). Effectiveness of social skills training on addiction potential reduction in male high school students. *American Journal of Life Science Researches, 1*(3).
9. Daley, D. C., &Feit, M. D. (2013). The many roles of social workers in the prevention and treatment of alcohol and drug addiction: A major health and social problem affecting individuals, families, and society. *Social Work in Public Health, 28*(3–4), 159–164.
10. Epstein, M. H. (2000). The behavioral and emotional rating scale: A strength-based approach to assessment. *Diagnostique, 25*(3), 249–256.
11. Frankl, V. E. (1963). *Man's search for meaning: An introduction to logotherapy.* Beacon Press.

12. Garmezy, N., Masten, A. S., & Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychopathology. *Child Development*, 97–111.
13. Gillham, J. E., & Seligman, M. E. (1999). Footsteps on the road to a positive psychology. *Behaviour Research and Therapy, 37*(1), S163.
14. Gitterman, A., & Knight, C. (2016). Promoting resilience through social work practice with groups: Implications for the practice and field curricula. *Journal of Social Work Education, 52*(4), 448–461.
15. Hanson, M. (2001). Alcoholism and other drug addictions. In *Handbook of social work practice with vulnerable and resilient populations* (pp. 64–97).
16. Hirsu, L., Hashemi, L., & Quezada-Reyes, Z. (2019). *SDG 5: Achieve gender equality and empower all women and girls.* RMIT University.
17. Johannessen, A., Tevik, K., Engedal, K., Tjelta, T., &Helvik, A. S. (2022). Family members' experiences of their older relative's alcohol and substance misuse. *International Journal of Qualitative Studies on Health and Well-being, 17*(1), 2094059.
18. Johnson, P. R., Britto, C., Sudevan, K. J., Bosco, A., Sreedaran, P., & Ashok, M. V. (2018). Resilience in wives of persons with alcoholism: An Indian exploration. *Indian Journal of Psychiatry, 60*(1), 84–89.
19. Levy, C. S. (1963). Introducing social work students to alcoholism. *Quarterly Journal of Studies on Alcohol, 24*(4), 697–704.
20. Manthey, J., Shield, K. D., Rylett, M., Hasan, O. S., Probst, C., & Rehm, J. (2019). Global alcohol exposure between 1990 and 2017 and forecasts until 2030: A modelling study. *The Lancet, 393*(10190), 2493–2502.
21. McLellan, A. T., Hagan, T. A., Levine, M., Meyers, K., Gould, F., Bencivengo, M., ... & Jaffe, J. (1999). Does clinical case management improve outpatient addiction treatment? *Drug and Alcohol Dependence, 55*(1–2), 91–103.
22. Meyers, R. J., Roozen, H. G., & Smith, J. E. (2011). The community reinforcement approach: An update of the evidence. *Alcohol Research & Health, 33*(4), 380.
23. Miller, W. R., &Wilbourne, P. L. (2002). Mesa Grande: A methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction, 97*(3), 265–277.

24. Morandi, S., Silva, B., Golay, P., &Bonsack, C. (2017). Intensive case management for addiction to promote engagement with care of people with severe mental and substance use disorders: An observational study. *Substance Abuse Treatment, Prevention, and Policy, 12*(1), 1–10.
25. Moss, H. B. (2013). The impact of alcohol on society: A brief overview. *Social Work in Public Health, 28*(3–4), 175–177.
26. Myers, D. G. (1992). *The pursuit of happiness: Discovering the pathway to fulfilment, well-being, and enduring personal joy.* HarperCollins.
27. Nadkarni, A., Tu, A., Garg, A., Gupta, D., Gupta, S., Bhatia, U., &Velleman, R. (2022). Alcohol use among adolescents in India: A systematic review. *Global Mental Health, 1*(25).
28. Nickerson, A. B., & Fishman, C. E. (2013). Promoting mental health and resilience through strength-based assessment in US schools. *Educational and Child Psychology, 30*(4), 7–17.
29. Orford, J., Guthrie, S., Nicholls, P., Oppenheimer, E., Egert, S., &Hensman, C. (1975). Self-reported coping behavior of wives of alcoholics and its association with drinking outcome. *Journal of Studies on Alcohol, 36*(9), 1254–1267.
30. Pandey, S., & Shrestha, K. (2020). Coping strategies among spouses of alcohol dependents at Gokarneswor, Kathmandu, Nepal. *Nursing Journal of India, 100*(4), 79.
31. Rehm, J. (2011). The risks associated with alcohol use and alcoholism. *Alcohol Research & Health, 34*(2), 135–143.
32. Room, R., &Rossow, I. (2001). The share of violence attributable to drinking. *Journal of Substance Use, 6*(4), 218–228.
33. Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*(4), 719.
34. Sankaran, L., Muralidhar, D., &Benegal, V. (2006). Strengthening resilience within families in addiction treatment. *Presented at Strength-Based Strategies Conference, November*.
35. Shanthakumari, R. S., Chandra, P. S., Riazantseva, E., & Stewart, D. E. (2014). Difficulties come to humans and not trees and they need to be faced: A study on

resilience among Indian women experiencing intimate partner violence. *International Journal of Social Psychiatry, 60*(7), 703–710.

36. Sharma, N., Sharma, S., Ghai, S., Basu, D., Kumari, D., Singh, D., & Kaur, G. (2016). Living with an alcoholic partner: Problems faced and coping strategies used by wives of alcoholic clients. *Industrial Psychiatry Journal, 25*(1), 65–71.
37. Sharma, N. R. (2013). Resilience and self-efficacy as correlates of well-being among the elderly persons. *Journal of the Indian Academy of Applied Psychology, 39*(2), 281.
38. Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology, 5*, 10.
39. Southwick, S. M., Pietrzak, R. H., Tsai, J., Krystal, J. H., & Charney, D. (2015). Resilience: An update. *PTSD Research Quarterly, 25*(4).