An investigation into the support needs of male partners of female alcoholics in Switzerland

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Abstract

This exploratory study presents analysis of narrative interviews with three subjects conducted in Switzerland in 2009 to explore the support needs of male partners of female alcoholics. Different concepts on coping styles are introduced and interpreted in the light of several transactional analysis and other concepts. The content of the interviews was categorised according to structuring and typifying analysis. The results indicate that the main needs for support relate to issues of partnership and parenthood, to the image of addiction in society, and to financial and administrative issues, and hence are different to stressors identified by other researchers for female partners of male alcoholics and from support needs of close-one's of the mentally ill.

Key words

partner, alcoholic, stressors, gender, coping styles, support, narrative interviews, content analysis, transactional analysis

Editor's Note: This article contains a number of references to references given by other authors. The writer did not have access to the original sources at the time the study was undertaken so these references have been retained in the interests of academic integrity.

Introduction – Why male partners

According to Addiction Information Switzerland (2008, formerly SFA) 600,000 of the c. 7 million inhabitants of Switzerland were abusing or were addicted to alcohol; many of these will have partners. The writer was aware that much research into addiction and the role of partners had focused on female partners of male addicts, whereas not much is known about male partners (Orford et al 2005). It was noted that over 10 years a third of patients in the addiction department of a psychiatric hospital in Switzerland had been female.

Orford et al's (2005) study of 299 interviews over three continents had focused on close ones and Noriega Gayol's (2004) research in Mexico was focused on female partners of male alcohol addicts. Walter et al

(2006) found that living with a partner had a greater preventive influence on relapse than stress coping skills, whereas Sieber (2005) points out that women with alcohol addiction issues seem to profit less than men from partnership and marriage.

According to a study by the Swiss Office for Health (BAG 2008), quoting Schuler, Rüesch et al (2007) women have strong bonds with different people (e.g. partner, children, relatives, friends) but men rely mainly on their female partners for socio-emotional support. Female alcoholics often have conflicts in their families and partnerships (Beer, 2001, quoting Blankfield & Maritz, 1990) and experience little support from them as well as particularly little from their partners (Eisenbach-Stangl, 1997 quoting Haver & Franck, 1997). They are less confident about the possibility of resolving their marital problems (Kelly, Halford & Young, 2000, in Anderson & Baumberger, 2006). Women with alcohol dependency report high aggressiveness of their partners (Miller et al, 1989; Miller & Downs, 1993, in Anderson & Baumberger 2006).

Oppl (2002, quoting Kaufmann and Kaufmann, 1983) from a systemic perspective identifies two main attachment styles of addicts: being enmeshed (which may be out of fear of abandonment) and detached (which may be out of fear of engulfment/overwhelming). As 77% of all women with addiction disorders of all kinds live in stable addiction relationships, whereas 33% of male addicts do (figures for Switzerland), and as violence and terror (of both sexes) occurs more often in these relationships (Graf, Annaheim & Messerli, 2006) the writer speculated that the attachment-style of female addicts might be disorganised in some cases, as being conflict-avoidant despite obvious and manifest ambivalence (afte Liegle & Lüscher, 2008) and often encountered with traumatized persons (Brisch, 2003).

In a study conducted at about the same time as the one reported here (and not known about by the author at the time) , Stutz, Schläfli, Eggli & Ridinger (2011-2012, 2012) questioned partners of alcoholics upon their partner's entering and exiting treatment in several addiction clinics

in Switzerland between January 2009 and June 2010. 71% of the participants were female. They interpreted their findings as indicating that male and female partners of alcohol addicts mainly have a wish to get individual information on different aspects of alcohol dependence as well as support referring to conflicts of the couple and the family.

The study reported here was designed to investigate the needs for support of male partners of female alcoholics, through the analysis of narrative interviews, which focused on the question: What support did you experience?

Theoretical background
Stressors of partners and close ones
An extract from the definition of addiction by Kruse & Körkel (2005) may shed light on the issue of relationship with addicts ". . .addicted behaviour . . . under aspects of relational dynamics serves the regulation of closeness, distance and differentiation behaviour in a way that no threatening relation conflicts are resulting" (p. 14) Hunter-Reel, McCrady & Hildebrandt (2009) state that it is the most supportive person in the social network of an addicted person who has the most influence, followed by a number of supportive relationships and abstinent friendships. Marlatt & Witkiewitz (2009) suggest that contacts with abstinent peers are helpful and found that participants in Alcoholics Anonymous had fewer relapses. According to them, positive reinforced socio-emotional support is a determinant factor for recovery.

According to Orford et al's study (2005) on coping with addicts, partners make more coping efforts than other

81-84% of close ones are worried because of lacking information, they feel insecure and are overburdened with the symptoms
64-78% worry about treatment, feel helpless and powerless, lonely and solely responsible and they feel not taken serious
72% suffer from health problems following the illness of their loved one
66% are scared of the future
54% of the partners (male and female) and parents carry financial burdens (44% for treatment, 57% for everyday life, 15% for extraordinary expenses)
44% experience grief and loss
41% are afraid of relapse and suicide
31% feel shame and stigmatization
22% feel guilt
21% spend a lot of time taking care of their ill beloved ones (6-10 hrs/week)

Table 1 Stressors for close ones of the mentally ill (after Kurt 2006)

close ones. Kurt (2006) in a lecture indicated stressors for close ones of the mentally ill as shown in Table 1.

These findings stand in contrast to the common understanding of professionals that close ones of addicts feel mainly ashamed and guilty because of their own contribution to the illness and the stigmatisation of society that goes with it (Orford et al, 2005). Howells & Orford (2006), in a study on (mainly female) partners with interventions in their own right, describe the unusually high level of distress and the breaking down in tears as partners came to the first session, many with guilt feelings of betraying their partners by doing so, which made it additionally hard to talk. The irrational blame of society for not controlling their partners drinking adds guilt and shame and undermines self-esteem. Nearly all of the partners in that study "...had a degree of ambivalence about whether the drinking was serious" (p. 65).

The generational researchers Liegle & Lüscher (2008), state that the two main tasks in mutual responsibility of co-living generations are contingency and ambivalence. Contingency is to them the implicit task in coping with uncertainties and destiny, the insight into the unavoidable of the new as well as the necessity of risking it. To cope with the partner's addiction, partners face exactly these challenges. To connote ambivalences as well as contingencies positively, accepting them and being able to discuss them openly is to Liegle & Lüscher (2008) a sign of secure attachment, which they call emancipatory attachment. In reference to our topic this means that the partners would need to have a secure attachment style.

Those who do not cope with the stressors well may develop somatic illnesses (Schaef 1987; Orford et al, 2005) and psychological symptoms of anxiety and depression (Orford et al 2005; Kahler, McCrady & Epstein, 2003). The World Health Organization (2004) quotes Room et al (2002), who state that there are also social problems evolving around employment, financial issues and social integration. Orford et al (2005) state that the primary stressor for the ones co-living with addicts is the threat to self-esteem.

Transactional analysis and coping styles
Steiner (1971) describes five roles in psychological games of alcoholics, which he considers to be countertransference reactions. We can substitute partners for his references to therapists:

1.   Persecutor (similar description by Schweitzer & von Schlippe, 2007): anger about behaviour of addict, stricter rules, discrimination or ignoring of statements, not wanting to perceive success, negative attributions out of bitter grudge

2.   Rescuer (similar descriptions by Schaef, 1987, Klein, 2001, Noriega Gayol, 2004, Schweitzer & von Schlippe, 2007): emotional over-engagement, over-estimation of own potency, non-perception of capabilities of addicts

3. Patsy (similar description by Schaef, 1987): seeking intellectual explanations instead of problem solving in pragmatic everyday life, non-perception of here-and-now of the addict (e.g. drunkenness), does the recovery for and without the addict

4. Connection (similar description by Schweitzer & von Schlippe, 2007): provides the addict with the needed substance to his/her own advantage

5. It: (similar descriptions by Kruse & Körkel, 2005, Heigl-Evers, Helas & Vollmer, 1993): the alcohol is perceived and treated as a unit outside the addict (e.g. by the alcohol addicted therapist - here partner)

We can name these countertransference reactions, which show as patterns of behaviour and therefore create roles. Kouwenhoven, Kiltz & Elbing (2002) state that the phenomenological appearances of ego states (in the functional model) are rule-bound connected to the behavioural patterns as roles. Thus as transactional analysts we suppose that Rescuer behaviour is a manifestation of negative Nurturing Parent and Persecutor behaviour is a manifestation of negative Critical Parent. We suppose that Rescuer and Persecutor behaviour stems from the same ego state, Parent, into which the addicts may invite their partners by under-responsible behaviour (English, 1992). Noriega Gayol's study (2004) shows more Rescuer behaviour on the part of the Mexican wives, due to unresolved symbiosis and parentification (after Miller, 1981).

In Patsy we see behaviour that reminds us of tangential responses, which seem to manifest Adapted Child behaviour by avoiding confrontation in the here-and-now and by Trying Hard (Kahler 1975). Connection seems to be manifesting negative Free Child behaviour (as

unscrupulous) and It may show a manifestation of Rebellious (revengeful) Child (I am interested in treating your illness, but not you, as I can't do it for myself).

We can compare Steiner's roles against the work on three main coping styles of partners by Copello at al (2000) as shown in Table 2. It seems likely that there is a combination of Persecutor and Rescuer as well as Patsy roles within the Committed coping style whereas the Connection role appears to be included in either the Tolerant or Withdrawn coping style. The It role might be viewed as a Tolerant coping style, when we consider the thoughts to be: Others don't understand me (either). In Steiner's description there is no Withdrawn style, as he was talking about therapists' contertransference reactions.

The writer assumes that systems are organising around alcohol as a central focus (Brown & Lewis, 1999). The entire thinking, feeling, perception and behaviour is focused around alcoholism, and alcoholism at the same time is denied, to protect the addict, oneself and the entire system from expected negative reactions of others and from reactions from one's own inner psyche. Brown & Lewis (1999), state that this leads to chaos, confusion, mistrust, loneliness, and alienation from oneself and isolation from others. This also means that one's own feelings and needs may not be felt or even perceived. The injunctions which these systems are acting upon are: Don't speak, Don't trust anyone, Don't feel (Black, 1981). These are subsequently narrowing one's own capabilities of perception and action in problem solving for oneself or the system, and one's own developmental possibilities, as described by Noriega Gayol (2004) in the sense of a dysfunctional relational pattern which is based on specific behaviour.

	Committed	Tolerant	Withdrawn
Description of relating	active transactions between close one and addict, focus is problem solving	some transactions, sometimes action is missing, takes away negative consequences for addict	attempts to create distance between oneself and addict, some uncertainty, some need to look after oneself
Thoughts	I have to be capable of changing him/her	others don't understand him/her	the less we are together the better
Emotions	angry, hurt, responsible	powerless, guilty	self-secure or upset
Behaviour	observe, control	give money	avoid addict because of drinking
Possible roles in games	Persecutor, Rescuer, Patsy	Connection, It	Connection
Possible advantages	could make close ones feel able to do something positive	avoids conflict	can help close ones not become Rescuers
Possible disadvantages	could be very strenuous and cause much resent	close ones left feeling taken advantage of	close ones could feel bad about, as they are excluding or rejecting addict

Table 2 Coping styles of partners of addicts, after Copello et al (2000)

For the couples level, we can identify that both partners need to differentiate their feelings, needs, thoughts and actions from one another and start talking and negotiating with each other as separate beings (Brown & Lewis, 1999). According to Bader & Pearson (1988) a symbiotic couple is defined by not clearly differentiating the I from the Not I, sustaining the merger into one I, by avoidance of self-definition and by not making the boundaries clear.

Gender Comparisons

Klein (2002) states that male partners of addicted women separate more often than female partners do from addicted men. Lutz, Appelt & Cohen (1980) each studied twenty husbands of alcoholics and of depressed wives and found that under comparable conditions, the husbands of alcoholics felt more burdened, especially in the interpersonal area. As the female support source is lacking with addiction being present and the wife not functioning as expected, separation seems to be the logical conclusion for men.

The collected and interpreted data about gender differences in male and female partners are shown in Table 3.

Methodology

Narrative Interviews

The interviewer was trained to do narrative interviews at ARGE Bildungsmanagement Vienna. This training involved listening to interviewees unfold their reality around a specified question, asking informative questions solely to avoid misunderstandings, and showing compassion and offering immediate helpful information rather than remaining neutral if the interviewee became emotionally distressed. In this approach missing information is given from an ethical standpoint to minimize harm if suffering is exhibited by the interviewee (as with B with the children and C with finances and own health).

At the beginning of the interviews for this study, the partners filled in a 5-question survey on demographics. Narrative interviews of 1 to 2 hours length were then conducted individually with three partners/husbands of female alcoholics regarding the one question "What support did you experience?"

Kruse (2009 quoting Helfferich 2005), states that the meaning of a term itself can only be understood in the situational context of the use of that term. Narrative interviews in this sense serve the purpose to discover the varieties and contingencies of 'reality' to describe complex patterns, in which the interviewed subjects describe their conceptualised realities. The aim of asking only one question is, therefore, to have the interviewee conceptualise his/her own reality around this one term.

The content of the interviews was put in contrast to theory as comparison-horizon (Bohnsack, 2008), or alternative perspective. The experience of the writer influenced the selection of the interview materials, the categorisations and the chosen literature. As Kruse suggests, we need to be aware of our own presuppositive theoretical concepts and be critically self-reflective, to allow for empirical new findings.

Ethical Considerations

The writer was permitted to interview the husbands of wives being hospitalized in a University Psychiatric Hospital in Switzerland. Approval was given to the project by the Ethical Commission of the State and by the Clinic, based on the written design of the study and the consent forms.

The husbands and their wives gave their informed consent separately, after an informative talk about the interview topic, the interviewer, the interview location, the length of the interview and its purpose. They signed an agreement that covered being interviewed by the researcher, having the interview recorded and having the results published anonymously. They were assured that the recordings would be destroyed latest six months after termination of the researcher's Masters studies, and that only other professionals under professional confidentiality conditions would read any of the transcribed interviews. They had the right to demand their destruction at any time before that. They were informed that this was the researcher's private undertaking and were given the address of the training institute. They were granted the right to withdraw their agreement at any time without having to give any reason.

The Subjects

3 interviews were conducted. The husbands were all Swiss, not addicted themselves, and with wives who were hospitalized due to relapse at the time of the interview. Details are summarised in Table 4.

The writer also checked whether the interviewees had participated in self-help groups for close ones, and none had. The writer used categorising to identify the main stressors of male partners to compare these with those for close ones of mentally ill and female partners. To identify any specific causal relationships between coping style and motivation for action and intent to act, the writer used typifying analysis. The writer also identified some 'extraordinary' statements in line with Gläser & Laudel's (1999) comment that the extraordinary statements must be included in the qualitative research as part of a system of conditions which cause reactions, and the mechanisms between them, in order to explain causal relationships and to identify determinants of human behaviour, thinking and feeling.

Area of life	Male partner	Female partner
Role	Persecutor, angry-controlling (Steiner 1971)	Rescuer, caring-controlling (Noriega Gayol 2004; Welter-Enderlin & Jellouschek 2002)
Life position	I'm Okay – You're not Okay when you are drinking	I'm Okay, when I am able to control your behaviour (Orford et al 2005) – You're Okay when you are not drinking
Coping with stigmatisation	I fear not being taken seriously by others; she doesn't want other people to know	nobody shall know; they would blame me, if they knew (Howells & Orford, 2006)
Socio-emotional sources of support, enhancing own health and wellbeing	female partner (BAG, 2008; Hüther 2009)	male partner, children, relatives, friends (BAG, 2008)
Expressions of aggression	demanding (Kelly, Halford & Young 2002) directly to partner through control of substance, reserves, money, friends etc. (Walter 2006) indirectly through the power of decision making and taking on responsibilities for the functioning of the household and thereby creating dependency and power differences	indirectly through making oneself available as a source of socio-emotional and sexual support (Noriega Gayol 2004) indirectly through the power of decision making and taking on responsibilities for the functioning of the household and thereby creating dependency and power differences symptoms of anxiety and depression (Orford et al 2005) as internalised aggression
Feeling alone, helpless, despairing, abandoned	yes	yes
Participation in self-help-groups	fewer men than women (Al-Anon Switzerland 2009; Eisenbach-Stangl 1997)	more often women than men preference for Al-Anon (Eisenbach-Stangl 1997)
Prevalence for allowing support for problems (social, health)	lower (BAG 2008)	higher for youth and adults, no information available for older age (BAG 2008)
Probability to leave partner	high (Klein 2002)	low
Ambivalence in relationship	existing	existing
Providing for the family	main providers (BAG 2008)	responsibility for caretaking within the family and household (BAG 2008, Howells & Orford, 2006)
Reacting positively to the coping style of partner concerning the drinking	internalising drinkers (more female): less (Künzler 2000)	externalising drinkers (more male): yes (Künzler 2000)
Probability of symbiotic stage of couple relationship (after Bader & Pearson, 2000)	high	high

Table 3 Gender comparisons

	A	B	C
age husband / age wife ±	75 / 50	40 / 40	63 / 61
relationship duration in years	20	over 20	40
profession husband	yes	no, but was business owner	yes, had higher position
actual work situation husband	retired	houseman	retired
income	both pension/ she partly	wife pension	both pension
fortune	yes, using it up	yes, using it up	none, used up
years of addiction of wife	20	1	10
Children's ages	-	±8, 10, 12	3, ±30-40
duration of interview	1.5 hr	1 hr	2 hrs
attachment style of partner, intuitively interpreted by writer	Enmeshed	Disorg- anised	Detached

Table 4 Socio-demographics of husband/couple and duration of interview

Analysis

The transcribed interviews of this study were evaluated according to structuring (Socher, oral lecture, 2009; Mayring, 2003) and typifying content analysis (Flick, 2006; Gläser & Laudel, 1999).

In addition to concepts within the literature, a significant input to the categorization came via the previously mentioned workshop by Kurt (2006) on research of the stressors of close ones of the mentally ill, as described above. Eleven categories were built, of which two were elaborated inductively: (1) Knowledge of partner's illness and (9) Own inner picture of the partner. The other nine categories were as indicated within Table 5, which also shows how some were subsequently combined to present a total of seven rankings.

Results

Typifying analysis

According to Flick (2006), typifying shall contain the main cases as well as counterexamples and shall show case adversities as well as case comparisons. Examples of statements of interviewees are:

1. Talking to others

A: *She demanded that I don't talk, not to anybody*

B: *I fear the reaction of my colleagues, therefore I broke off the contact*

C: *And it was difficult to keep in contact, because if you want to meet with a colleague it costs money.*

2. Not communicating as a couple or family

A: *I don't tell her anything anymore that is upsetting me, because I fear a relapse*

B: *I don't know about the stress of my kids, it's difficult*

C: *Communication with my wife is zero*

3. Feeling lonely, helpless, ill and tired

A: *I get to the point, where I can't anymore, at all. It hurts and my brain isn't working anymore*

B: *My aggressivity certainly stems from my helplessness, because I don't know how to react*

C: *I don't want any support for my exhaustion. The slightest efforts I make lead to heavy pains*

4. Ambivalence: being alone - staying together

A: *I wanted to leave many times, but I can't leave her alone - I love her. I want to be with her, despite her illness*

B: *I wouldn't know where to go with the children, if I got divorced - I wouldn't leave her*

C: *I have to take care of my wife at home - If we were together it would be 40 years*

5. Leading one's life

A: *I can't go on like that. Maybe our age difference is too big. I have very different ideas and attitudes about life than she does. I wish she took on the leading role in the relationship.*

B: *I am missing the contact with my colleagues, since my wife's illness. I will get back to work in a year, when my wife isn't going to the clinic anymore. I am a father and I have responsibilities. I will not let go of my kids.*

C: *I stay home and only care for the most necessary*

6. Extraordinary statement of the interviewee

A: *Others brought the dog back and left my drunken wife in the roadside ditch*

B: *My mother* (a now recovered alcoholic, *insertion by the writer*) *was lying around unconsciously or was suicidal and I was the only person there. Alcohol and benzodiazepines are a deadly mixture*

C: *If you would have known this woman before...*

We can see some evidence of attachment styles in these statements as well: A is rather enmeshed (compare statements 1, 2, 3, 4, 5); B is rather disorganised (compare statements 1, 2, 4, 5, 6) and C seems to have developed a rather detached style (compare statements 2, 4, 5, 6).

As causal relationships between coping style and the motivation for action (Bohnsack, 2008, referring to Weber, 1976/1922, in Schütz, 1974/1932) we see in these statements that the motives for action (because of -) can be described as:

- A believes he can influence his partner

- B prevents death of his mother back then (of partner here-and-now) and being abandoned by her

- C acts out of a sense of duty and to save his self-esteem as a former authority in his village and to honour the former efforts of his wife for their family and social engagement in the village

As causal relationships between coping style and intent for action (Bohnsack, 2008, referring to Weber, 1976/1922, in Schütz, 1974/1932), we see in these statements that the intents to act (to -) can be described as:

- A states that he wants to remain with his partner, to enjoy his free life as an elderly person together with her, to have her at his side, when he falls ill and frail.

- B wants to stay together with his partner, to hold the family together and avoid the catastrophe

- C doesn't want to get divorced from his partner, wants to care for his family till the end as she has done. That provides him with a sense of integrity - and he prevents catastrophe because he needs to prove that his actions make sense

Comparing the traditional expectations on male and female partners to the situation of the wives of the interviewees in this study, the writer found the following gender-related and generational aspects. These might further underline the assumptions on attachment styles.

- The wife of interviewee A has two sisters but it was she who had been looking after her father in his home till his death, whilst managing his business. Her partner might be wishing for her to look after him as well, as he wants her to take over responsibilities.

- The wife of interviewee B has been working in their own business with the husband (till they gave it up) and she is responsible for household and children, when at home. Her partner wants her to come back and function in the family again.

- The wife of interviewee C has exhaustingly cared for their youngest son, who was born severely physically handicapped, till his recovery after many operations, besides doing the housework, looking after their daughter and being very involved in the social life of the community. Due to physical invalidity since a stroke, she is incapable of looking after the grandchildren. Her partner states that she has been a wonderful wife, not integrating her characteristics with the ill person she has become.

The interviewees A and C mentioned the merits of their wives in caretaking (Boszormenyi-Nagy & Spark, 2001); interviewee B, being from another generation, with schoolchildren at home, expressed his gratitude for her efforts by wishing her to be back and taking her role in the family again. These expectations might be a clue to alcohol-dependent wives not profiting from marriage as much as male partners do (compare to Sieber, 2005).

Structuring analysis
An overall analysis of mentions of support/lack of support was conducted and is shown in Table 5. The categories of couple and parenthood, and of knowing, understanding and coping with the illness, as well as the categories of coping with own wellbeing and social inclusion, have been combined into totals for these related aspects. Ratios are shown for lack of support: support.

Discussion
These findings are based on a very small number of subjects so must be viewed with caution but may nevertheless indicate areas for future attention.

There are less than half as many mentions of support than there are of lack of support. 320:145 in a ratio of 2.2:1, although it can be seen in Table 5 that there are variations for particular categories. For instance, there is a significant difference between 'knowing about the partner's illness' and 'understanding the illness'.

There is a particularly high ratio of lack of support relating to the image of addiction in society (6.6: 1).

Lack of support for coping with own feelings is high, as is lack of support for dealing with financial and administrative issues.

The most mentions of lack of support and of support were in the areas of issues of the couple and parenthood, about the illness and coping with the ill partner. Comparing Table 5 to Table 1: Stressors of close ones of the mentally ill, we find a new domain in first place of need for support on the issues of the couple and parenthood. Similar needs to close ones are: support for coping with the illness, own health issues and emotional stress, own feelings, maintaining contacts and own activities, and planning for own life.

The stressors of female partners differ mainly from these findings with male partners in the domain of being responsible for the behaviour of the male partner as a

Categories of support	Rank	Lack of support		Support experienced		Ratio of lack of support: support
		No.	%	No.	%	
4, support for the realisation of own plans for the shaping of life together with the partner and the maintaining of common relations		34		12		2.8 : 1
5, support for issues of couple and of parenthood		63		23		27.1
9, support for coping with the partners image of the addicted spouse		17		13		13.1
Total	**1**	**114**	**35%**	**48**	**33%**	**2.4 : 1**
1, support for knowing about the partner's illness		2		12		0.2 : 1
2, support for understanding the illness		24		9		27.1
3, support for interventions in coping with the ill partner		57		28		20.1
Total	**2**	**83**	**26%**	**49**	**34%**	**1.7 : 1**
7, support for coping with own health and emotional stress	3	40	12%	23	16%	1.7 : 1
11, support for coping with own feelings	4	25	8%	7	5%	3.5 : 1
8, support for coping with maintaining own contacts and the undertaking of own activities	5	22	7%	10	7%	2.2 : 1
10, support for the image of addiction in society	6	20	6%	3	2%	6.6 : 1
6, support in dealing with financial and administrative issues	7	16	5%	5	3%	3.2 : 1
Total in %		**320**	**99%**	**145**	**100%**	**2.2 : 1**

Table 5 Analysis of categories showing lack of support and support

gender-related issue (Orford et al 2005; Howells &Orford, 2006). Female partners (with their children) are also more often dependent on their partners financially than are male partners, which creates additional existential distress for them (BAG, 2008; Howells & Orford, 2006). However male partners might suffer more from the absence of their partner, due to lack of socio-emotional support from their identified main source and psychologically less easy access to a helper system (BAG, 2008). Hence male partners are more likely to leave their partnerships (Klein, 2002).

Compared to coping styles of female partners we might expect that men are therefore more likely to cope in a withdrawn way. However, in this study that was only partly the case with interviewee C, who wanted to create a clear boundary for himself and place his wife in a nursing home for good. Interviewees A and B showed a mixture of committed and tolerant coping styles, although the motivation for this kind of action for A might have been to make himself feel good (experience some self-effectiveness) whereas interviewees B and C seem to be more interested in avoiding the feared catastrophe from

happening. Interviewee C might also be looking out for the caretaking for his wife being organised, to maintain his integrity (after Erikson, 1966). Interviewee B wants to avoid his wife committing suicide, as he believes he prevented his (at the time) alcohol-abusing mother.

As indicated in Table 3, it is considered that men and women seem to differ in coping style, with men being more likely in the Persecutor role and women more likely in the Rescuer role. According to Künzler's study (2000), male partners' coping styles do not affect their partners drinking as much as female partners' coping styles do.

Switzerland is both a modern and traditional oriented country: women's' right to vote on national level came only in 1971 and on all local levels not until 1991. Equal rights in marriage were legalised in 1988; before that husbands made all the decisions and wives were expected to look after household and children, according to their husband's guidance. Women in Switzerland also traditionally care for the next and former generation, including the grandchildren. Six out of ten care-needing relatives are being looked after in private homes; 80% of the caregivers for these and grandchildren are women.

As dealing with (life) threatening new situations is activating former attachment and role behaviours (compare Liegle and Lüscher 2008 above), we can see how this might have affected the partners and have led to a halt in the differentiation process of the couple (compare Kruse & Körkel 2005 and Bader & Pearson 1988 as mentioned above).

	A	B	C
Hypothesized attachment style	enmeshed	disorg-anised	detached
Coping style	committed and tolerant	committed and tolerant	tolerant and withdrawn
Possible roles in games	Persecutor, Rescuer, Patsy	Connection, It	Connection

Table 6 Hypothesised relationships of attachment style and coping styles and Steiner's (1971) psychological game roles

Limitations of the Study
This study involved only 3 interviewees so can only be regarded as an experimental version that hopefully will be followed by further research.

Furthermore, the study was designed, operated, analysed and evaluated by the writer, whereas Lamnek (2005) suggests that the collection and/or evaluation of data by several persons would allow for higher reliability (or objectivity). A different method of thematic analyses might also have generated different categories, and different researchers might have categorised the interview contents under different headings.

An advantage of having a female interviewer might have been that accessing emotions was easier for interviewees, who each cried during the interview. On the other hand, taboo topics like sexuality and violence might have been more accessible with a male interviewer. The writer's interest in distinguishing the needs of male partners from those of female partners and other close ones may well have biased the findings. The researcher's use of an empathic rather than neutral style of interviewing might also have influenced the answers.

Attachment styles and coping styles have not been analysed and are only hypothesized; another area for future research.

Conclusion
It is hoped that this study, although only small and experimental, will generate ideas for future research. The analysis of the 3 interviews has shown that the needs of male partners of female alcoholics might be different from the needs of female partners of male alcoholics. If this result can be replicated, it will provide important information for those responsible for supporting the partners of alcoholics and the concerned couples and families.

The literature review and background study has also provided suggestions for how transactional analysis concepts can be viewed and applied to partners of alcohol addicts. Examples here have included Steiner's (1971) psychological game roles, deriving from countertransference reactions of people in contact with alcoholics; ego states and roles after Kouwenhoven, Kiltz & Elbing (2002); English's (1992) over - and under-responsible behaviour-patterns; and generational transference aspects after Noriega Gayol (2004).

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