Chapter I

INTRODUCTION

Introduction

Need and Significance of the study
Alcoholism is a universal health problem of monumental properties. The use and abuse of alcohol dates back to the ancient civilizations of Babylon, Mesopotamia and Egypt. Biblical legends present numerous records of productions and consumption of alcohol. In Rigveda, references about three types of liquor, *Sura, Somras* and *Madhu* are seen. It could be seen that ancient ancestors consumed liquor in times of joy, distress and malice. After the departure of Sri Rama, Ayodhya City has been compared to a tavern deserted by drunkards. Lord Krishna's people, *Yadavas*, were killed in a drunken brawl. The medical works of ancient India also give ample descriptions about different liquors, intoxication and its management. *Charak* was the first to make a medical distinction between moderate and excess drinking (Ambooken, 1992).

Of course there is a distinction between the alcoholic and a person who occasionally takes a drink. The person who takes a cocktail before dinner or has a glass of wine along with his meals is not an alcoholic. His motives for drinking are simple. The alcoholic, on the other hand, has a periodic craving for alcohol and is usually uncontrolled in his consumption. His reasons for drinking are deep seated and complex.

Although alcoholism is a serious problem, it is laughed at or people generally joke about it. The term alcoholism itself is often confusing, it sometimes include everybody who drinks abnormally, otherwise specify an individual from the vintage point of suffering. A review of literature on alcoholism shows that several definitions are offered to it. Keller (1974) has given a relatively brief definition of alcoholism. He defined alcoholism as “a chronic disease manifested by repeated implicative drinking to cause injury to drinker's health or to his social or economic functioning.” WHO defined alcoholics as those excessive
drinkers whose dependence on alcohol has attained such a degree that they show noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smoother social and economical functioning or those who show prodromal signs of such development.

Since 1950, there has been a tremendous increase in the worldwide consumption of alcohol, especially among women and children. A survey conducted by WHO (1980) has found that 1-10% of world population could be defined as alcoholics or as heavy drinkers. Alcoholism and alcoholic psychoses have accounted for a third of male first admissions to mental hospitals in USA; France and Argentina. In UK, the total number of admission due to alcoholism has raised 25 times in the past 25 years and has accounted for 10% of total admission to psychiatric hospitals (Paton and Sanders, 1981). The picture is not different in India where alcoholics have accounted for one fifth of all the persons admitted to mental hospitals and psychiatry wards of general hospitals (Sain, 1988).

Pioneers of research on alcoholism related the problem of prevalence with availability of alcohol rather than considering it from a medical or psychological point of view (Chunkapura, 1988). The relevant question of why some people consume alcohol and becomes alcoholics while others under similar conditions do not was totally unanswered till recently. Some authors agreed with the general public in holding the view that it is the mentally defective and feebleminded who are more prone to alcoholism. Eminent authors like James D. Page proposed that heredity plays a crucial role in deciding a person's drinking habit. This lead the european investigators to propose that there could be non specific organic pattern which forms a fertile soil for the development of
alcoholism. Another theory, the cortical inhibition theory emphasized on the paralyzing effect of alcohol on cerebral cortex which frees the drinker from disturbing memories and thoughts. Psychodynamic explanation of alcoholism has its roots in unconscious needs and conflicts. Alcoholism is viewed as an outcome of repressed homosexuality, partial suicide and symbolic substitute of breast milk. It is evident that alcoholics do not constitute a homogeneous group and there is no specific alcoholic personality. However researches showed, enhanced feeling of power and over aggressiveness as predisposing factors to alcoholism. It has also been seen that those who are already functioning high in terms of anxiety, stress and personal maladjustment are more prone to alcoholism. Mc Cord and Mc Cord (1960) view male alcoholics as having intense dependency needs as well as needs to be independent. Goldstein and Linden (1969) reported poorly controlled anger and other open forms of emotional expressions in frustrating situations among alcoholics. Studies by Nerviano and Gross (1983), Craig (1980) report that male alcoholics tend to have antisocial personality traits. They show light extroversion and neuroticism (Craig, 1980, Rangaswamy, 1983). Low self esteem among alcoholics was reported in many studies (Suman and Nagalakshmy 1986; Usha, 1987; Neeliyara et al. 1988 and Jamuna, 1988). In Mayberg’s (1975) review of literature, he found that the following personality traits had been identified by various writers and researchers as characteristics of alcoholics; high anxiety, low frustration tolerance, alienation, low self concept, psychopathic, neurotic, rebellious impulsive, socially aggressive, gregarious, not bound by social customs, underlying dependency conflicts, poor controls over impulsivity, aggressiveness, and defiant of authority.

Indeed, alcoholics vary each other in their reasons for drinking, but the costs of this addiction to the society are staggering by any calculations.
Lost working days, road accidents and related disabilities, and direct medical complications of alcohol add up to a significant loss to any nation's economy. For a detailed understanding of the ill effects of alcohol, it is necessary to look into the alcohol related medical complications as well as its impact on family and society.

Large number of people, start taking alcohol as social drinkers and another minority belongs to the blackout group who take excess alcohol occasionally and lose consciousness. The next stage of addiction is the crucial phase where the tolerance develops and a craving starts. Due to depression and malnutrition, person loses sexual interest that in turn leads to alcoholic paranoia. In the chronic phase, prolonged and unplanned drinking starts, and brain damage becomes obvious. Major gastro-intestinal diseases like oesophagitis, gastritis, gastric ulcer, pancreatitis, and cirrhosis of liver are common and due to conditions of avitaminosis, illnesses like beriberi and scurvy may become prominent. Anemia and jaundice are seen during this phase. The person becomes more prone to cardiovascular illnesses due to free disposition of fat in the blood vessels. The two irreversible neuropsychiatric conditions affecting the alcoholics are Wernicke's encephalopathy and Korsakoff's psychoses which are marked by amnesia and other neurological symptoms.

The effect of alcoholism on families, the hardships they may suffer, their chosen methods of coping and possible outcomes are concepts that vary from one family to another. Orford (1987) put forward two broad changes in family life associated with a worsening alcohol problem. In the first stage the family members recognize the problem and attempt to control drinking by confrontation, giving ultimatums, withdrawing affections, destroying alcoholic
beverages kept at home etc. The family may experience social isolation and tries to conceal it from outsiders. The family members may assume some of the responsibilities to maintain a facade of normality. In the second stage, when it seems that these strategies do not affect the drinker, the family members experience feeling of fear and hopelessness and may seek outside help.

Problem drinking within a family can lead to many types of stress and hardships for family members. Increasing social isolation due to alcoholism is difficult for children to cope with. They behave increasingly withdrawn from peer group activities. Financial hardships become a factor and reductions are made to general standard of living. Physical hardships are seen either in violence towards family members or in destruction of household things. Family members especially spouse may be subjected to emotional deprivation and may perceive drinking as a form of rejection. This in turn causes the drinker to become increasingly preoccupied and plays a diminished role in family life and affairs. Glassner and Loughlin (1987) emphasis on three aspects of parent-child relationships that are studied in alcoholics' families; basic care, consistency of expectations, and communication. Children find it hard to cope with parental unpredictability or with unexplained withdrawal and sudden change in mood and temperament. Children may suffer from physical and emotional neglect. Since, all the families' attention and energies are focused on the drinker, children are often neglected and their individual contributions go unacknowledged. This may result in acting out behaviour, aggression, bedwetting, taunting, anxiety, withdrawal and isolation which in turn can increase the pressure on non-drinking parents. Another important problem is that children of alcoholics lack a satisfactory role model for their own behaviour. Hence, the children represent an important high risk group both because of their proneness to problem drinking during childhood and adolescence and their proneness to problems in later life. Hence,
the tragedy of alcoholism lies in its detrimental effects on the future generation. Alcoholism of the individual affects not only the family but even the basic fabric of the society. Alcohol causes poverty leading to crimes and prostitution which in turn ends up in the breakdown of any society's integrity and existence.

Studies have revealed that alcoholic's families acquire certain typical coping strategies within the family system (Orford et al., 1982; Seixas, 1980; Meyer, 1982). The members of the family try to control alcoholism by pleading, threatening, attacking, rowing, etc, which further increases the stress and anxiety and induces ideas of persecution in the drinker. The spouse may withdraw sexually and take step towards separation that eventually increases the sexual jealous and paranoid ideas. Children take-up age inappropriate activities to maintain the domestic harmony and becomes a support to the non-drinking parent and hence, exposed to moral, emotional, and financial dilemmas not appropriate for their age, experience, or understanding. This invariably evokes further stress, feelings of hopelessness, withdrawnness and depression in the alcoholics. Thus, a vicious cycle of alcohol, stress and maladjustment is found to exist.

A detailed review of alcoholism and various therapeutic management techniques reveal that unfortunately the least focused areas in the traditional management regimen are the individual's stress and other adjustment dimensions. Most of the investigations on alcoholism center around the personality dimensions and etiologic speculations; theoretical contemplation and empirical research focusing on the phenomenological aspects of individuals are still few.

As a result of understanding the importance and contributing nature of social pressure and peer influence towards alcoholism, quite informal efforts to utilize these in a positive manner have been started. Alcoholic Anonymous
(AA) which is an organization founded by alcoholics with the objective of helping each other to remain sober can be considered as a former in this movement. AA works on the basic principle of self conviction that the individual is an alcoholic who is powerless to resist the temptation of alcohol. It is the blessing of almighty and fellowship of AA that keeps him sober for the day. The meeting starts with holding hands each other and making a chain that symbolizes the mutual trust and cooperation. This can alleviate to a certain extent the feelings of loneliness, insecurity and inferiority that is deep rooted among alcoholics. In addition, the meetings discuss a number of common problems faced by the drinkers that help the individuals to learn healthier coping patterns which are specific and essential to alcoholics.

Regarding the management of stress and different adjustment dimensions like anxiety, depression, mania, paranoia and inferiority feelings, there are a number of techniques available in Psychology. But they are found seldom used in alcoholism treatment. Several studies have identified the efficacy of relaxation and meditation in reducing stress and improving adjustment skills. The purpose of relaxation training is to reduce individual’s arousal level and bring about a calm state of affairs. Psychologically, relaxation results in enhanced feeling of well being, peacefulness, a sense of control and a reduction in tension and anxiety. Physiologically, decrease in blood pressure, respiration and heart rate take place (Matteson and Ivancevich, 1987). Since stress and maladjustment seen among alcoholics are non-specific and generalized in nature, the investigator felt that Jacobson’s progressive relaxation and Benson’s relaxation response are more suitable in managing the stress and adjustment problems of alcoholics.
Need and Significance of the study

Drinking behaviour in India is as old as its culture. Even from the beginning of culture, there had been several restrictions put forth against drinking. According to Manu, the ancient Law-Giver, only death could free a person from the guilt of alcoholism. Kautilya, the great ancient political thinker, while giving his verdict against the habit, described the evils of drinking as loss of consciousness, intoxication, signs of dead body while alive, loss of learning, intelligence, life, wealth and friends. Ancient Sanskrit literature admonishes Rulers and Kings against alcohol consumption in writings on Saptavyasanas (seven sorrows) and Buddhist teachings insist on sobriety in Panchaseela (five characters). It has been made evident from time to time that the society does not permit alcohol use and consider users unreliable and irresponsible.

Having understood the fatal effect of alcohol on the individual as well as on the society, different steps have been taken to control the consumption of alcohol and manage alcohol-related problems. Since easy availability of alcohol is often cited as a major cause for prevalence of the problem, during last one decade, the price of alcohol had been raised several times, due to heavy taxation assuming that the increase in price would bring down the consumption. However, it appears that the cost-consumption relationship does not exist as it was expected. Those who were regular users go for cheaper brands and illicit liquor as the price got increased. Similarly, Government attempts to bring down alcohol consumption through alcohol education, awareness building workshops, campaigns etc. Any message or advertisement facilitating drinking behaviour are prohibited in public media. In addition, to those who wish to get rid of alcohol, de-addiction therapy is given absolutely free in Government
de-addiction centres and hospitals. Large number of family counselling centres have been running on public funds, where free professional service is made available to alcoholics and their family members. Non-governmental agencies also contribute significantly to fight alcoholism. Many the deaddiction centres in India are run by non-governmental organisations. They conduct study classes seminars, student camps, film shows and public meetings in rural areas to highlight the evils of alcohol.

In spite of these sincere efforts on the part of both the governmental and non-governmental agencies, the rate of alcoholism as well as the rate of relapse is on the increase. The effects of de-addiction treatments are found short lived and non-rewarding. If a single drink after a period of abstinence denotes relapse, then 90% of the problem drinking clients are likely to relapse within a period of one year (Orford and Edwards, 1977). If relapse is defined as a return to pre treatment levels of morbidity, 45% to 50% of clients relapse within one year (Armour et al., 1978). It is clear that a substantial proportion of clients are likely to return to some drinking and experience, some negative consequences of this drinking after treatment.

Starus (1976) has pointed out that the system of life demands more responsibilities on people than a normal person can comfortably or healthfully maintain on a continuing basis. People often suffer great emotional and physical stress because of the very tasks that symbolize their success. Alcohol probably provides a convenient, quickly effective and often dangerous antidote for this discomfort.

The bio-psycho social approach, the most comprehensive approach has
identified that psychological factors as stress, frustration and depression contribute to alcoholism (Edwing, 1980). Sarason et al. (1979) reported that studies on personality factors among alcoholics using MMPI has found a plethora of abnormalities. Stress, anxiety and maladjustment were reported as contributing to alcoholism by different authors. A more recent study conducted by Goreman and Peters (1990) has identified the unique role of stress in alcoholism. Since alcohol makes a person unrestrained and free from social inhibition, he feels himself escaped from the stress aroused by reality and his own shortcomings. This escape is unrealistic and one that accentuates the stress and negative emotional climate. Others respond negatively to this, which in turn heighten the problems of the drinker. Thus a vicious circle of alcohol and stress is found to exist. Rosenberg (1979) has reported that, those alcoholics who score high on anxiety benefited more by relaxation training.

Social situations are equally important in contributing to alcoholism. Alcoholic Anonymous (AA) which was established by alcoholics could be considered as an attempt to utilize social situations and peer pressure in a positive manner, to help the individual to keep away from alcohol. AA meetings are held frequently and through a combination of persuasion, suggestion, religious conviction and group psychotherapy. AA members help each other to remain sober. During last sixty years, AA has grown big and strong enough for scientific evaluation and critical scrutiny.

As mentioned earlier, the positive outcome of de-addiction treatment in India is not tallying with the effort and money spent. This is probably due to the lack of adequate importance given to psychological, social and rehabilitation aspects in these programmes. Patients, relatives as well as the clinicians are sometimes
found over-enthusiastic about a ‘speedy’ recovery rather than a long lasting one. The idea of recovery may even fall beyond sobriety to a mere relief from withdrawal symptoms of alcohol. The public is not well aware about the role of Psychologists and Social workers and rely fully on medical model of treatment. The outcome of alcoholism treatment could be improved by understanding and managing the specific problems on certain psychological aspects like stress and maladjustment. It is also assumed that regular participation in AA meetings helps to gain better insight into their problems, learn healthier coping patterns to stress and to improve adjustment skills. Relaxation training viz. Jacobson's progressive relaxation and Benson's relaxation response on the other hand are expected to bring down the underlying stress and reduce maladjustment at a more personal level.

The present study, therefore attempts to investigate the efficacy of AA membership and specific relaxation techniques, viz. Jacobson's progressive relaxation and Benson's relaxation response in reducing stress and maladjustment among alcoholics and the effect of these techniques on the treatment outcome. The study therefore is stated as “Behaviour Engineering: Management of Stress and Maladjustment among Alcoholics”