CHAPTER III

STATEMENT OF THE PROBLEM

In this chapter the problem and hypotheses of the present investigation
re stated with the conceptual frame work in the introductory section.

A comprehensive treatment schedule was formulated based on the Broad
spectrum approaches by Lazarus (1965), McBrearty et al. (1968), Cappell
erman (1972), Hunt and Azrin (1973), and Marlatt (1973) and the two popular
chniques in the releam of alcoholic treatment namely, 1) Faradic aversion
antorovich, 1928), Blake (1965, 1967), Vogler et al. (1970), Garcia et al. (1972),
rlatt (1973), and 2) Covert sensitization (Cautela, 1967), and 2) Covert
sitisation therapy by Cautela (1967, 1970), Anant (1967), Ashem and Donner
968), Wisocki (1972), Rohan (1970), Wilson and Tracy (1974), (as mentioned
Chapter II).

The treatment schedule is represented in the flow chart given in the next
re.
3.1 STATEMENT OF THE PROBLEM

Based on the above mentioned schedule, the following questions were framed in order to ascertain the impact of Psychological Treatment for reducing alcoholic dependence and improving certain psychological functions of male addicts.

a) What are the specific effects of the treatment programme on the subjects?

b) What are the changes that occur following the treatment?

c) What are the aspects of psychological functions that are modified following treatment?

d) Are these changes maintained after six months of treatment?

e) Are the goals of treatment fulfilled?

3.2 VARIABLES AND HYPOTHESES

As mentioned in chapter 2, based on the review of the literature five specific variables were conceived, on which the impact of psychological treatment were ascertained. 1. Alcoholic Dependence, 2. Emotional Stability, 3. Interpersonal Relationship, 4. Psychophysiological Symptoms, and 5. Abnormal Symptoms.
3.2.1 Alcoholic Dependence

Alcoholic dependence can be both physical and psychological. Physical dependence is a state where in the body has adapted itself to the presence of alcohol. If its use is suddenly stopped, withdrawal symptoms occur. These symptoms range from sleep disturbances, nervousness and tremors to convulsions, hallucinations, disorientation, delirium tremens (Dts), and possibly death. Psychological dependence exists when alcohol becomes so central to a person’s thoughts, emotions and activities, that it becomes practically impossible to stop drinking alcohol. The ethos of this condition, is a compelling need or craving for alcohol.

3.2.2 Emotional Stability

Emotionality is defined at the psychological level as a susceptibility to become easily and intensely distressed (Buss and Plowin, 1975). At the physiological level, it can be defined as excessive autonomic lability. A high degree of association exists between physiological lability and psychological instability. Eysenck (1983), Sieber and Bentler (1982) have reported that excitability, dominance and aggressiveness were directly related to subsequent substance misuse.

3.2.3 Interpersonal Relationship

Healthy interpersonal behaviour is spontaneous, expressive of the real self of the individual, versatile and flexible (Chunkapura, 1988). But excessive use of
alcohol affect the individuals interpersonal relationship. Quarrels between husband and wife and other family members are common. Alcoholism also leads to isolated behaviour.

3.2.4 Psychophysiological Symptoms

The presence of an irritable and excitable autonomic nervous system is essential for the appearance of the symptoms of a psychophysiological disorders. The psychophysiological symptoms are frequently seen in connection with stress situations. Social, cultural and familial factors may also operate by increasing or aggravating conditions of environmental stress that provoke or precipitate episodes of alcohol abuse (Bales, 1946).

3.2.5 Abnormal Symptoms

Abnormal behaviour is maladaptive, it has adverse effects on alcoholic addicts. The excessive drinking has resulted in temporary or permanent damage to the nervous system which has been classified as organic brain disorders. The five major types of brain disorders associated with alcoholism are: (1) Pathological intoxication, (2) Delirium tremens, (3) Alcoholic hallucinosis, (4) Alcoholic deteriorations and (5) Korsakoff's syndrome (Kisker, 1972).

3.3 HYPOTHESES

Burnner-Orne (1958), Silber (1959), Freytag (1967) have mentioned that varieties of psychotherapeutic technique had been employed in the successful treatment of alcoholism. Weiner (1967), has employed the technique of
psychodrama in the treatment of alcoholism. During the same time Vendell (1967), has used milieu therapy in the treatment of alcoholism. Steiner (1969) has attempted to treat alcoholic using transactional analysis. Similarly Hill and Blanr (1967), and Wallgren and Barry (1970) have collected psychotherapy literature relevant to the treatment of alcoholism.

Pomerleau et al (1976) have compared a multifaceted group behavior therapy program with traditional group psychotherapy in the treatment of middle - income problem drinkers. They have reported that in any case, systematic training for alcoholics was effective in coping with stressful situation.

The deep muscle relaxation (Jacobson 1938) is an effective technique for reducing anxiety. Mishra and Kumaraiah (1986) have employed relaxation therapy successfully with a success rate of 48.84 percent on individuals with anxiety. Kaliappan et. al. (1991) used this technique successfully on alcoholics for their recovery. This technique has proved effective in reducing general anxiety (Sitharthan and Kaliappan, 1982), test anxiety, and tension headache (Gayathri, 1989). This had also improved memory and other cognitive factors (Kanchana, 1986, and Murugadas, 1989). This was helpful in reduction of inferiority, and modification of certain personality factors (Kamalanabhan, 1986). Based on the studies mentioned above Hypotheses I was formulated.

**HYPOTHESES I**

The Basic Psychological Treatment (comprising of individual counselling, family counselling, relaxation therapy, group therapy, self control procedure and
social skill training) will be effective in making the alcoholics sober. The following sub-hypothesis were formulated.

**Psychological Treatment** will significantly:

i) Reduce the alcoholic dependence

ii) Improve the emotional stability of alcoholics

iii) Improve the interpersonal relationship of alcoholics

iv) Reduce the psychophysiological symptoms of alcoholics

v) Reduce the abnormal symptoms of alcoholics

Russian physician Kantorovich (1928) treated 20 Russian alcoholics by pairing the sight, smell, and taste of a variety of alcoholic beverages with repeated electric shock. Eysenck (1960) and Rachman (1961) claimed the efficacy of electrical aversion as treatment for a variety of behavioral disorders. McGuire and Vallance (1964) reported that their attempts to modify drinking by electrical aversion was successful. Blake (1965, 1967) initiated an extensive series of studies of electrical aversion for treating chronic alcoholism at the Crichton Royal Hospital in Scotland. Cautela (1967) developed covert sensitization procedure for treating the alcoholics. This Covert sensitization is often combined with other forms of treatment for better results. Cautela (1970) discussed the combination of covert sensitization with desensitization, thought stopping, and relaxation procedures.

The aversive images in covert sensitization have been augmented by the use of electric shock (Cautela, 1970), noxious odors (Maletzky, 1974), Anant
(1967) employed from five to ten covert sensitization sessions to treat 26 chronic alcoholics. Eleven of these patients were treated individually, while 15 were treated in groups of four. The results are though unclear, it was claimed that 25 of the 26 patients remained abstinent during a follow-up period ranging from 8 to 15 months. Wisocki (1972) has reported a study conducted by Rohan (1970) in which the effectiveness of covert sensitization was compared with electrical aversion therapy. After a three month follow-up period, 20% of the covert sensitization patients and 58% of the electrical aversion therapy patients were found to have remained totally abstinent. Another study comparing covert sensitization and electrical aversion therapy was conducted by Wilson and Tracey (1974) as reported by O'Leary and Wilson, (1975). These results were considered "distinctly unimpressive," since the patients were still drinking over ten ounces of alcohol per day while residing in a minimally stressful, conflict-free laboratory environment.

Hypotheses II, III, IV, V, VI, and VII were formulated based on the reviews mentioned above.

HYPOTHESES II

Those who have not become sober subsequent to the basic Psychological Treatment will become sober through the Fradic Aversion therapy.
HYPOTHESES III

Those who have not become sober subsequent to the basic Psychological treatment will become sober through the Cover Sensitization Therapy.

HYPOTHESES IV

Those who have not become sober subsequent to the basic Psychological Treatment will become sober through the Fradic Aversion with Covert Sensitization Therapies.

HYPOTHESES V

The combination of Fradic Aversion with Covert Sensitization therapies will be better in making Alcoholics sober than Fradic Aversion Therapy alone.

HYPOTHESES VI

The combination of Fradic Aversion with Covert Sensitization therapies will be better in making alcoholics sober than Covert Sensitization alone.

HYPOTHESES VII

The Fradic Aversion will be better in making alcoholics sober than Covert sensitization.

The methods used for testing these hypotheses is described in the next chapter.
CHAPTER IV
METHOD OF INVESTIGATION