CHAPTER VI
SUMMARY AND CONCLUSION

The present study investigated the effect of psychological treatment in reducing alcohol dependence and improving certain psychological functions of male addicts. The Basic psychological treatment, constituting the techniques: individual counselling, Group counselling, Family counselling, Relaxation training, Social skills training and Self control procedures -- and Fradic aversion therapy, covert sensitization therapy, and the combination of fradic aversion with covert sensitization in reducing Alcoholic dependence, and in, improving the psychological functions such as Emotional Stability, Interpersonal Relationship were assessed. The treatment effect in And also reducing the Psychophysiological symptoms, and Abnormal Symptoms. The long term effects of the treatment was also evaluated.

A comprehensive treatment schedule was formulated based on

1. Broad Spectrum approaches (Lazarus, 1965),
2. Fradic aversion (Kantorovich, 1928), and
3. Covert sensitization technique (Cautela, 1967),

The comprehensive treatment schedule indicated that the basic psychological treatment would be given for all the subjects at the commencement of the treatment programme. Those individuals who did not become sober subsequent to the basic psychological treatment will be divided into three groups. It was decided that one group will receive treatment using covert sensitization,
her group will receive treatment using fradic aversion technique, and the other would receive a treatment combining fradic aversion with covert sensitization.

In order to test the hypotheses empirically, a matched group, pre-post nin subject design with repeated measures was used. In this design, psychological treatment is applied to the independent behaviour (variable) with same subjects, at an interval of six months. Fifty male were randomly selected from Pudhuvazhvu (New Life) counselling center. Their age range was between 20 and 40 years, their monthly income ranged from Rs.501 to Rs.2501, and the duration of addiction ranged from 5 to 31 years.

Detailed interview schedule was administered at the very first session in order to collect demographic informations. Level of psychological functioning inventory was used to measure the amount of alcoholic dependence, emotional lability, interpersonal relationship, psychophysiological symptoms, and abnormal symptoms, before the commencement of the treatment. Hence a Pre-test scores was obtained from the subjects before administering the psychological treatment.

Basic psychological treatment consisting individual counselling, family counselling, group counselling, self control procedure, relaxation therapy, and social skills training were administered to all the subjects at the beginning of the treatment programme. Fradic aversion therapy, covert sensitization therapy, and a technique combining fradic aversion and covert sensitization were administered respectively, to those three groups which did not show improvement subsequent
and in improving interpersonal relationship and emotional stability on those individual who did not become sober through basic psychological treatment.

Covert sensitization therapy was effective in reducing alcoholic dependance, abnormal symptoms, psychophysiological symptoms, and in improving emotional stability and interpersonal relationship on those individuals who did not become sober through basic psychological treatment.

A treatment technique combining fradic aversion and covert sensitization was effective in reducing alcoholic dependance, abnormal symptoms, psychophysiological symptoms, and in improving interpersonal relationship and emotional stability on those individuals who did show improvement after basic psychological treatment.

In the short run the combination of aversion with covert sensitization therapies were more effective in making alcoholics sober than fradic aversion therapy alone. Covert sensitization therapy was also more effective than fradic aversion therapy, in the short run. Where as in the long run no significant difference, could be noticed, among the effectiveness of the three treatment techniques, namely fradic aversion, covert sensitization, and fradic aversion with covert sensitization.
LIMITATIONS

While accepting the findings of the current study, certain aspects of the research should be examined. The design used in the current study was a before and after within subjects design. It may be recalled that this type of design tends to sensitize the subjects to the issue under consideration and influence the scores at post-test. Further regression effects may also influence the post-test scores (Kerlinger, 1978). The method used in data collection was a self-report measure which has its own distortions. Halo effect, misrecall and confabulation are some of the features of self-report measures that lower its value as a method of data collection. However it should be remembered that self-report is the most widely used method during fradic aversion and covert sensitization therapy.

Mild tranquilizers were given to a few subjects, for few days during the basic psychological treatment which might have aided early recovery. Moreover during the follow-up sessions fradic aversion and covert sensitization therapy were administered to some subjects who were in need of it. These booster sessions might have contributed to the significant out come at the follow-up assessments.

The study focused only on male alcoholics. It used a small sample of 50 male subjects. This has limited the variables for consideration and restricted the generalisability of the findings. However, for a clinical study, the sample size can be said to be adequate.
Whether the use of control group in the current study could have enhanced the results is debatable. In this study, control group was not obtained because it would be unethical to deny any subject the benefit of the programme. The institution whose programme the study evaluated would not permit use of no-treatment control group. If control group was obtained from outside institution or if subjects who refused to attend programmes or drop-outs were used as control group, this would have reduced its comparability to the experimental group. Moreover, evaluation of such programmes do not usually use control groups.

Finally, it should be remembered that the interpretation of results is limited to the outcome measures used in the study. That is, the effectiveness of the psychological treatment could be said only with reference to the five variables used i.e., alcoholic dependence, emotional stability, interpersonal relationship, psychophysical symptoms, and abnormal symptoms. But it should be noted that these five variables were significantly relevant, keeping the goal of the present investigation.

UTILITY OF THE PRESENT STUDY

Addiction to alcohol is a major problem in India, as found in many other countries. Though a variety of treatment methods have been employed to reduce alcoholic dependence nothing has proved successful in maintaining abstinence after recovery. Moreover, individuals are not aware of the available psychological treatment for alcoholism. Hence such a study as the present one would create
wareness among the people regarding the availability of psychological treatment.

The superiority of the present study over other studies conducted so far would be claimed on the basis that, all the treatment approaches attempted to reduce the alcoholic dependence and after the recovery, attempted to control only those specific behaviours which would bring relapse. Where as in the present investigation attempts were not only made to treat the individual i.e., to enable the individual to recover from alcoholic dependence, but also to train the individual to cope and function effectively in the society. Hence this study could be a model to other scientists and therapists working in the field of alcoholic addiction, to design similar sessions which would not only reduce alcoholic dependence but also treat and train the individual to rehabilitate him effectively in the society.

The treatment procedures being easily-manipulable in nature, spouses of alcoholics can learn them and apply on alcoholics at home, which would act as booster sessions for early recovery and relapse prevention.

Government could adopt the methods of treatment, before and after the recovery of alcoholics, presented in the study at the other alcoholic rehabilitation centers such as hospitals, de-addiction centers, and counselling centers.
UGGESTIONS FOR FUTURE RESEARCH

The current study has brought out certain direction for future studies. Studies with larger sample size may be attempted. Replication of the study may be undertaken for confirmation of the results. Studies with larger sample size would provide scope for including certain demographic and intervening variables. Studies with more than one year follow-up may be planned for studying effectiveness of the programme. Similar studies should be carried out throughout India in order to ascertain the socio-cultural and familial factors influencing the treatment and relapse prevention programmes. Similar research should be carried out on drug addicts, as carried on alcohol dependents since the process of addiction is common for both.
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