Introduction

Addiction is a complex phenomenon. It is viewed variously by people of different persuasions. Mostly it is viewed as a disease. Diseases are to be treated and cured and therefore addiction also calls for treatment. There have been various kinds of treatment methods. Treatment centres also have been established which provide one kind of treatment or the other.

Some are scientific while others are based on misconceptions and even superstitions. There are many myths prevalent among the general public and those who run and work in the treatment centre. This chapter proposes to examine some of the myths about addiction and treatment. This is done with a view to clear the misconceptions about both addiction and treatment and give a more or less correct understanding of what they truly are.

3.1 Addiction, Recovery and Relapse

From time immemorial, there have been different ways of describing addiction, recovery and relapse. All these processes affect not only the alcoholic but also others. Addiction being a disease, there is possibility of recovery. Since it is an ongoing process, which depends on many factors, there is possibility of relapse too.
3.1.1 Addiction

Majority of the population has had the experience of addictive substances as well as alcohol. Alcohol being legal substance is widely used by people from different walks of life. Substance abuse is a chronic, progressive, relapsing disorder resulting in physical and psychological dependence. Some people do not experience any adverse effects. Nevertheless, the use causes potential health and social disorders. Experimental and social use progress to dependency and addiction.

Addiction, in general, can be defined as an excessive craving for a person, place, time or thing. As a result the person loses control over himself and becomes the slave of time, place, person or thing. In the broad sense addiction can also be defined as any extraordinary attachment to anything. People can have addiction to alcohol, smoking, drugs, sex, film, work, certain games like cricket, football etc.

3.1.1.1 Stages of Addiction

Is there anyone who uses a mood altering substance with the intention of becoming addicted to it? All people start using alcohol and drugs just for what is known as ‘company’s sake’, or for fun or on social occasions. After a certain point, they won’t be able to stop it. Researchers put the stages they pass through as follows:

During the Initial stage- Jellinek calls it Prodromal stage- the use of drugs is intermittent and most people return to periods of complete

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abstinence during which they do not seek or consume drugs and experience no adverse consequences from their use or non-use. This is a stage of growing tolerance and dependency. When people can consume large quantities of alcohol without being affected or diagnosed. In this stage the desire to use alcohol changes into a need.

The *Middle stage* is a stage of progressive loss of control. The person becomes intoxicated and problematic with large quantities of liquor. The non-usage creates pain and irritation and to get relief alcohol is frequently used.

In the third stage, which is known as the *Chronic stage*, the patient suffers physical, psychological, behavioural, social and spiritual deterioration. The inability to maintain good feeling makes his life fully alcohol centred, isolate him from the community and force him to adapt an alcohol-seeking lifestyle.²

As the use of mood-altering chemicals progresses over time, related physical, social, and psychological problems increase day by day. If the person reaches the stage of dependency or addiction he can never go back to the previous stage. The disease can be arrested but not cured.

There are a lot of myths and misunderstandings about addiction, addicts and withdrawal. Many people consider addicts as criminals. When we look deep into the subject we can see that alcohol and drug addicts are addicted to legal and illegal substances. Similar is the case with many

² Cfr. Terence J. Gokrski & Merlene Miller. Staying Sober. P.46
addicts. They are addicted to either legal or illegal substances. Actually they are not criminals. But after having drunk, some of them engage in criminal activities. Ethyl alcohol, which is the main content of alcoholic drinks, works all through the body. It is this chemical action on the body, which makes the drunkard do certain things that would not have been done in the absence of alcohol.

Are there different kinds of addiction? There is only one addiction and that is the same everywhere.

Some other myths are as follows: Problems, pressure, stress can turn somebody into an addict. Addiction is a psychological problem. Often addicts have weak character. In many cases withdrawal is violent and dangerous.³

The members of the family of the addicts should take the following steps into consideration. They should not be lead by false ideas and unscientific methodologies.

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STOP
1. You no longer have to run away from the disease alcoholism.
2. You no longer have to blame the alcoholic.
3. You no longer have to control the alcoholic's drinking.
4. You no longer have to rescue the alcoholic.
5. You no longer have to be concerned with alcoholism.
6. You no longer have to threaten.
7. You no longer have to accept or extract promises.
8. You no longer have to seek advice from the uninformed.
9. You no longer have to hide the fact that you are seeking help.
10. You no longer have to nag, preach, actions coax, and lecture.
11. You no longer allow the alcoholic to assault you or your children.
12. You no longer have to be a puppet.

START
Start learning the facts about the disease alcoholism.
Start concentrating on your own action. They are what will make or break you.
Start concentrating on his need for treatment and start treatment.
Start letting him suffer and think of responsibility for each and every consequence of his drinking.
Start resuming a normal living pattern. the alcoholic's reasons for drinking.
Start saying what you mean and doing what you say.
Start rejecting them.
Start your commitment to Treatment and long-range goals of health.
Start telling the alcoholic that he is going to be treated.
Start reporting his inappropriate to him.
Start protecting yourself.
Start detaching yourself.
3.1.2 Recovery

Researchers are of opinion that addiction can be treated and effectively controlled. With treatment substance-dependent persons can regain healthy comfortable lives. Recovering individuals may contribute to the society through their work and creativity. They would have created many problems and health risks in society as well as in the family, but not so after recovery.

Recovery is not only about stopping acting out, it is also about eliminating the addictive personality that is developed during addiction. If people don’t claim and change their addictive personalities they may have the chance to become addicted again. They can be considered as ‘dry drunk’. They have stopped drinking but have not dealt with their addictive personalities. They walk around unhappy, treating everyone the way they did when they were drinking. Recovery is not breaking off one’s relationship with an object or event but is primarily about coming to know one’s addictive attitudes, beliefs, values and behaviour.  

Recovery is a process in which addict takes the initiative and keeps away from the use of alcohol and drugs. He is expected to make changes in his personal and interpersonal relations. He has to take firm decisions to discontinue the use of alcohol or drugs. He is expected to lead a disciplined and well-calculated life. With the help of relapse prevention programmes and supportive treatment, recovery is a realizable goal.

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The process of recovery takes place in different stages. In each stage the patient has to accomplish certain tasks and develop some skills. The patient should know the importance of the skills and the tasks and should accomplish it in his life. The best medical and social/behavioural treatment models are to be applied. It is known as Developmental Model of Recovery, DMR for short.

a. Transition stage

The transition stage begins when a person experiences an alcohol or drug-related problem. Since the addiction progresses day by day he or she may try to control the use. As a matter of fact, at this time the patient recognizes that it is out of control. The struggle for control is a sign of fundamental conflict over personal identity. They have entered a new phase of recovery believing that they are normal drinkers and drug users capable of controlled use. As a result of the progression of addiction, they have to face the fact that they are addictive users who are not capable of controlled use. They try in vain to have controlled use. They give propaganda in favour of their ability to use it safely. This can never last long. It is a proven fact that the major cause of inability to abstain during the transition stage is the belief that controlled use is possible and easy.

b. Stabilisation period

During this period the patient experiences physical withdrawal and other medical problems. He may learn how to break the psychological conditioning causing the urge to use, to identify and manage symptoms of brain dysfunction and to stabilize the crisis that motivated them to seek treatment. This inspires him to have the long-term
process of rehabilitation. In traditional treatment they follow the principles of detoxification neglecting the physical cravings and symptoms of brain dysfunction. As a result many are forced to think that they are incapable of recovery. The lack of supportive environment for recovery may increase their stress and undermine the attempts to stabilize the symptoms. It is calculated that from six weeks to six months are necessary for stabilization of these symptoms.

c. Early recovery period

The patients should learn about addiction and recovery process. They should have good friends who can support long-term recovery. A chemical-free lifestyle is to be adopted. The company of sober and good people should be maintained. They should learn recovery based values, thinking, feelings, and behaviour to replace the ones formed in addiction. Major intervention is needed for successful completion of this period. It may take 1-2 years.

d. Middle Recovery Period

In this period the recovering person develops a balanced lifestyle. He may learn to repair the past damage done to his life. It is possible to re-establish his relationship with his family and his friends. The patient moves out from the protected environment of a recovery support group to face real life problems by entering the mainstream of life. The stress of real-life problems will be the major cause of relapse.

e. Late recovery period

It is a self-actualization period. Here the person examines the values and goals that one has adopted from family, peers and culture.
Conscious decisions are taken to keep these values or to accept new ones. During this time criminal offenders learn to change the self-defeating behaviour that may trigger a return to alcohol or drugs. Psychologists are of opinion that this behaviour often results from psychological issues starting in childhood, such as childhood physical or sexual abuse, abandonment, or cultural barriers to personal growth. The major cause of relapse in this period is either the inability to cope with stress of unresolved childhood issues or an evasion of the need to develop a functional personality style.

f. Maintenance stage

It is the life long process of continued growth and development, coping with adult life transitions, managing routine life problems and guarding against relapse. Actually, addiction can leave some remarkable imprints in the rest of the life of a sober person. A second-time use of alcohol or drugs will trigger the progression of the disease. The failure to maintain a recovery programme and encountering major life transitions are the causes of relapse in this stage.

In certain cases patients progress through the stages of recovery without much complications. It is noteworthy that in many cases there are some stuck points. It is due to lack of skills or lack of confidence. Physical, social and psychological problems may also cause failure in recovery.\(^5\) In short, for recovery a person has to pass through

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different stages and undergo various processes. Recovery is the ongoing process of improving one's level of functioning while striving to maintain abstinence from mood altering chemicals.  

3.1.3 Relapse

Relapse is defined as the process of becoming dysfunctional in recovery, which leads to a return to chemical use, physical or emotional collapse, or suicide. Janice E. Gabe defined it as a decision to return to the use of mood-altering chemicals. This decision inevitably results in a return to old drug use patterns and old drug use behaviours. According to Steven Allsop and Bill Saunders relapse occurs with alarming regularity, leading many to identify 'alcoholism' as a 'relapsing condition'. Those who are engaged in treating alcoholics may know that relapse is part of cure. It is not because of the defect of the treatment or the carelessness of the doctor that relapse occurs. In certain cases it may strengthen the patient and make him more cautious about his weakness.

Recovery and relapse are related in many stages. Relapse prevention plays an important role in the case of staying sober. Recovery and relapse can be described as related processes that unfold in six stages:

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7 Ibid., p.15
8 Cultures of Change, op. cit., p.16
9 Steven Allsop and Bill Saunders, "Relapse and alcohol problems" in Michael Gossop ed., Relapse and Addictive Behaviour, op.cit., p.11
3.1.3.1 Relapse prevention

When you find people who have had stable recovery, beginning to relapse, please understand that they have reversed the above said programme. For relapse prevention, there are nine principles suggested by Terence T. Gorski and John M. Kelley. They are stated below.

1. Self-regulation

Here the risk of relapse will decrease when capacity to self-regulate thinking, feeling, memory, judgment and behaviour increases. The patient is to be stabilized physically, psychologically and socially.

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10 Terence T. Gorski, John M. Kelley, Counsellor’s Manual for Relapse Prevention with Chemically Dependent Criminal Offenders, p. 15
11 Ibid., pp. 15-18
The process of stabilization includes:

- Detoxification from alcohol and other drugs
- Solving the immediate crises that threaten sobriety
- Learning skills to identify and manage Post Acute Withdrawal and Addictive Preoccupation
- Establishing a daily structure that includes proper diet, exercise, stress management and regular contact with treatment personal and self-help groups

2. **Integration**

The number of relapse will decrease the level of conscious understanding and acceptance of situations and events that have led to past relapses. In self-assessment a detailed reconstruction of the problems and the alcohol and drug use history are analysed. Then reconstruction of the recovery and relapse history is done.

3. **Understanding**

Understanding of the general factors that cause relapse will decrease the number of relapse. Adequate education concerning the following will be of great help.

- Common “stuck points” in recovery,
- Complicating factors in relapse,
- Warning sign identification,
- Effective recovery planning,
- Educational presentation- lectures, film, or videotape etc.
4. Self-knowledge

The cases of relapse will decrease as the patient’s ability to recognize personal relapse warning signs increases. The patient can prepare his or her own individualized warning sign list by thinking of irrational thoughts unmanageable feelings and self-defeating behaviours.

5. Coping skills

The relapse will decrease as the ability to manage relapse warning signs increases. Warning signs are from three levels. The first is the situational or behavioural level where patients are taught to avoid situations that trigger warning signs. The second is the cognitive-affective level, where patients are taught to challenge their irrational thoughts and deal with their unmanageable feelings that emerge when a warning sign is activated. The third level is the core issue level, where patients are taught to identify the core addictive and psychological issues that initially create the warning signs.

6. Change

As the relation between relapse warning signs and recovery programme recommendations increases the number of relapses will decrease. Each warning sign should be critically reviewed and a scheduled recovery activity should be connected with it.

7. Awareness

The risk of relapse will decrease as the use of daily inventory technique designed to identify relapse warning signs increases. A daily
recovery plan sheet is used to plan the day and an evening inventory sheet is used to review progress and problems that occurred during that day.

8. Other people

The responsible involvement of other people in recovery and in relapse prevention planning decreases the relapses. Relapse-prone individuals need the help of the others like counsellors, 12-step programme sponsors, family members, peers etc. If the helpers are psychologically and emotionally upright the help extended will also be commendable.

9. Maintenance

The risk of relapse decreases if the relapse prevention plan is regularly updated during the first 3 years of sobriety. A relapse prevention plan update session involves the following.

- A review of the original assessment, warning sign list, management strategies and recovery plan.
- An update of the assessment
- A revision of the relapse warning sign list to incorporate new warning signs that have developed since the previous update.
- The development of management strategies for the newly identified warning signs.

In many cases people do not know what is relapse and how it is prevented. It is necessary to understand that relapse is a process that begins long before people start using. Many people return to drugs because they
experience a sequence of problems that cause them to become so dysfunctional in sobriety. The way to dysfunction includes changes in attitudes, thoughts, feelings and behaviour. Relapse prevention planning is intended to complement, and not replace, other self-help groups or regular dependence treatment or counselling. It has been pointed out that the important point lies in being brutally honest otherwise nothing will be gained.¹²

3.2 MISCONCEPTIONS ABOUT TREATMENT

Alcoholism being a disease, there should be a treatment programme. Allopathy, Ayurveda, Homeo medicines etc. are being used by many people. The medicines together with psychological approach are needed. A psychiatrist can play an important role in the recovery process.

Detoxification is fearful for many alcoholics. When they undergo detoxification many people behave like mad. The delirium tremens and withdrawal symptoms are the cause of misconceptions. It is imperative to ensure that the treatment given is scientific and a psychological approach is adopted.

Some alcoholics believe that one injection can take away their craving for alcohol and drugs and if they happen to drink again they may

become abnormal. During the recovery period in many cases relapse may occur. It means the person becomes an addict again, as he was earlier. Mental disorder happens because of too much intoxication. Detoxification and treatment programmes are mostly scientific and harmless. Of course it is a complex process that requires the help of a psychiatrist, counsellor, pharmacist, nurse, social worker, spiritual leader etc.

Some people think that stopping of drinking abruptly is not at all good. They advise a slow process by reducing the quantity little by little, day by day. They are not at all able to become sober. Controlled drinking is advised by even learned people. Since alcohol is addictive in nature controlled drinking is possible only in the beginning stage. Later drinking may become uncontrollable.

There are a lot of people who do not consider alcoholism as a disease. They may criticize alcoholics. Allegations are also levelled against them as if they are irresponsible, men of pride, men of laziness etc. But the truth is otherwise.

Proper treatment should be there under the leadership of a psychiatrist. Medicines etc. are useful just to control withdrawal and other psychological problems. It is not the psychiatrist who takes the decision but the patient himself. In many cases relatives may plead to the psychiatrist to save the alcoholic. The psychiatric social workers, counsellors etc. can motivate the patient through different methods. In case of relapse the whole process is to be repeated.

There are other myths also. For example, some people consider alcoholism as a curse. It falls upon them as a curse due to the bad
behaviour of ancestors. There is a strong belief in the community that the controlled drinkers may never become addicts. Those who have mental calibre can drink as much as they can. It is will power that matters.

Sober people, irrespective of the number of years of sobriety may fall as a result of a single drink. Many sober people are put under pressure to take a drink thinking that it won’t affect them. Even after years of sobriety they may lose their grip.

Treatment is not a few days’ business. It is a life long process. It should not be interrupted.

3.3 DIFFERENT MODELS OF TREATMENT

Alcoholics are having different personality traits and peculiar characters. Their ways of behaviour and character are entirely different from that of other ‘normal’ people. For treatment we have to take into consideration all these peculiarities and personality differences. Treatment may be explained as the intervention designed to short circuit the alcoholic process and introduce the alcoholic to a sober, drug-free existence.13

3.3.1 Self- Help Programmes

Self-help groups do a wonderful service in the field of helping alcoholics. Alcoholics anonymous, Al-Anon, Al-Ateen, Narcotic Anonymous, Cocaine Anonymous etc. are self-supporting groups. Weekly gatherings, one to one sharing, presence of the sponsor etc. are worthy to note.

13 Cfr. Treatment models in addiction, p.99
A. Alcoholic Anonymous

The very first meeting of A.A. was held in Akron, Ohio in June 1935. Dr. Bob a well-known surgeon and Bill W. a New York stockbroker were the first members. By 1939 the number increased to 100. They published a book named ‘Big Book’ in the same year. The number of the members was growing day by day. There was an annual increase of 7%. In 1941 there were altogether 8000 members. By 1976 it is estimated that there were almost 1,000,000 members in 28,000 groups in 90 countries. The number of groups became 58,500 by 1985. By 1992 it spread over 140 countries with 94000 AA groups. The only requirement for membership was a strong desire to stop drinking. It’s philosophy is based on the principle that one alcoholic can help another to eventually reach a spiritual awakening.

B. Narcotic Anonymous

The first meeting of N.A. was held in Southern California, U.S.A. in July 1953. At the beginning they followed the steps and principles of A.A.

Later in 1962 the first N.A. pamphlet was published giving an outline of their approach to recovery. They opened the World Service Office in Los Angeles 1972. Later N.A. also published a ‘Big Book’ in 1982.

N.A. is established for “doing the right thing for the right person”. Membership is open to all those who have an honest desire to give up the
habit of using narcotics. As a matter of fact, they wanted to challenge and change the slogan “once an addict, always an addict.”

C. Cocaine Anonymous

This association started in Los Angeles in November 1982. The aim of the association is to help the people who are addicted exclusively to cocaine. They propagate the idea that sobriety is based on abstinence from all mind-altering chemicals. It is the drug user to determine whether he is addicted or not. Membership is available to all those who desire to stop using cocaine and other mind altering chemicals.

In 1983 they held a great meeting in Chicago. The number of the members and the groups are increasing day by day in various countries.

Similarities between AA, NA and CA

A A, NA, CA share the following perceptions and views.

Abstinence: Ongoing sobriety means total abstinence from all mind/mood-altering chemicals.

No Cure: There is no “cure” for the illness, but the disease process can be arrested through active and rigorous participation in an ongoing recovery programme.

12 Steps and 12 Traditions: The path for recovery is embodied in 12 steps. The groups are governed by 12 traditions. Moreover the concepts of honesty, openness and willingness are the foundations for working the steps.
Attraction: They are programmes of attraction, not promotion. The desire to stop using drinks or drugs is required for membership.

Anonymity: all groups maintain strict anonymity.

Self-Support: All groups are self-supporting.

Hope: Carrying the message of hope for recovery to other chemically dependent persons is a primary goal.

Types of Meetings

Open Meetings: may be attended by chemically dependent person, family members, friends or interested community members.

Closed Meetings: closed to people who are addicts or alcoholics or who express an honest desire to stop using chemicals.

Step Meetings: focus on working the individual steps in daily life.

Discussion Meetings: the group or chairperson chooses topics related to recovery.

Speaker Meeting: When people “tell their story”, usually it consists of three parts: what was it like, what happened, how have things changed.

Other types: men’s groups, women’s groups, gay’s, young person’s, seniors’, beginners groups, Big Book groups, Al-Anon, Al-Ateen etc.

Finding a Meeting

The following points are to be noted for a successful participation in a relevant meeting.
Attend a meeting near your home. Know the location and room before you leave. Meetings are listed in self-help directories or call the main number of AA, NA, CA. Pick up schedules at meetings you attend and ask questions to locate desired meetings.

Arrive early: tell people it is your first meeting or you are a new comer. New comers always take priority.

Listen: Try not to judge the group.

Comment: When it comes your turn, take a risk. Ask questions, express dislikes or skepticism.

Exchange phone numbers after the meeting. Stay a little later to make yourself available for introductions and talking with other members.

Find another meeting if this one does not suit you. One meeting does not accurately represent the entire fellowship.

Sponsorship

The concept of sponsorship in AA, NA or CA was adapted from a common historical practice of senior or longtime members of a tribe or organization making a commitment to introduce and orient new members to the principles and responsibilities of their organization. Actually the sponsors are not professional counsellors or therapists. They are not at all responsible for your programmes. And they are not responsible for keeping you sober and clean.

Actually they can be considered as “Tour Guides”. They have been where you want to go and can show you the way they have taken. They are the resource persons and Good friends. They are the sounding
boards, which say that these will be there for you and you please follow them.

a. Requirements for sponsorship

The persons should be of same sex. The quality required is the sobriety at least for 2 years or more. The person should be someone you can relate to or feel comfortable with.

b. The way of finding a sponsor

First of all listen to the people at the meetings and pick someone who seems to have a good programme. Be assertive and ask them help. It is better to have more than one sponsor.

Slogans of AA

First things first: Set priorities for sobriety; don’t get overwhelmed with pressures and details.

Easy does it: Slow down, relax, take your time to accomplish a thing.

This shall pass away: It is really bad right now, give it time, it can’t go on forever.

Let go and let God: You can’t handle everything. A power greater than our self can control all our activities.

Live and let live: Everybody has got problems; let others take care of their own and learn to forgive.

Turn it over: Accept the things I cannot change

Look for the good: In the midst of all the bad, seek out the good. Don’t get hung up on the bad stuff.
3.3.2 De-Addiction Centres

De-addiction centres are established throughout the world to help the victims of alcoholism and substance abuse. There are professional treatment programmes in these centres having facilities for detoxification, counselling and other therapies. The Ministry of Social Justice and Human Empowerment of the Government of India has set up more than 370 treatment centres all through India.

Some centres give importance to therapies both physical and psycho-spiritual. Certain centres follow alternative medicines in treatment programmes. Yoga, Acupuncture, Reiky, art of living etc. are important in this connection.

3.3.3 Yoga

Yoga can create an experience of oneness with one’s mind and body into the supreme spiritual reality. This unity can be achieved through asanas dissolving the duality feeling of mind and body. Asanas\textsuperscript{14} are forms of meditations where mind body and soul come together to the same point.

Alcoholics and drug addicts lose discipline, punctuality and meaning of life. Yoga is able to provide them concentration. This will help them to find the meaning of life and ways of communicating with the Transcendent Reality. Practicing yoga will create discipline in their life. It is a quite natural and effective system to have concentration and a

\textsuperscript{14} Asanas are the various body postures prescribed in Yoga
disciplined way of life. Brahmakumaris in their various centres all over India follow Raja yoga therapy to cure alcoholic patients.

3.3.4 Intensive Counselling

Counselling and the counsellor can play a key role in treatment. It is before the counsellor the patient opens his mind. All the bruises of the mind are to be embalmed. New decisions, the creative ideas and the future plans should be discussed with the counsellor. An effective and open counselling will help the patient to have the courage and mental capacity to take a firm decision. Whenever he faces problems to proceed with the decision, he has to rush to the counsellor and discuss with him. Renewing the decisions will impart added impetus in his life.

3.3.5 Spiritual Retreat

A spiritual retreat is another model of treatment. There are many spiritual retreat centres in Kerala. The programmes in these centres introduce the victims to a kind of spiritual awakening. A spiritual awakening can cure the inner bruises and enable the person to overcome the difficulties of life hoping help from God Almighty. Spiritual retreats are practically a revival of the whole person. The dependency, the failures in life, the moral attitudes, vision of life etc. are evaluated and proper decisions are taken.

People, irrespective of caste, creed and religion take part in retreat and cure themselves. India, being a country deeply rooted in spiritual

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15 Brahmakumaris-A Group of Hindu Sanyasins having their headquarters in Mount Abu, Rajasthan. Established in India in 1937, today there are over 3500 centres worldwide.
values. Spiritual activities are highly valued and duly credited. The spiritual retreat touches each and every part of human life and gives ample chances and sufficient time for inner healing. It changes the person totally and as a result he may become a new person. During the retreat in certain centres they give medicines to control withdrawal. Experiences prove that a firm decision taken in the retreat can have a long-term effect. It should be renewed time and again.

Since soul is superior to mind and body, the spiritual renewal will have an overall effect in life. Spiritual life can control dependencies as well. He need not depend on any substance, things or persons to have courage to face problems of life. He can have God Almighty at his side. That faith in God will give him added strength in every step. This in brief, is the substance of the approach followed in all spiritual centres.

3.3.6. Aversion Therapy

It is rather the old way of treatment and is almost primitive in nature. The old behaviour is eliminated either by adding the sweet and pleasant thing for the change or punishing at the repetition of the old, behaviour.

For this behavioural method electric shocks and chemicals are used. The patient is given the brand of liquor, which he likes most, and as soon as he drinks electric shock is given. Chemicals like disulfiram cause severe reactions. All these may frighten the patient. At this juncture he is asked to take firm decisions.
It has been proved that aversion therapy is highly problematic. This behavioural treatment may be successful only for a few. In most others it has caused very serious negative results. So it is not generally followed today. It is strongly felt that every aspect of the behaviour is to be considered in behavioural treatment programmes.

3.3.7 Antabuse Treatment

Disulfiram or esperal is used in order to prevent the relapse. After having taken these tablets the patient is forbidden to drink any alcoholic drink. In case of drinking the reaction will be severe. They may develop nausea, difficulty in breathing, vomiting, sweating, tachycardia (quick heart beat) weakness, unable to sit or lie down, restlessness etc.

It was in 1940’s Danish scientists accidentally noticed the effect of Disulfiram when alcohol is in the body. The breakdown of acetaldehyde is blocked in the body. It causes very severe reactions. This experience may discourage the alcoholic from taking alcohol any more.

3.3.8 Acupuncture

Acupuncture is basically a Chinese system. It was developed in China more than 5000 years ago. Four to seven Acupuncture pins are inserted at certain points of each ear and are kept there for an hour. Twice a day the programme is repeated. While pins are inserted the ears become warm and the sickness including withdrawal slowly die down. It has no side effects.

Fr. Thomas E. Gafney S.J., Director of St. Xavier’s Socials Service Centre, has been using this method since 1986 for treating young
addicts. Gatney says about the inspiration of this treatment programme as follows. "In 1986 I met the Director of the United Nations Division of Narcotic Drugs in Vienna and he referred me to a National Acupuncture Detoxification Association (NADA) in New York, there I saw hard drug addicts returning daily for Acupuncture treatment, and getting well, and this impressed me."

Not only U.S.A. but also China, Hong Kong, Malaysia, and many European countries use Acupuncture. This method is both physically and psychologically beneficial and effective.

Duration of this treatment varies according to the individuals. It may last seven to ten days. This system of treatment is now widely used and universally known. Recovering addicts need personal help and encouragement together with treatment. It is worth mentioning that this type of treatment is very cheap and can be practiced by common people.

3.3.9 Pranic Healing

Pranic Healing is known as an art as well as a science. It is an ancient science of natural healing techniques that integrates the world’s best healing traditions. It is a no-touch, painless healing approach that powerfully sparks the body’s natural ability to heal itself.
Here experts are making use of chakra\textsuperscript{16} techniques and twin heart meditation\textsuperscript{17}. The skill and personal capacity of the healer is accountable in the case of the effectiveness of the treatment.

Practising meditation is all the more important from the part of the healer. Positive attitude of the patient is decisive in speedy recovery. The patient is expected to think and feel positively.

Modern life is full of stress and strain. Many people find alcohol as a source of outlet for tensions. Practising Pranic healing, yoga etc. ease the body as well as the mind.

By integrating other forms of psychotherapies together with Pranic healing we can double the results. The firm decision of the patient is all the more important concerning the results. Pranic healing does not intend to replace orthodox medical treatment, but to compliment and enhance it.

\textbf{3.3.10 Prayer therapy}

Prayer being a mental process and an internal spiritual attitude it has got tremendous effect in the life of human beings. It can even change the person making him a new creation. It can create a burning feeling in the innermost heart.

Prayer will always push forward the person to take drastic and daring decisions and lead a challenging life. It may motivate him to leave

\textsuperscript{16} Chakras are the energy sources which always rotating in our body. They expel the impure Prana-energy-from the body and absorb pure energy into it. Thus the control the whole actions of the body and maintain its health.

\textsuperscript{17} It is a kind of meditation, which is based on the chakras. It strengthens the chakras and purifies both mind and body.
everything for the sake of certain causes. It is like a fire and it may burn
the person. Those who are changed by prayer therapy should continue
prayer as a source of life.

Human beings are created with body, mind and soul. Mind is
greater than the body and the soul is superior to mind. The spiritual power
can supersede all other tendencies and inclinations. Prayer therapy, which
is related with faith and hope, in the higher power, God Almighty, can
change a person. The power of prayer therapy is drastic and it may
produce wonderful results.

3.3.11 A Holistic Model

Unlike animals the human being is a complex combination of
body, mind and soul. He needs treatment for all these components.
Alcoholism actually affects these three and needs treatment.

Generally physicians give medicines for physical sickness. They
may not bother about the psychological or spiritual bruises. But it is of
vital importance that stresses and strains should be dealt with proper care.

The mental agony, psychological and spiritual problems etc. play
an important role in making a person dependent on alcohol and drugs. We
have to keep these points in our mind while designing treatment. Body,
mind and soul are to be treated carefully and simultaneously. A holistic
approach to the treatment is therefore the pressing need of the time.

3.4 HOLISTIC APPROACH – A GANDHIAN PERSPECTIVE

Gandhi being a religious minded man had full faith in God
Almighty. He assimilated the good aspects of every religion. In his
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Ashrams he developed a new prayer incorporating Hindu, Christian and Islamic traditions. He himself composed certain prayers. He started his day with prayers. There was evening prayer every day in which a lot of people used to participate. Gandhiji was well known as a man of prayer.

Prayer is related to faith. Faith has a key role to play in the healing process. For a man of faith – in God- God plays central role in regulating his personal life. It is in this context of faith that prayer becomes important in the treatment of diseases.

In treatment also an all-round and harmonious development of the body, mind and soul is to be considered. Prayer can quench the spiritual craving of the person. It keeps the patient always in touch with God. In every step he needs help and guidance. Ten out of twelve steps are related to God. It is the highest power to which we dedicate and surrender ourselves. It is God who plays an active role in becoming a person sober.

Gandhi is described by many as a man of God. Some describe him as a spiritual person. Others considered him as a religious person. He spoke of god, religion and spirituality. As Ravindra Varma puts it “Gandhi’s faith in God was total and unshakable. But to him God was not a person. Truth and Truth alone, was his God. He believed in religion, but to him true religion was not a set of catechisms and rituals. He believed that true religion transcended denominations. He believed that those who wanted to tread the spiritual path could not ignore or shun fields of mundane activity. Thus, there was something unique about Gandhi’s perceptions of God, religion and the spiritual path. Perhaps the uniqueness of his spiritual path arose from his perceptions of
God”. As a matter of fact, spirituality and religion are different though in certain people we may see religious spirituality. For an alcoholic spirituality is different from religion. He can be a man of religious faith but spirituality should be of universal character.

Spirituality signifies the attitude of man towards God and other human beings. In a holistic approach the attitude of man is to be transformed. If the body suffers from any diseases it should be treated and healed. A sound mind is possible only in a sound body, as the proverb says. The mind should take the healthy attitude towards other men as well as the Almighty. The soul should be pure and peaceful for surrender before God.

We are aware that alcoholism is a disease, which degrades body, mind and soul. The treatment, as a matter of fact, should aim at curing bodily ailments, spiritual disorientation etc. The multi level treatment will help the patient to achieve sobriety.

The Gandhian perspective always underlines a holistic approach. Prayer and spiritual exercises like meditation should be practiced for spiritual upliftment. Seeking truth and practising non-violence will clear the mind from evils. Yoga, long walk, vegetarian food etc. will help to keep fit. These are Gandhian insights and could be incorporated into any system of treatment for alcoholism.

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18 "The Spiritual basis of Satyagraha", Paper presented in an International workshop on “Non Violent Struggles in the Twentieth Century and their Lessons for the Twenty first” held in New Delhi, October 5-12, 1999. p.1
SUMMING UP

Alcoholism being a disease needs treatment. Since it affects body, mind and soul special treatment should be designed to cure all these three important dimensions of human person. We won’t achieve good results if we ignore anyone of these.

Undergoing any treatment means he should become stronger in abstention and more spiritual. What Gandhi told about satyagraha is relevant here. “The end of a satyagraha campaign can be described as worthy only when it leaves the Satyagrahis stronger and more spiritual than they were in the beginning.”\(^\text{19}\) It means that the mind can control the body and spirit can rule the mind. It is a thorough change based on belief in God Almighty or as the A.A. put it: “surrendering to the higher power”.

\(^{19}\) M.K Gandhi, An Autobiography, Navajivan, Ahmedabad 1955, p.437