Chapter V

SUMMARY, CONCLUSION AND SUGGESTIONS
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Alcoholism is a matter of serious concern, not confined to any group, culture or country. Universally it creates professional, social, financial, legal, medical, psychological and familial problems. The cost of alcoholism to the society is staggering by any calculations. Lost working days, accidents and related disability, family disruptions and resultant juvenile problems and direct medical complications of alcohol abuse add up to a significant proportion of loss to nations' economy and well being. Alcoholism, thus becomes a complex phenomenon deserving attention from different angles.

Therapists employ a wide range of therapeutics to prevent and treat this problem. Generally most of the contributions in the field of alcoholism research and treatment have come from the medical profession and therefore the medical aspect of alcoholism is overemphasized. However, it could be noted that individual's phenomenological aspects are equally important and deserves serious attention. Stress and maladjustment are two aspects at individuals personal level which often go unattended by physicians, psychologists, social workers and clergy men. Although the effects of various therapies on alcoholism were evaluated extensively, not many studies have been conducted on the management of stress and maladjustment among alcoholics. On the basis of available literature, the investigator put forward, regular attendance in AA meetings and practice of relaxation as two methods to manage the stress and selected aspects of maladjustment viz., anxiety, depression, mania, inferiority, paranoia and general maladjustment among alcoholics.
Present investigation is an experimental study conducted with the following objectives in mind.

1. To find out stress and maladjustment among alcoholics

2. To find out the efficacy of AA group membership on the management of stress and maladjustment among alcoholics.

3. To find out the efficacy of relaxations training on the management of stress and maladjustment among alcoholics.

4. To find out the difference of efficacy between AA group membership and relaxation training on the management of stress and Maladjustment among alcoholics.

5. To find out the rate of relapse among alcoholics attending AA meetings and those practicing relaxation.

SAMPLE

Present study included male alcoholic patients who were admitted in the de-addiction centres in Pathanamthitta and Kollam districts of Kerala. The total sample arrived was 166. Their age ranged from 26 to 35 years. All the subjects belonged to middle class socio-economic status and had completed high school education. Duration of alcohol consumption ranged from 4 to 23 years. Subjects who had previous history of deaddition treatment and those who had, known psychiatric or neurological illnesses were not included in the sample.

INTERVENTION

Among the sample selected for the study, 60 subjects were randomly assigned to Experimental group I and were put regularly in AA meeting. Another 60 subjects were randomly assigned to Experimental group 2 and were given training on two major relaxation techniques viz. Jacobson’s progressive relaxation
and Benson’s relaxation response. The remaining 46 subjects comprised the control group. Treatment was continued for a period of 3 years and subjects were assessed periodically on stress and selected aspects of maladjustment viz., anxiety, depression, mania, inferiority, paranoia and general maladjustment. The incidences of relapses among the three groups at different durations of treatment were also recorded.

The aim of the study was to test the hypothesis that there would be significant difference among the experimental group I (Attending AA meetings), Experimental Group 2 (Practicing relaxation) and the control group on stress, anxiety, depression, mania, inferiority, paranoia and general maladjustment over a period of 3 years. The three groups were also compared on their rate of relapse to alcohol.

TOOLS

To test the tenability of the hypotheses, data was collected using Mathew Maladjustment Inventory (MMI) and Harichandran’s Stress Inventory (HSI). MMI and HSI were administered individually to the subjects at the time of the admission to the centre and baseline data was drawn before treatment. During the study the same subjects were assessed using MMI and HSI at 2 months, 1 year, 2 year and 3 year durations of treatments.

ANALYSIS

Among the 166 subjects chosen for the study, final analysis was done only among those Ss who were regular for follow up for 3 years period. Hence Exp gr 1 (attending AA meetings), Exp. gr.2 (practicing relaxation) and the control group for final analysis consisted of 46 (60), 48 (60), and 32 (46) subjects respectively. Initial sample size is given in brackets.
Statistical techniques used was doubly multivariate analysis of variance (MANOVA) for repeated measures.

Rate of relapse among the three groups was found out and Chi Square was conducted to test whether the treatments and rate of relapse to alcohol were independent.

**CONCLUSIONS**

1. A. Attendance in AA meetings and practice of relaxation were found effective in managing stress among alcoholics.

   B. Attendance in AA meetings is superior to practice of relaxation in managing stress among alcoholics.

   C. No interaction was observed between treatments and duration.

   D. General trend of reduction in stress was noted among Ss following de-addiction treatment.

2. A. Attendance in meetings and practice of relaxation were not found independently effective in managing anxiety among alcoholics.

   B. Interaction between treatment and duration was found significantly reducing anxiety.

   C. General trend of reduction in anxiety was noted among Ss following de-addiction treatment.

3. A Attendance in AA meetings and practice of relaxation were found influencing the Scores on depression.

   B Attendance in AA meeting in superior to relaxation in managing depression. Practice of relaxation increases scores on depressions.

   C Interaction between treatment and duration was found to be existing.

4. A Attendance in AA meetings and practice of relaxation were found effective in managing feelings of inferiority among alcoholics.
B Attendance in AA meeting is superior to practice of relaxation in managing feelings of inferiority.

C Interaction between treatments and duration was found significantly reducing feelings of inferiority.

5. A Attendance in AA meetings and practice of relaxation were found effective in managing mania among alcoholics.

B Attendance in AA meetings was found superior in managing mania.

C Interaction between treatment and duration was found to be significantly reducing mania.

D A general trend of reduction on mania was noticed among Ss following de-addiction treatments.

6. A Attendance in AA meetings and practice of relaxation were found effective in managing paranoia among alcoholics.

B Attendance in AA meetings is superior to practice of relaxation in managing paranoia among alcoholics.

C Interaction between treatments and duration was found significant.

D A general trend of reduction on paranoia was noted among Ss following de-addiction treatment.

7. A Attendance in AA meeting and practice of relaxation were not found independently effective in managing general maladjustment among alcoholics.

B Interaction between treatments and duration was found to be significantly reducing general maladjustment.

C A general trend of reduction in general maladjustment was noted following de-addiction treatment.

8. Attendance in AA meeting and practice of relaxation were found to be effective in bringing down relapse among alcoholics.
IMPLICATIONS OF THE STUDY

THEORETICAL IMPLICATIONS

The findings of the study give a better understanding about the distribution of stress and selected aspects of maladjustment viz., anxiety, depression, mania, inferiority, paranoia and general maladjustment among alcoholics. The result signifies the necessity of assessment of personality at a deeper level before starting any intervention for de-addiction. The findings also disclose, how the distribution of stress and maladjustment varies with specific treatments viz., attendance to AA meetings and practice of relaxation, and the nature of this variation with different durations of treatment ranging from 2 months to 3 years.

A fair understanding about the rate of incidences of relapse to alcohol among patients who were attending AA meetings and those treated with relaxation techniques is also obtained by this investigation.

CLINICAL IMPLICATIONS

The results of the study find its clinical implications in diagnostic, preventive, therapeutic and, rehabilitation aspects of alcoholism. The findings of the investigation make the clinicians beware of the necessity of behavioural assessment of the patient before planning an intervention paradigm. The findings also help to stride a step towards matching alcoholic patients to specific interventions. Considering the findings of the present study in clinical trails one can expect a reasonable degree of success in treating the alcoholics, and this success may inspire the clinician as well as the family members of alcoholics to devote more intensively to treatment. Briefly, the remarks cited in the previous chapter enhances our understanding about the effects of AA and relaxation therapy on stress management and improved personal adjustment among alcoholics.
Two techniques of behavioral interventions tried in this study, attendance in AA meeting and relaxation can be practiced in group therapy situations and does not need long term professional service after initiation. This makes the techniques economic and hence accessible to all classes of socio-economic strata.

SOCIAL IMPLICATIONS

Present investigation provides a better understanding about the necessity of psychological aspect to be taken care in de-addiction therapy. This helps to change the prejudice against alcohol and its users. The role of psychologists and social workers in the management of emotional and social problem of alcoholics is also evident from this study. The findings of the study emphasize the importance of self-help group which forms the most economic and accessible form of education and after care available to alcoholic patients who underwent the traditional detoxification therapy.

SCOPE AND SUGGESTIONS FOR FURTHER STUDY

National and global statistics speak to the urgency of alcohol related problems and indicate the merit of appropriate primary prevention strategies involving alcohol control and education. The attempts towards prevention, treatment and rehabilitation aimed at changing alcohol problems may not be of maximum effects unless they focus on the individual's personality aspects and their specificity. Based on the present study, few more provocative suggestions are presented for researchers actively engaged in this field.

Attempts can be made to cross validate the results of present study by increasing the sample size by including sample from different socio-economic, cultural and ethnic groups or by including sample from different stages of alcoholism and non alcoholics.
2. Comparative study of alcoholic patients treated with AA attendance, relaxation, behavior therapy, family therapy, drug therapy and different combination of these techniques, and their effects on stress and maladjustment can be undertaken.

3. An enquiry to find out efficacy of different behavioural interventions in prevention of relapse following detoxification could be conducted. Training programmes can be designed to improve social adjustments and management of negative emotions of alcoholics with the objective of helping them to prevent possible relapse to alcohol.

4. Since the subjects for the present study fall wide age range, with larger sample, efforts may be made to compare, within each of the groups, the responses given by young and old subjects to find out whether an age effect is hidden out.

5. Efforts to estimate the relative costs and benefits of different psychotherapeutic approaches to alcoholism could be made. Cost - benefit analysis (CBA) and Cost - effectiveness analysis (CEA) could be done on different popular and widely used interventions on alcoholism.

LIMITATIONS OF THE STUDY

As the study was confined to patients, admitted for treatment in two private de-addiction centers, namely Navajeeva Kendram, Pathanamthitta and Jayabharatham Hospital, Kollam, the scope for generalization of the findings is limited. The sample size of 166 is also small while considering the large size of population and the number of drop outs during investigation. The 3 year long investigation took place in the midst of complex social and family systems, many of the determinants of outcome lie outside the specific interaction between
the subjects and the investigator. Thus, causal statements about the relation between therapy modality and outcome could not be made equivocal. The type of symptoms and signs of distress that patients exhibit may shift in idiosyncratic ways during long term psychotherapy. This also restricts the investigator from arriving at concrete conclusions. When the control condition was applied to a group for long time, the patients might have become disenchanted with lack of progress. This was evident from the large rate of drop outs in control group when compared to the treatment groups. Social prejudice was found to be another factor which intervenes with the interpretations of the present study. Most of the people have a tendency to project a socially acceptable and desirable image of themselves. This might have affected the accuracy of the data on delicate issues like alcoholism, stress and maladjustment.