# EMPOWERING WOMEN ABUSED BY THEIR PROBLEM DRINKER SPOUSES: EFFECTS OF A COGNITIVE-BEHAVIORAL INTERVENTION*

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## SUMMARY

According to the National Survey of Addictions, in Mexico nearly one in ten males (9.6%) inhabiting urban areas complies with the alcohol dependence criterion established in the DSM-IV. Problem drinking men frequently drive their spouses to develop severe personality disorders and tolerate extremely degrading situations.

Diverse interventions have been used to treat these problems. These include group counseling, and improving self-esteem. Family therapy has also been used to assess the extent to which these women actually influence their problem-drinking partner.

Family education may promote self-sufficiency and assertiveness. Other results suggest that group training reduces the abused spouse's psychiatric symptoms.

Rational-Emotive Behavioral Therapy (REBT) operates on cognitive biases related to personal interaction and assertiveness. This includes effectively expressing desires, beliefs, needs, and opinions.

Thus, the purpose of the present study was to examine the effects of an intervention designed to promote self-esteem, coping strategies and assertiveness in abused spouses of problem drinkers.

**Method**

A non-probabilistic random sampling procedure was used to select 35 women from two community centers. One produced 18 participants, and the other 17. All were spouses of problem drinkers, between 25 and 50 years of age and their schooling fluctuated from complete elementary school to college education and their socioeconomic level fluctuated from low to middle.

A scheme similar to a multiple baseline design across two groups as well as an accidental control group, was used to evaluate the pertinent comparisons. Instruments used to collect data included the Assertion Inventory validated for Mexico by Guerra, the Coopersmith's Self-esteem Inventory, validated by Lara-Cantú, Verduzco, Acevedo and Cortés, The Coping Inventory and the Mini International Neuropsychiatric Interview (MINI). The Wilcoxon statistical test was run on the data in order to establish the probability associated to the differences between pre-test and post-test, follow-up 1, follow-up 2 and follow-up 3. Results revealed significant improving differences on assertiveness, coping responses and self-esteem.


**Key words:** Wives, empowerment, self-esteem, coping, assertiveness, problem drinkers, intervention.


## RESUMEN

Según la Encuesta Nacional de Adicciones, uno de cada diez varones (9.6%) que habitan en zonas urbanas cumplen el criterio de dependencia al alcohol del DSM-IV.

Este consumo crea intensos problemas familiares, incluidos trastornos de la personalidad en las esposas, las lleva a tolerar situaciones extremas y abate su desarrollo personal.

El presente estudio usó algunas técnicas como las de Loughead, Kelly y Bartlett en consejo psicológico *(counseling)* en grupo. También se ha señalado que al inicio de este tipo de tratamientos se requiere fortalecer la autoestima, antes de tratar los problemas familiares.

La terapia familiar ha evaluado si estas mujeres influyen sobre sus parejas. Otras terapias buscan generar autosuficiencia y asertividad. Asimismo, hay hallazgos que señalan que el entrenamiento en grupo disminuye los síntomas psiquiátricos en parejas de bebedores problema.

Así, es necesario generar en la pareja del bebedor cambios cognitivos y conductuales, entre otros. El presente estudio evaluó una intervención cognitivo-conductual sobre asertividad, autoestima y afrontamiento para habilitar a la pareja del bebedor.

Algunos abordajes se basan en la reducción de cogniciones irracionales y su efecto en emociones negativas y sus conductas desadaptativas. La asertividad incluye la habilidad de expresar deseos, creencias, necesidades y opiniones Así, el propósito del presente estudio fue examinar los efectos de una intervención cognitivo-conductual en la autoestima, afrontamiento y asertividad en cónyuges de bebedores problema.

**Método**

Se emplearon un diseño similar al de línea base múltiple y una condición control accidental. Se comparó la preevaluación con la postevaluación y seguimientos a tres, seis y 18 meses. Se usaron los siguientes instrumentos: Inventario de Asertividad de Gambrill y Richey, en versión validada por Guerra, el Inventario de Autoestima de Coopersmith, validado por Lara-Cantú, Verduzco, Acevedo y Cortés; el Inventario de Afrontamiento, descrito por Orford, Natera, Davis, Nava, Mora, Rigby, Bradbury, Bowie, Copello y Velleman, y la entrevista Mini International Neuropsychiatric Interview (MINI) 5.00, descrita por Ferrando, Bobes-García, Gilbert-Rahola y Lecrubier. Se captaron 35 parejas de bebedores problema de dos centros, uno comunitario del sur de la Ciudad de Méxi-


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co, y otro del Centro de Ayuda al Alcohólico y sus Familiares: 18 en uno y 17 en el otro. Sus edades oscilaron entre los 25 y 50 años, y su escolaridad de primaria terminada a profesional, con un nivel socioeconómico de bajo a medio. Tres sufrían depresión mayor y tres abusaban del alcohol (canalizadas a otros programas); tres dejaron el estudio por razones laborales y ocho se dieron de baja voluntaria, con lo que permanecieron 18 participantes. A los datos se les aplicó la prueba de Wilcoxon en las diferencias entre preevaluación, postevaluación y los seguimientos 1, 2 y 3. Los resultados revelaron mejorías clínica y estadísticamente significativas en asertividad, afrontamiento y autoestima.

**Palabras clave:** Esposas, autoestima, afrontamiento, asertividad, alcohol, intervención.

## INTRODUCTION

According to the Mexican National Survey on Addictions, periodically conducted by Mexico's Ministry of Health (ENA, 2002), these point to a high relevance of alcohol abuse in the incidence in morbidity and mortality. A survey covering a wide southern portion of Mexico City revealed a 38% prevalence of violent incidents of women abused by their problem-drinking spouses (Natera, Tiburcio & Villatoro, 1997). These women tend to postpone seeking help for a long time (Orford, Natera, Velleman, Copello, Bowie, Bradbury, Mora, Nava, Rigby & Tiburcio, 2001). Living with an alcohol abuser generates severe disruption of human activities and intense negative emotional reactions and lack of decisions to cope with such complex circumstances (Orford, Natera, Davies, Nava, Mora, Rigby, Bradbury, Bowie, Copello & Velleman, 1998).

In Mexico, alcoholism is perceived as a serious problem to a larger extent than episodic excessive drinking. This latter case, however, does damage family interaction, financial stability, and social expectations (Sánchez-Sosa & Poldrugo, 2001). When alcohol abuse is detected early, families tend to adopt a supportive attitude and resort to professional help (Orford et al., 1998). While men set up alcohol use patterns, it is women who actually carry the burden of the consequences (Natera, Mora & Tiburcio, 1997). In addition, alcohol abuse deteriorates marital relations (Glantz, Halperin & Hunt, 1998; Glantz, Martínez, Tinoco & León, 2004; Heise, 1998; Torres, 2001; Glantz, Martínez, Tinoco & León, 2004).

Close relatives of problem drinkers tend to show more mental health problems, regardless of cultural and life conditions (Orford, Natera, Davies et al., 1998) as well as emotional dependence (Ablon, 1981; Natera, Herrejón & Rojas, 1988). Such a situation leads to low self-esteem, anxiety and depression (Fischer, Spann & Crawford, 1991). Some problem drinker's spouses end up contacting other substance abusers and becoming co-dependent themselves (Bensch, 1997). Many seek acceptance from others in order to develop a sense of dignity and self-concept (Hogg & Frank, 1992; Shockley, 1994; Uhle, 1994), all within a pain-dependent and compulsive behavior pattern.

These women also develop disorders related to coping, such as aggressiveness, passiveness, dependence and schizoid episodes (Loughead, Spurlock & Ting, 1998). If coping proves futile, as it often does, they develop or intensify somatic complaints, which further isolates them from social and marital interaction (Arias, Fernández & Kalina, 1990).

The complex conditions surrounding life with a problem drinker point to the need to review the efficacy of interventions aimed at reducing impairment.

One approach involves treating both members of the couple through a gradual approach. A study used with good resultson alcoholic outpatients and their wives suggests treatments should start by strengthening self-esteem in both the drinker and his spouse before treating other problems (Honig and Spinner, 1986).

Another tactic used structured group work, with an emphasis on group counseling, to achieve self-efficacy, decrease anxiety and somatic reactions and strengthening self-esteem (Loughead, Kelly & Bartlett, 1995). Treatment included coaching and consultation, group techniques, and self-care training.

Another group approach involved educational techniques, as compared to family therapy. Results from the drinkers' spouses revealed significant increases in independence, self-sufficiency and assertiveness (Valentine, 1996).

Other procedures employ individual intervention. In a study, 25 women were treated through six components: a) counseling on interaction with the drinking partner; b) providing information on clinical aspects of alcohol abuse; c) inducing functional roles as female partners; d) coping strategies for conflicts; e) handling negative feelings, and f) acquiring skills such as risk perception. Results support cooperation between partners when the wife acts as a rehabilitator (Thomas, Santa, Bronson & Oyserman, 1986). Other schemes promote specific changes in the drinker's wife, including assertiveness, self-sufficiency or withdrawing from the relationship (Hogg and Frank, 1992).

Still, another study made 12- and 24-month longitudinal comparisons of various interventions on 39 problem drinkers' spouses: a) providing informa-

tion, b) training skills individually and c) participating in the activities of a support group. Results showed improved behaviors regarding the husband's alcohol consumption, coping with legal situations and decreased psychiatric symptoms in comparison to the information-only condition (Zetterlind, Hansson, Aberg and Berglund, 2001).

In view of the type and severity of the burden caused by these conditions, it becomes necessary to evaluate treatments to establish behavioral, cognitive and emotional changes aimed at coping (as defined by Lazarus & Folkman, 1991) with such a diversity of dysfunctional components as those which are typical of social and cultural conditions in Mexico.

One research-based approach is the Rational Emotive Behavior Therapy or REBT (Ellis, 1995, 1996). It assumes that the individual faces experiences which generate thoughts, some of which are irrational and lead to negative emotions with their concomitant maladaptive behaviors.

Irrational thoughts are likely to interact with poor emotion-regulation and interpersonal skills; in addition, assertiveness seems critical for dealing with various problems (Lazarus, 1973; Cotler & Guerra, 1976; Lange & Jakubowski, 1976; Aguilar Kubli, 1987; Alberti & Emmons, 1974; Guerra, 1996).

Thus, the main purpose of the present study was to evaluate a group intervention along lines similar to those of REBT, aimed at improving self-esteem and coping as tools to empower spouses of abusive drinkers.

## METHOD

### Participants

A total of 18 (female) spouses of problem drinkers were recruited at two community centers in Mexico City upon responding to leaflets and posters inviting them to participate. They all lived with a problem drinker spouse and suffered some degree of marital abuse or neglect. From an initial pool of 35 women, three were referred to psychiatric treatment due to major depression, three were alcohol-dependent themselves, eight declined to participate in the study and three moved away from the jurisdiction due to housing or employment needs.

Additional selection criteria included: not participating in support groups during the study, not being under psychological or psychiatric treatment, and having completed at least six grades of elementary education. Screening to rule out incapacitating psychiatric conditions was carried out through the Mini International Neuropsychiatric Diagnostic Interview or MINI (Sheehan, Lecrubier, Harnee-Sheehan, Janavs, Weiller, Bonora, Keskiner, Schinka, Knapp, Sheehan & Dunbar, 1997), adapted for Latin America, in its version 5.0, by Heinze & Cortés (2000). This is a brief, structured diagnostic interview to explore the main psychiatric disorders of the DSM-IV axis I. Validity and reliability features of this interview are comparable to those of the World Health Organization's SCID-P. Six potential participants were excluded from the final groups on the basis of abusing alcohol, usually in combination with other causes as described above.

### Measurement

Dependent measures included the Assertion Inventory (Gambrill & Richey, 1975), validated by Guerra (1996). It is divided into two scales. A Degree of Discomfort scale (DD) on the amount of distress experienced in specific situations, and a Response Probability (RP) scale on the perceived likelihood that the respondent will actually engage in specific behaviors. The Spanish version showed a temporal stability coefficient of .87 for the DD scale and .81 for the RP scale.

The Self Esteem Inventory (Coopersmith, 1984) was validated by Lara-Cantú, Verduzco, Acevedo & Cortés (1993). It contains 25 statements for dichotomic «yes-no» responses. Construct validity assessed discrimination power by comparing subjects with high and low scores. All items had high discriminatory power ($p<.05$).

The Birmingham Coping Inventory (1996) consists of 30 items and showed internal consistency coefficients of .82, .73, and .70 for Mexico (Orford, Natera, Davis, Nava, Mora, Rigby, Bradbury, Bowie, Copello & Velleman, 1998).

In order to reduce the possibility of recording or personal interaction biases, all instruments were applied and scored by a trained assistant who was experimentally naïve as to the assignation of participants to treatment conditions.

### Setting

The community centers included offices and consultation-treatment rooms, as well as regular office equipment and furniture, including basic audiovisual and recording equipment.

### Procedure

Upon acceptance in the protocol, all participants took the pre-test measures and were assigned specific schedules for exposure to the treatment; this was administered through 18, 150-minute weekly group sessions.

The intervention goals included three main target components: a) identifying and correcting cognitive biases and defective information, b) establishing emotional regulation strategies, and c) acquiring assertive interpersonal skills.

Regarding emotion-regulation skills, participants were first instructed on the positive or negative effects of emotions on human functioning and agreement was attempted on the terms of designating specific emotions. Participants then took turns identifying and giving examples of their own emotional reactions and

were asked to analyze such emotions. The therapist prompted other participants' comments on similarities and differences with their personal cases. Then they were exposed to demonstrations of such techniques as deep diaphragmatic breathing and progressive muscle relaxation, and were instructed to practice them.

Cognitive strategies had participants analyze the basic information on their personal situation, their beliefs and the interpersonal implications of such beliefs. Emphasis was placed on self-evaluation, on identifying irrational thoughts and having those thoughts challenged by the therapist, by other participants and by the participant herself.

Instrumental training involved modeling and role playing exercises on assertive interpersonal behaviors, such as looking in the eyes, using voice tones, showing assurance and aplomb, constructing and using believable justifications for reasonable requests. This training emphasized applying skills to job interviews, seeking legal help, improving marital interaction, learning a trade, etc.

A trained therapist conducted the sessions. In order to eliminate or reduce the possibility of biased interactions, the therapist was expressly instructed and trained to abide by the procedures contained in the corresponding materials and take notes of deviations.

### Experimental design

The main comparisons were established through a logic similar to that of a Multiple Baseline Design across two groups of participants (Baer, Wolf & Risley, 1968; Kazdin, 1982). Participants were randomly assigned to each of the two groups; one of these ended up with ten participants and the other with eight. In order to insure their initial comparability, a Mann-Whitney U test was applied to the groups on all initial measures. No statistically significant differences were found in such comparisons as follows: $p<.11$ for self esteem, $p<.89$ for discomfort in assertiveness, $p<.27$ for response likelihood, and $p<.24$ for coping.

Once all participants had been pre-tested, one group was started on the intervention and the other stayed in a waiting list situation for one month. Once the first group had completed the treatment and post-test measurements, the second group went into treatment. At the end of the treatment, it was post-tested and the first group started receiving follow-up measurements at 3, 6 and 18 months (labeled Follow 1, Follow 2 and Follow 3, respectively).

In order to add a comparison exploring the effects of a relatively long period of time in absence of treatment, participants who took the pre-test measures, but abandoned the study before treatment, were located in their home or workplace and given the corresponding measurements. This accidental type of control condition is labeled "No intervention, pre-follow-up 2Y" in the results tables. Time lapsed between pre-testing and follow-up measurements for these individuals was two years.

## RESULTS

Data on self-esteem, coping and assertiveness were analyzed using the Wilcoxon test in order to examine the statistical significance of the differences between pre-test, post-test and each follow up. This test was selected because: a) the ordinal or nominal nature of the scales used in the study, b) the small «n» of participants by condition, c) the unlikely normalcy of the data distribution, d) before-after comparisons which assume statistically related samples (Siegel & Castellan, 1988).

Table 1 shows the results on self-esteem. Increases were statistically significant ($z=-2.91$, $z=-2.89$ and $-3.04$ respectively; $p<.004$, $p<.004$ and $<.002$) from pre-test to follow-up 1, 2 and 3, but not from pre-test to immediate post-test ($z=.14$, $p=.88$) or pre-test to two-year follow-up of participants who did not expose to treatment ($z=-1.09$, $p<.27$).

Table 2 shows the changes on coping strategies. Differences were statistically significant form pre-test to follow-ups 1, 2 and 3 ($z=-2.67$, $z=-2.86$, and $z-2.64$, respectively; $p<.007$, $p<.004$ and $p<.008$). Non-significant differences were obtained from either pre-test to immediate post-test ($z=-1.15$, $p<.24$) or from pre-test to two-year follow-up of non-treated participants ($z=.96$, $p<.34$).

Table 3 shows the results for assertiveness, which included two subscales: likelihood to behave assertively (with smaller scores indicating a higher likelihood) and situational discomfort. The likelihood to act showed statistically significant increases from both pre-test to follow-ups 1 and 2 ($z=-1.91$, $p<.05$; $z=-2.20$, $p<.02$., respectively); as did pre-test to two year fol-

**TABLE 1. Self-esteem, Wilcoxon values**

| *Condition* | *n* | *Means* | *SD* | *Z* | *p* |
|---|---|---|---|---|---|
| Pre-test | 18 | 14.39 | 4.85 | | |
| | | | | -.14 | .887 |
| Post-test | 18 | 14.78 | 5.59 | | |
| Pre-test | 17 | 14.35 | 5.00 | | |
| | | | | -2.91 | .004 |
| Follow-up 1 | 18 | 20.65 | 3.74 | | |
| Pre-test | 17 | 14.35 | 5.00 | | |
| | | | | -2.89 | .004 |
| Follow-up 2 | 18 | 20.18 | 4.17 | | |
| Pre-test | 18 | 14.39 | 4.85 | | |
| | | | | -3.04 | .002 |
| Follow-up 3 | 15 | 20.40 | 4.19 | | |
| Pre-test | 17 | 11.65 | 5.99 | | |
| No intervention | | | | -1.09 | .275 |
| Follow-up 2 years | 17 | 14.29 | 6.84 | | |

**TABLE 2. Coping, Wilcoxon values**

| *Conditions* | *n* | *Means* | *SD* | *Z* | *p* |
|---|---|---|---|---|---|
| Pre-test | 18 | 53.61 | 14.73 | | |
| | | | | -1.15 | .249 |
| Post-test | 18 | 47.22 | 14.85 | | |
| Pre-test | 18 | 52.71 | 14.66 | | |
| | | | | -2.67 | .007 |
| Follow-up 1 | 17 | 37.24 | 11.03 | | |
| Pre-test | 18 | 52.71 | 14.66 | | |
| | | | | -2.86 | .004 |
| Follow-up 2 | 17 | 35.82 | 10.30 | | |
| Pre-test | 18 | 53.61 | 14.73 | | |
| | | | | -2.64 | .008 |
| Follow up 3 | 15 | 37.20 | 11.62 | | |
| Pre-test | 17 | 49.24 | 12.98 | | |
| No intervention | | | | -.96 | .339 |
| Follow-up 2 years | 17 | 52.12 | 17.56 | | |

low-up for non-treated participants (z=-1.94, p<.05). Differences between pre-test and immediate post-test, as well as from pre-test to follow-up 3 were non significant (z= -1.26, p<.17).

Degree of discomfort differences from pre-test to follow-up 2 revealed only a marginal significance (z=1.63, p<.10). Differences from pre-test to immediate post-test and follow-ups 1 and 3 showed non-significant statistical differences with z values of -.43, (p<.66), -1.29, (p<.19) and -1.59 (p<.11), respectively. Non-treated participants showed non significant differences from pre-test to two-year follow-up with z=-.82, p<.41.

**TABLE 3. Asertiveness, Wilcoxon values**

| *Conditions* | *n* | *Means* | *SD* | *Z* | *p* |
|---|---|---|---|---|---|
| Likelihood | 18 | 110.83 | 25.24 | | |
| | | | | -1.26 | .206 |
| Pre-post | 17 | 100.61 | 24.27 | | |
| Likelihood | 18 | 110.53 | 25.98 | | |
| | | | | -1.91 | .055 |
| Pre-follow 1 | 17 | 94.12 | 22.45 | | |
| Likelihood | 18 | 110.53 | 25.98 | | |
| | | | | -2.20 | .028 |
| Pre-follow 2 | 17 | 90.06 | 21.46 | | |
| Likelihood | 18 | 111.20 | 25.68 | | |
| | | | | -1.36 | .173 |
| Pre-follow 3 | 15 | 100.93 | 26.60 | | |
| Likelihood | | | | | |
| Pre-test | 17 | 121.06 | 19.05 | | |
| No intervention | | | | -1.94 | .052 |
| Follow-up | | | | | |
| 2 years | 17 | 132.88 | 22.10 | | |
| Discomfort | 18 | 97.94 | 25.16 | | |
| | | | | -.43 | .663 |
| Pre-post | 17 | 101.67 | 33.45 | | |
| Discomfort | 18 | 99.63 | 23.44 | | |
| | | | | -1.29 | .196 |
| Pre-follow 1 | 17 | 86.69 | 35.18 | | |
| Discomfort | 18 | 96.82 | 25.47 | | |
| | | | | -1.63 | .102 |
| Pre-follow 2 | 17 | 79.06 | 29.17 | | |
| Discomfort | 18 | 96.80 | 26.16 | | |
| | | | | -1.59 | .112 |
| Pre-follow 3 | 15 | 82.13 | 37.97 | | |
| Discomfort | 17 | 110.94 | 22.21 | | |
| No intervention | | | | -.82 | .407 |
| Pre-follow-up | | | | | |
| 2 years | 17 | 110.24 | 26.75 | | |

## DISCUSSION

Results suggest that the intervention generated relatively stable middle and long term improvements in three out of the four dimensions featured in the study, i.e., self-esteem, coping strategies and likelihood of behaving assertively. Only the results on the perceived degree of discomfort created by intimidating situations showed a moderate or no improvement in terms of statistical significance. The effects occurred only after the intervention was implemented and results from the accidental control group after 18 months strongly suggest that practically no improvement can be ascribed to the mere passage of time.

The findings of the present study extend those of Honig and Spinner (1986), Loughead, Kelly and Bartlett (1995); Valentine (1996) and Zetterlind, Hansson, Aberg and Berglund (2001), in the sense that further replications of a cognitive behavioral intervention occurred under socio-economic and dysfunctional conditions far much diverse than those of most other reports in the literature, and perhaps for the first time systematically evaluated in public community health care facilities in a Latin American country.

Effects occurred only at follow-up measures and not in the immediate post-test. All dependent measures reflected cognitive, behavioral or emotional changes designed to affect interaction with the abusive problem drinking spouse or other significant individuals. This occurs either in everyday life or in pre-set occurrences, such as those posed by a job interview. Opportunities to engage in such behaviors could hardly occur in the last formal treatment sessions. Such opportunities occurred after returning to everyday living and later. Also, the transfer of control to the interpersonal and social environment of participants must also have occurred weeks or months later.

In the present study, prudence was exerted in selecting instruments with reasonable psychometric properties. These and additional precautions aimed at reducing the effect of some confounding variables of the results further support the integrity of the present findings.

Informal clinical accounts confirm that treated participants improved also in other areas of their lives. Many found jobs and either left their abusive partners or managed to get them to seek help. Treated participants often improved their physical appearance and showed better general attitude. Most untreated participants reported that leaving the program led to crises and none of them had abandoned their abusive partners.

Further research on well-calibrated interventions should be stimulated. This is especially true for social conditions like those in developing countries where good cost-benefit ratios may well represent the difference between success and failure.

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## REFERENCES

1. AMERICAN PSYCHIATRY ASSOCIATION: *Manual Diagnóstico Estadístico de los Trastornos Mentales. DSM-IV*. Washington, 1994.
2. ARIAS J, FERNANDEZ R, KALINA E: *La Familia del Adicto y otros Temas*. Nueva Visión. Argentina, 1990.
3. BENSCH M: Spouses of alcoholics in treatment: Predictors of co dependence. *Dissertation Abstracts International: Section B. Sciences Engineering*, 58(6-B):3308, 1997.
4. COTLER S, GUERRA J: *Assertion Training, a Humanistic Behavioural Guide to Self-dignity*. Research Press Company. Illinois, 1997.
5. ELLIS A: Changing rational-emotive therapy (RET) to rational emotive behavior therapy (REBT). *J Rational-Emotive Cognitive Behavior Therapy*, 13(2):85-89, 1995.
6. ELLIS A: *Better, Deeper, and More Enduring Brief Therapy: The Rational Emotive Behavior Therapy Approach*. Brunner/Mazel, Inc. Philadelphia, 1996.
7. FISHER JL, SPANN ML, CRAWFORD D: Measuring Codependency. *Alcoholism Treatment Quarterly*, 8(1):87-100, 1991.
8. GAMBRILL E, RICHEY CH: An assertion inventory for use in assessment and research. *Behavior Therapy*, 6:550-561, 1975.
9. GLANTZ N, MARTINEZ I, TINOCO R, LEON P: «Si no tomara él...». El consumo de alcohol y su papel en las relaciones de pareja. *Salud Mental*, 27(6):50-56, 2004.
10. GUERRA R: Estandarización del inventario de Gambrill y Richey para población de la Ciudad de México. Tesis de Licenciatura. Facultad de Psicología, UNAM, 1996.
11. HEINZE G, CORTES J: *Mini International Neuropsychiatric Interview* (Versión 5.0.0 DSM-IV)(Software de cómputo). Instituto IAP. Adaptation for South and Central America. Instituto Nacional de Psiquiatría, México, 2000.
12. HOGG J, FRANK M: Toward an interpersonal model of codependence and contra dependence. *J Counseling Development*, 70(3):371-375, 1992.
13. HONIG F, SPINNER A: A group therapy approach in the treatment of the spouses of alcoholics. *Alcoholism Treatment Quarterly*, 3(3):95-105, 1986.
14. JAMES J, GOLDMAN M: Behaviour trends of wives of alcoholics. Quart. *J Study Alcohol*, 32:373-381, 1971.
15. KAZDIN AE: *Single Case Research Designs: Methods for Clinical and Applied Settings*. Oxford University Press. Nueva York, 1982.
16. KERLINGER N: *Investigación del Comportamiento*. Interamericana. México, 1985.
17. LANGE S, JAKUBOWSKI P: *Responsible Assertive Behavior. Cognitive-Behavioral Procedures for Trainers*. Research Press Company. Illinois, 1976.
18. LARA-CANTU MA, VERDUZCO MA, ACEVEDO M, CORTES J: Validez y confiabilidad del inventario de autoestima de Coopersmith para adultos, en población mexicana. *Revista Latinoamericana Psicología*, 25(2):247-255, 1993.
19. LAZARUS A: On assertive behavior: A brief note. *Behavior Therapy*, 4:697-699, 1973.
20. LAZARUS S, FOLKMAN S: *Estrés y Procesos Cognitivos*. Martínez Roca, México, 1991.
21. LOUGHEAD T, KELLY K, BARLETT-VOIGT: Group counseling for co dependence: An exploratory study. *Alcoholism Treatment Quarterly*, 13(4):51-61, 1995.
22. LOUGHEAD T, SPURLOCK V, TING Y: Diagnostic indicators of co-dependency: An investigation using the MCMI-II. *J Mental Health Counseling*, 20(1):64-76, 1998.
23. MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW: Versión en Español 5.0.0. Smith Kline Beecham. México, 1999.
24. MORA J, NATERA G: Atribuciones al género femenino frente a las adicciones en la vida cotidiana. En: *Las Adicciones hacia un Enfoque Multidisciplinario*. SSA, CONADIC, México, 55-65, 1993.
25. NATERA G, MORA J, TIBURCIO M: Experiencia de las mujeres frente al abuso de alcohol y drogas de sus familiares. En: Lara A, Salgado N (comp.). *Cálmese son sus Nervios, Tómese un Tecito… La Salud Mental de las Mujeres Mexicanas*. Pax, 105-129, México, 2002.
26. NATERA G, HERREJON E, ROJAS E: Comparación de algunas características de las esposas de alcohólicos y de no alcohólicos. *Salud Mental*, 11(1):13-18, 1988.
27. NATERA G, HOLMILA M: El papel de los roles sexuales en la familia y el consumo de alcohol. Una comparación entre México y Finlandia. *Salud Mental*, 13(3):20-26, 1990.
28. NATERA G, MORA J, TIBURCIO M: El rol de las mujeres mexicanas frente al consumo de alcohol y drogas en la familia. *Revista Psicología Social Personalidad*, 13(2):165-190, 1997.
29. NATERA G, TIBURCIO M, MORA J: Cómo apoyar a la familia ante el abuso de alcohol y drogas. En: Dulanto GE (ed.). *La familia, un Espacio de Encuentro y Crecimiento para Todos*. Editores de Textos Mexicanos, 463-469, México, 2004.
30. NATERA G, TIBURCIO M, VILLATORO J: Marital violence and its relationship to excessive drinking in México. *Contemporary Drug Problems*, 24(4):787-804, 1997.
31. NEVILLE J, BRADLEY M, BUNN C: The model of human occupation and individuals with co-dependency problems. *Occupational Therapy Mental Health*, 11(2-3):73-97, 1991.
32. ORFORD J, NATERA G, DAVIES J, NAVA A, MORA J y cols.: Tolerate, engage or withdraw: a study of the structure of families coping with alcohol and drug problems in South West England and Mexico City. *Addiction*, 93(12):1799-1813, 1998.
33. SANCHEZ-SOSA JJ, POLDRUGO F: Family and cultural influences on alcohol and young people. En: Houghton E, Roche AM (eds). *Learning About Drinking*. Brunner/Mazel, 57-82, Philadelphia, 2001.
34. SECRETARIA DE SALUD, DIRECCION DE EPIDEMIOLOGIA, INSTITUTO NACIONAL DE PSIQUIATRIA, Consejo Nacional contra las Adicciones. *Encuesta Nacional de Adicciones*. México, 2002.
35. SHEEHAN D, LECRUBIER Y, HARNEE-SHEEHAN K, JANAVS J, WEILLER E y cols.: Reliability and validity of the MINI international neuropsychiatric interview: According to the SCID-P. *European Psychiatry*, 12:232-241, 1997.
36. SHOCKLEY G: Overcoming the obstacles of co-dependency: An interdisciplinary task. *J Spiritual Formation*, 15(1):103-108, 1994.

37. SIEGEL S, CASTELLAN NJ: *Non Parametric Statistics*. McGraw-Hill. Nueva York, 1988.
38. THOMAS E, SANTA C, BRONSON D, OYSERMAN D: Unilateral family therapy with the spouses of alcoholics. *J Social Service Research*, 10(2-4):145-162, 1986.
39. UHLE S: Co dependence: Contextual variables in the language of social pathology. *Issues Mental Health Nursing*, 15(3):307-317, 1994.
40. VALENTINE D: Effect of family education and family therapy on spouses of alcoholics doping behaviour and perceptions of family environment. *Dissertation Abstracts International: Section B: Sciences Engineering*, 56(9-B):5188, 1996.
41. ZETTERLIND U, HANSSON H, ABERG O, BERGLUND M: Effects of coping skills training, group support, and information for spouses of alcoholics: A controlled randomized study. *Nord J Psychiatry*, 55(4):257-262, 2001.

**RESPUESTAS DE LA SECCION AVANCES EN LA PSIQUIATRIA**
**Autoevaluación**

**1. B**
**2. D**
**3. C**
**4. E**
**5. D**
**6. B**
**7. A**
**8. A**
**9. E**
**10. A**
**11. D**
**12. A**