CHAPTER II
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REVIEW OF LITERATURE

2.1 REVIEW OF LITERATURE:

Review of literature is an essential step in the development of a research project. It enables the researcher to develop insight into the study and plan the methodology. Further, it provides the basis for future investigation, justifies the need for replication, throws light on the feasibility of the study, and indicates constraints of data collection. It helps to relate the findings from one study to another with a view to establish a comprehensive body of scientific knowledge in a professional discipline, from which valid and pertinent theories may be developed [20].

The review of literature helps in many ways. It helps to assess what is already known, what is still unknown and, what is untested, also it justifies the need for its replication, and throws some light on the feasibility of the study and problem that may encounter. It also helps to cover promising methodology tools with shed light on ways to improve the efficiency of data collection and obtain useful information and on how to increase the effectiveness of data analysis [21].

The reviewed literature for the present study is organized under the following headings:
2.1(i) Literature related to stress level among alcoholics.
2.1(ii) Literature related to lifestyle among alcoholics.
2.1(iii) Literature related to guided imagery.
2.1(iv) Literature related to guided imagery on stress among alcoholics.
2.1(v) Literature related to guided imagery on alcoholics life style.

India has come a long way since independence. Population with 3.5 million in 1947 is now over a billion. But life expectancy then was around 29 years and now it is closer to 65 years. India is a developing country in which the population pyramid is inverted which constitutes the increasing number of people now reaching above 60 years of age.
The world population is the total number of living humans on earth as of today; it is estimated to number 7.131 billion by the United States Census Bureau (USCB). The USCB estimates that the world population exceeded 7 billion \[22\].

However ageing is different from alcoholism as for every individual depends upon his positive attitude towards self but many alcoholics ruin their health.

As they say “If you are thinking a year ahead, plant seeds. If you are thinking 10 years ahead, plant a tree. If you are thinking 100 years ahead, educate the people”. \[23\].

2.1 (i) Literature related to stress level among alcoholics:

If we knew as much about mental health as we do about physical health, then alcoholism which is already considered as dangerous would have been banned from the world.

Rapid Social and technological changes in contemporary society brings stress and have strained resources from human adaptation. So human life is behind social crutches. To highlight self-standard most families adopt party drug but when social drinker becomes an alcoholic no one is aware.

In this, stress is part of the normal fabric of human existence. It has been suggested that life’s stress has generalized effect. It is expressed in varying symptomology depending upon the characteristics of individual \[24\].

To understand stress, it is helpful to understand “Stressors” \[25\]. Stressors are defined as “environmental forces that impinge on the organism. Such stressors may be chronic (e.g. Poverty), transitory (e.g. Noise), or highly idiocentric (e.g. Bad relationship with significant others) \[26\].

If at right time right measures for stress are not taken then can meet with hazardous consequences like poor concentration, depression, substance abuse. Hence one can select and practice any alternative medicine to see the effect on self from stress. These facts can adopt guided imagery to relieve stresses. Those who are involved in alcoholism due to stressors can practice guided imagery to changed their lifestyle.

People are frightened when they lose control over the environment. Guided imagery helps in avoiding pain in relation to personal, emotional balance. A self image in relationship with family and friends are prepared for uncertain events. To avoid the
EFFECT OF GUIDED IMAGERY ON STRESS LEVEL AND LIFESTYLE AMONG ALCOHOLICS ADMITTED IN DE-ADDICTION CENTERS OF PUNE CITY.

Impart of stress on the body alternative medicines provides clients with the means of emotional control. Examples: progressive muscle relaxation, meditation, deep breathing exercises and guided imagery, etc.

Studies have been conducted on such body–mind therapies. Stress cause alcoholism and that changes lifestyle are differentiable. This is due to various difficulties in defining stress. Bolander\cite{27} states that stress is difficult to define because of:

1) The different causes of stress
2) The nature of stressors of the stressors
3) The immediate physical, social and psychological response to stress
4) The long term or permanent physical and mental changes created by stress.

Similarly different individual mentions stress differently. Alcoholics mention stress as tension, and psychologist mentions stress as anxiety.

The body's reaction to stress involves separate physiological and emotional consequences that occur at different times after the stress. "For example, "the increase in heart rate and blood pressure, the release of cortisol, and also the increased feelings of tension and negative mood each reach a climax and dissipate at a different rate. Therefore, drinking more alcohol might have different effects, depending on how long after the person feels stress and drinks."\cite{11}.

A similar study was subjects comprised of 25 healthy men. Participated in two sessions. One performed a stressful public speaking task and one with a non-stressful control task. Stress reactions were noted like increases in heart rate, blood pressure, cortisol and feelings of tension. After each task, participants received intravenously infusions containing alcohol (the equivalent of 2 standard drinks) and placebo. One group of participants (n=11) received alcohol within one minute of completing the tasks, followed by the placebo 30 minutes later. The other group (n=14) received the placebo infusion first, followed by the alcohol. Investigator measured subjective effects such as anxiety, stimulation, and desire for more alcohol and physiological measures such as heart rate, blood pressure, and salivary cortical before and at repeated intervals after the tasks and infusions. The results demonstrated bi-directional relationships between alcohol and stress. Alcohol can change the way that the body deals with stress. It can decrease the
hormone cortisol when the body releases because of stress. Alcohol makes a person to feel the pleasant effects of alcohol or increase craving for more alcohol.[11]

Use of alcohol to cope with stress make a person's response to stress worse. Alcohol takes long time to recover from a stressor. Stress responses are beneficial. They help us to react to adverse events. By altering the bodies deal with stress, can increasing the risks of developing stress-related diseases like alcohol addiction.[11].

Similarly the study on “stress, cognitive factors and coping resources as predictors of relapse in alcoholics” states that 100 alcohol-dependent individuals attending a detoxification unit were assessed for variety of psychological, social and demographic variables. 61 participants were contacted at follow-up over one year later. Alcohol consumption was assessed through self-report and corroborative information. Self-report levels of stress and social support were also obtained. High (80%) self-efficacy predicted low levels of self reported drinking at follow-up. Negative coping predicted higher levels of stress which directly promoted drinking. 86% of them had high level stress in the month prior to follow-up were related to self-reported poor drinking outcome[28].

Alcohol is a family disease it drawn effects on the person who is drinker and whole the family but the mostly affected person is the spouses of the drinker. Alcoholism affect emotionally, physically, socially and psychologically[29].

Savita[30] study on “Level of stress among spouses of Alcoholic men” was assessed for Personality of wives of alcoholics, Stressful situations in wives of alcoholic, Familial and marital interactions. Quantitative non-experimental descriptive survey with population the spouses of alcoholic dependents. Purposive sampling technique was used to choose the participant. Tool used was modified in four point Likert scale. Data collection process was after consent were taken from N= 50 subject participant. 38(66%) participants aged between 21 – 40yrs with duration of marriage 24(48%) was between 0 to 10 yrs. 32(64%) husband was found to be occasional drinker with education of Husband was High school 17(34%) whereas education of wives was primary school 12(24%). 48(96%) had arrange marriage and less was (2) 4% was love marriage and living in nuclear family is 30(60%) and less participants 20(40%) was in joint family. The wives of alcoholic men is found under stress but the level of stress is differs from age, duration of marriage, drinking habits, religion, education, and type of family[30].
The study on “stress in recovering alcoholics” also states that the relationships among length of stress were examined in a sample of 500 recovering alcoholics attending alcoholic anonymous meetings. Length of sobriety was significantly associated with spiritual stress. Study showed significant difference at o.01 level in relation with spirituality and stress level.[31].

Reduction in tension is considered as important functional reasons for people using alcohol. Positive expectancies of alcohol use are found to be related positively to alcohol use. People have positive expectancies concerning the stress-reducing effects of alcohol use. These positive expectancies are important mediators in the connection between experienced stress and alcohol use. Because tension-reduction is considered a significant motivational factor at p<0.05. Reinforce of alcohol use has played an important role in research on the etiology of heavy drinking and abuse.[32].

Similarly study also examines college related variables that contribute to alcohol consumption among college students. Interested in examining the differences between cultural factors, stress level factors, and gender differences as they apply to the different variables. Borrowing from Agnew’s Strain theory and Culture theory to set a framework for examining stress level and social level factors. The analysis reveals that factors specific to college culture like type of residence, year in school and participation in fraternity have a significant association at 95% confidence interval with the number of drinks consumed. Individual level factors, such as age and gender, are also associated with both the number of drinks consumed. Academic difficulty is associated with the alcohol to affect academic performance. More support is found for cultural theory than strain theory in this particular study. The findings of this study highlight the importance of recognizing both individual and environmental level factors and their impact on college alcohol consumption. The standardized residual is examined like a z-score to assess the significance. This study is analyzing significance at the .05 level, with significant standardized residual value lie outside of -1.96/1.96. [33].

Sadava S.W.[33] says that the stress response is a complex process; the association between drinking and stress is more complicated because both drinking behavior and an individual’s response to stress are determined by multiple genetic and environmental
factors and show relation between alcohol consumption and stress on drinking behavior.\textsuperscript{[34]}

Probably the most influential theory on the relationship between stress and alcohol is the tension reduction hypothesis, where it is assumed that individuals drink alcohol for its stress-reducing properties and hence alcohol consumption increases\textsuperscript{[35]}.

Most individuals drink alcohol in response to stress. A both social and problem drinker commonly mentions that alcohol is to reduce stress\textsuperscript{[36]}.

These alcohol expectancies refer to individual beliefs about positive or negative outcome effects of consuming alcohol\textsuperscript{[37]}.

A recent epidemiological study based on almost 30,000 past-year drinkers established a consistent positive relationship between the number of past-year stressors experienced and heavy drinking. It was also found that stress did not result in a higher frequency of drinking, but in greater quantities when alcohol was consumed\textsuperscript{[38]}.

It is more uncertain whether alcohol has a stress response dampening effect (SRD). Furthermore, it is not only the pharmacological effects of alcohol, but also a variety of individual and situational factors that determine this effect. Different individual and situational factors shows that possible moderators were 90% family history of alcoholism, gender, low self-control, high self-consciousness and different cognitive deficits such as minimal brain dysfunction. It was also found that SRD effects exist only when drinking occurs in the presence of something that distracts the drinker from distress, which is referred to as the attention-allocation model. The SRD effect is also more likely when alcohol is consumed before the stressor occurs\textsuperscript{[35]}.

The effects of heavy drinking is an active mechanism underdrinking behavior\textsuperscript{[39]}. A positive family history of alcohol problems has been shown to be a risk factor for problem drinking and the development of future alcohol problems\textsuperscript{[40]}.

The body’s internal state or homeostasis is essential for survival. The body's delicate balance of biochemical and physiological function is constantly challenged by stressors such as illness, injury, and exposure to extreme temperatures and psychological factors like depression and fear. In response to stress or even perceived stress, the body mobilizes an extensive array of physiological and behavioral changes in a process of
continual adaptation, with the goal of maintaining homeostasis and coping with the stress[^41].

The stress response is a highly complex with the central nervous system, the adrenal system, the cardiovascular system and the body functions. The stress response affects the body's regulation of temperature; appetite and satiety; arousal, vigilance, attention and mood. Physical adaptation to stress allows the body to redirect oxygen and nutrients to the stressed body site[^42].

Stress is usually thought as harmful. Under chronic stress, the body either fails to compensate or it overcompensates. Effect on body is found such damage has given rise to alcoholism[^43].

Similarly “Stress and alcohol use among soldiers assessed at mobilization and demobilization” states that the associations of demographic and stress variables with alcohol use among 876 soldiers that were mobilized and demobilized through an army installation. 800 participants reported a moderate level of general stress and minority reported combat stress. Here stress was assessed with five items from the Health Enrollment Assessment Review (HEAR). A three point likert scale was used to assess stress. Stress was assessed in life satisfaction, work/lifestyle stress, problems with friends and family. Total score was calculated from 0-14 range. 10-60 soldiers were assessed at a time. 95% confidence interval was gained in stress[^44].

Drink as a means of coping was due to economic stress (60%), job stress(70%), and marital problems(56%) in the absence of social support. The more the stressor, the greater the alcohol consumption. The individual believes that alcohol will help to reduce the stress[^44].

Predictors of high work stress were role overload (21%), low job autonomy (6%), high client related pressure (4%), low workplace social support (3%), and low professional development opportunities (1%). High work stress was strongly associated with low levels of job satisfaction. Tsigos[^45] reported n=163 p = .0015% of workers mainly dealt with clients whose predominant issue was related to alcohol. 76% of workers reported having primarily alcohol related workloads. A larger proportion of non-government agency workers reported high alcohol-related workloads, compared to government agency workers. Only 5% of workers reported high levels of pressure when
dealing with clients with alcohol-related problems. High alcohol-related workload was significantly correlated with high levels of job satisfaction. Stress is experienced when individuals feel unable to cope with the demands placed upon them.\textsuperscript{[45]}

The study reveals a high level of alcohol involvement in Swedish university freshmen. Half of all university freshmen score above traditional cut-off levels for harmful or hazardous alcohol use. Factors associated with hazardous or harmful use was among emerging adulthood (18-25 years).\textsuperscript{[46]} The acceptance of the study was probably improved by offering all freshmen feedback in response to their participation. Different incentives are known to improve response rates. The study includes all freshmen entering a university programme exceeding three years and situated at the main campus area at two Swedish universities.

In the study represented about 80% of all freshmen entering these universities. The total response rate was 72% at baseline. Virtually all freshmen that were contacted in different settings during the enrolment process accepted participation. A total of 88% students remaining at university came for follow-up assessments, with very similar figures between the intervention and the control university in the total population (87% vs. 88%). The high-risk groups for alcohol (80% vs. 84%) and stress (86% vs. 88%). Their follow-up results therefore could be regarded as satisfactory.\textsuperscript{[46]}

Stress may be linked to social drinking, and the physiological response to stress is different in actively drinking alcoholics compared with non-alcoholics. A clear association between stress, drinking behavior, and the development of alcoholism in humans is unclear.

The study on “The association between stress and drinking: Modifying effect of gender and vulnerability” also states that the aim of the relationship between number and type of past year stressful experience and alcohol consumption with a focus on how gender, poverty and psychological vulnerability moderate these association for which data from 26946 US past year drinkers who were around 18 years of age and over were interviewed in the 2001-2002. National epidemiological survey on alcohol and related condition (NESARC), were used to construct multivariate linear regression models predicted six measures of drinking pattern and volume. Frequency of heavy drinking
increased by 24% with each additional stressor. Job related and legal sources of stress were more strongly associated with alcohol consumption than were social and health related stress.⁴⁷.

The study also showed connection between stress and relapse: Among abstinent alcoholics. Personally threatening, severe, and chronic life stressors may lead to alcohol relapse. An 80 group of men who completed inpatient alcoholism treatment and later experienced severe psychosocial stress prior to and independent of any alcohol use. The researchers found that subjects those relapsed experienced twice as much severe and prolonged stress before their return to drinking as those who remained abstinent. In this study, 75% severe psychosocial stress was related to relapse in alcoholic males who expected alcohol to reduce their stress. 80% vulnerable to stress-related relapse scored low on measures of coping skills, self-efficacy, and social support. Stress-related relapse was greatest among those who had less confidence in their ability to resist drinking and among those who relied on drinkers for social support. One route to relapse prevention is the teaching of coping skills where patients learn how to deal with these stressors without drinking⁴⁸.

It is increasingly acknowledged that workers in the health and human services field often experience high levels of work-related demands and stressors, and are particularly at risk of stress⁴⁹.

All above studies shows stress is a leading factor for alcoholism and new alcoholic is born with new stress in life. Stress is commonly believed to be a factor in the development of alcoholism (alcohol dependence). However, current scenario is more informative about the relationship between drinking and stress than about the relationship between stress and alcohol dependence.

Although there is evidence that stress increases drug use in human and the processes by which stress affects drug-motivated behavior are not understood. The effects of an acute social stressor performing a mental arithmetic task to audience on consumption of ethanol or placebo beverages in healthy social drinkers⁴⁰.

Thirty-seven men and women, ages 21–35, were randomly assigned to a placebo (n=15) or ethanol group (n=22). Subjects participated in two sessions, one with stress that is trier social stress test and the other without stress. In each session, immediately
after the stress or no-stress period, subjects consumed the first dose placebo or 0.3 g/kg of ethanol for men or 0.2 g/kg for women. Then, subjects were allowed to choose up to six more beverages of 0.1 g/kg each for the ethanol group or placebo beverages for the placebo group. Measures included percentage of beverage consumed, salivary cortisol level, heart rate, blood pressure, and subjective ratings of mood and drug effect. As a result it showed that subjects in both the placebo and ethanol groups consumed significantly more of their beverages after stress, compared to no stress. Stress increased anxiety, uneasiness and produced some stimulant-like effects and in the ethanol group, it dampened some of the acute subjective effects of ethanol. The direct physiologic and mood effects of the stress were fairly short-lived. It is concluded that acute stress may produce a modest increase in alcohol consumption in healthy, no problem social drinkers.\cite{10}.

Alcoholism is understood as a bio-psycho-social problem with serious consequences on the drinker’s health, Psychological and social status. Alcohol related medical problems comprise wide variety of direct and indirect effects of alcohol on various systems\cite{50}.

This study adapts a holistic approach along with Betty Neuman model as concept of bio-psycho-social aspect were stressors effect body- mind and spirit. Hans Selye\cite{51} also defined stress as “the nonspecific response of the body to any demand made upon it to adapt whether that demand produces pain or pleasure”. Several studies showed that effect of stress should be availed with supportive measures to relieve stress as a stress management.

2.1(ii) Literature related to lifestyle among alcoholics

Although alcoholics know, deep inside, that their alcoholism has gone out of hand and they want to give it up, they live in denial. So they themselves should talk to them to deal with it. Alcoholics should reevaluate themselves in every facts in alcoholic’s life which is due to alcohol. An alcoholic’s personality deteriorates so radically that he or she loses sense of time, money and relationships. If an addict learns to value, there is chance for reform. Alcoholics should sign up for counseling, group therapy; turn to yoga, guided imagery leads to a much better way to a calm and healthy life\cite{52}. The issue of alcohol
consumption and the alcohol abuse among the public has been a growing policy concern.

The National Survey on Drug Use and Health reported that 57.7% of males and 45.9% of females aged 12 and older were current drinkers. The rates of binge and heavy drinking also followed a similar pattern within this age group. This is a legal issue with those 21 and under, but also the long-term consequences associated with heavy alcohol consumption for this age group. “In 2008, rates of current alcohol use were 48.7% among persons aged 18-20, and 69.5% among 21 to 25 year olds”.[54] While comparing college students with non-college students. College students were more to: use alcohol in the past month than their counterparts who were not enrolled in school (61.0% vs. 54.2%), binge drink (40.5% vs. 38.1%), and drink heavily (16.3% vs. 13.0%) [55].

With a large percent of the population age 12 and older as current drinkers (51.6%; approximately 129.0 million people, binge drinkers 23.3%; approximately 58.1 million people, and heavy alcohol users 6.9%; approximately 17.3 million people, researchers attempted to identify the relationship between alcohol consumption, gender, race, and age. Research also has found alcohol abuse to have a negative impact on academic performance, social relationships and ultimately an individual’s health [56].

The life-events related to friends and relatives were operationalized as ‘relatives being hospitalized’ and ‘relatives becoming unemployed’. These events were found to be 82% positively associated with excessive drinking to the educational gradient and found relation with life-events and alcohol use. Economic and psychological vulnerability were more responsive to stress. They found that psychological vulnerability did not modify the association between life-events and alcohol use. With respect to economic vulnerability, results were mixed. There is evidence that poverty intensified the effects of job stress on alcohol use. Persons with positive expectancies from emotion coping were more vulnerable for increased alcohol use after exposure to life-events. Supportive resources of spouse, family, friends, and religious institutions reduced excessive drinking in response to life-events [57, 58].

Stress-related drinking was found to be the most common motivator for heavy drinking among college students. Stress-motivated drinking rates among post-collegiate men were found to be higher than among collegiate males. Men consumed on average
22.1 drinks as a result of stress motivation compared with 15.7 average drinks for women. Females, post-collegiate students who drank to cope with stress reported a greater frequency and quantity than those women who drank for other reasons.\textsuperscript{[59]}

Stress can serve as an indicator of drinking to identify specific characteristics of college life that can lead to alcohol consumption like place of residence is one such variable. Studies examined type of residence, single gender residence, and co-ed residence halls as variables that either encourage drinking or discourage drinking\textsuperscript{[59]}. Stress also leads to negative coping with an onset of stress-related drinking in the transition from high school to college. Analyzed stress motivated drinking in collegiate and post-collegiate student’s. 77\% revealed alcohol being used as a coping mechanism in reducing stress, tension, and anxiety in first year males at a private university and the ethnic composition of the participants consisted of 61\% Caucasian, 11\% Hispanic, 5\% African American, 6\% Asian, and 17\% “mixed race” or “other” (N= 239)\textsuperscript{[60]}. Hence alcohol consumption was found to be a growing concern even among college students with several cultural factors in relation to lifestyle.

Study even mentioned the relationship between spouse-related life-events and alcohol use. Perreira.K.M and et al\textsuperscript{[61]} investigated the relationship between life-events related to friends or relatives and alcohol use. These life-events were operationalized as losing a friend because of a move, death of a close friend and relatives being hospitalized. Respective life-events were related with an increase in alcohol use. An observation period of 4 years measured exposure to negative life-events and drinking behaviour three times: baseline, 1 year later and 4 years later. It was found that the strength of the relationship between life-events and alcohol use was strongest over T1–T2 (1 year) interval, less strong over T1–T2 (3 year) interval and least strong over T1–T3 (4 year) interval. They conducted a LISREL analysis accounting for previous drinking behaviour. Then had a baseline measure and a follow-up measurement 3 years later. Alcohol use measured at follow-up was the dependent variable and alcohol use measured at baseline was added as a covariate in the analysis. The study also found a significant interaction between baseline alcohol use and life-events. The effects found are stronger among those who drink more at baseline. The study found four waves with a 2 year interval. The researcher modeled change in alcohol use over the entire 6 year of follow-
up. But they also looked at the relationship between life-events experienced between waves 1 and 2, 2 and 3, and 3 and 4, and change in alcohol use between waves 3 and 4. To test whether associations between life-events and alcohol use became weaker as time follows. The researchers found that for hospitalization, alcohol use decreased around the time of the event[61].

Similarly an effect of stressful life-events on alcohol use in the general population showed the relationship between life-events and alcohol use on non-problem drinking population. Alcohol use in the general population >45 years of age showed that the relationship between specific life-events and higher alcohol use was 80%. A victim of crime was associated with higher alcohol use but divorce and financial problems were related to both higher and lower alcohol use. Health-related life-events were found to be associated with lower alcohol use. It was also found that health-related life-events and financial problems caused a decrease in alcohol use, and life-events related to spouse, friends, relatives and retiring led to an increase in alcohol use[62].

Alcohol consumption fulfils an important cultural and symbolic function in most societies, and it is estimated that 80-90% of the European population consumes alcohol from time to time[63].

The term alcohol consumption describes the frequency and the quantity of alcohol consumed over a given time. Frequency is often defined as the number of days or occasions during a specific time interval when alcohol is consumed. Quantity is the amount consumed on each drinking occasion. Alcohol consumption is associated with both positive and negative consequences of lifestyle[64]. Alcohol consumption is the fourth most common reason for disability-adjusted life years (DALYs) lost in Western Europe[65]. Immediate consequences dominate young people, and long-term consequences in life are more applicable to older people[66].

The World Health Organization defines moderate drinking as a pattern of alcohol consumption that has no or only few negative consequences. Social drinking may be moderate but, as it is dependent on the customs in the cultural setting where the drinking occurs, it may also be associated with negative consequences as mentioned above. The cut-off between moderate and hazardous drinking is defined as drinking that exceeds
weekly consumption of 14 standard drinks in men and 9 standard drinks in women. Of primary concern is also binge drinking, which is consumption of >5 standard drinks for men and >4 standard drinks for women on the same occasion [67]. Epidemiological data shows that exceeding the daily drinking limit is associated with higher risks of developing alcohol use disorders than exceeding the weekly limits [68].

2.1(iii) Literature related to guided imagery

Guided imagery provides a powerful psychological strategy that enhances a person’s coping skills. Imagery involves all the senses, as well as one’s whole body and emotions. It is a way of viewing your ideas, feelings, experiences and interpretations. Imagery can stimulate changes in bodily functions such as heart rate, blood pressure and respiratory patterns. It can help you tap inner strengths to find hope, courage and other qualities that can help you cope with a variety of conditions [69]. Assagioli [70] identified 15 groups of symbols of transpersonal experience.


The “subtle” realms in Wilbur’s theory (stages 5-6) relate to the highest integrative structures in the personal realm i.e. the integration of the ‘self’. Stage 7 relates to the development of transpersonal capacities, such as being ‘at one’ with a higher presence. The ultimate realms stages 8-9 relate to a capacity to transcend consciousness, to a state of formlessness, of being one with the world, “an unlimited consciousness of unity which pervades everywhere… a being who is in essence one with the Supreme Self” [71].

A guided imagery and Music experience was investigated. Lewis [72] took transcripts of 128 client sessions, plus 20 transcripts of own personal sessions, and identified images, experiences or emotions in the GIM sessions which corresponded with Wilbur’s stages 5-9. He found the following: Archetypal/spiritual images occurred in 62%, body changes example: spinning, floating occurred in 54 of the sessions (43%), deep positive emotion occurred in 42%, experiences of light or energy occurred in 34%, past life or other psychic phenomenon including dialogue with family members who had
died occurred in 18%. Hence he concluded that GIM has great potential for evoking transpersonal and spiritual experiences\(^{[72]}\).

The relationship between the emotion and imagery in the GIM experience mentioned that in GIM there may be “emotionally-laden” images with little or no accompanying expressed emotion and conversely there can be strong emotion expressed with little or no imagery. It draws on a neuro-anatomical framework to understand the relationship, interaction and action potential between images, affect and the music. Researcher also states that music triggers the memories and images which in turn activate emotions. \(^{[73]}\).

Calm, soothing music with or without nature sounds may be used. Patients also learn how to create their own images and/or use previously created tapes. The study shows that guided imagery can dramatically counteract a loss of control, fear, panic, anxiety, helplessness and uncertainty. It can help people overcome stress, anger, pain, depression, insomnia and other problems often associated with illness\(^{[73]}\).

A phenomenological study was undertaken to investigate pivotal moments in Guided Imagery and Music (GIM) Therapy, from three perspectives: the client’s experience, the therapist’s experience and the music which underpinned the moment. The questions posed were: how do clients experience moments in GIM therapy. Seven clients were interviewed about their experiences of pivotal moments in GIM. The interview protocols were analyzed. There were 24 composite themes which emerged from the analysis, and four of these, common to all clients, were: those pivotal moments were recalled in vivid detail; they were emotional experiences; they were embodied experiences; and they impacted on the clients lives. The therapists felt emotional during the pivotal moment; and might look for observable changes in the client’s body language or facial expression. In the third part of the study, the music program selected for the GIM session was analysed. Pivotal moments in GIM therapy showed radical change in the person’s life. They are distinguishable from other types of experiences in GIM therapy. These results are discussed in light of the contribution to the clinical practice of GIM therapy\(^{[73]}\).
The study on “Guided imagery types on stress and performance of an intramuscular injection of nursing students” states that the design was a time series with a nonequivalent control group pretest-posttest study. The subjects of the study were 40 females. The instruments used in the study were the Visual Analogue Scale for Stress and the Nursing Skill Performance Check-list on Intramuscular Injection developed by the researchers and were 10 items. Guided imagery was provided through audiotapes for 8 minutes. A pretest was given before applying the guided imagery, posttest was performed after the intervention. Data was analyzed using t-test, and repeated measures ANOVA. The result was level of stress for those who received guided imagery was significant for 0.05 level and the level of the nursing skill performance was significantly higher than that of students who did not receive guided imagery.

Similarly the study on “Effects of relaxation with guided imagery on surgical stress and wound healing” also states that the purpose of the experiment was to determine the effects of an audiotape series employing Relaxation with Guided Imagery (RGI) on the psychophysiologic stress response and wound healing in surgical patients. 24 patients undergoing cholecystectomy were randomly assigned to either RGI or control conditions. Measured against three indexes of recovery: state anxiety, urinary cortisol levels, and wound inflammatory responses. An analysis revealed that the 82% RGI group demonstrated significantly less state anxiety, lower cortisol levels one day following surgery and less surgical wound erythema than the control group. Thus, the RGI tapes demonstrated 75% stress-relieving outcomes closely associated with healing.

Chronic stress with relative hypercortisolism has been associated with metabolic disease. Stress-reduction interventions for reducing such chronic disease risk in obese youth. The purpose of this study was to conduct a 4-week pilot intervention to determine stress-reduction Interactive Guided Imagery (SM) (IGI) can show effect on overweight Latino adolescents. Subjects 6 males and 6 females, ages 14-17, body-mass index >95th percentile were randomly assigned to the experimental guided imagery group (IGI, n = 6), or the nonintervention control group (C, n = 6). IGI subjects received four weekly 45-minute stress-reduction IGI sessions. Salivary cortisol was assessed immediately before and after each session. There were significant within-group reductions in salivary cortisol
in the IGI group in three of the four sessions, and no reductions in cortisol in the control group. For all four sessions combined, there was a significant between-group effect for the change in salivary cortisol in IGI versus C ($p = 0.007$). Effect sizes of cortisol change in IGI group were moderate to very high in the four sessions. Study concludes that IGI may be feasible and effective in acutely reducing salivary cortisol levels in overweight Latino adolescents. So study related to alcoholics with guided imagery need to be determined for stress-reduction with longer-term reductions in chronic stress and measuring positive lifestyle$^{[76]}$.

Similarly the use of guided imagery as a sole adjuvant therapy for cancer patients. Electronic searches for controlled clinical trials were carried out in 08 databases and 02 clinical trial registers. Trials that featured guided imagery as a sole adjuvant therapy were included. No language restrictions. As a result 06 randomized clinical trials were included. The study reported significant differences in measures of anxiety, comfort or emotional response to chemotherapy for patients who received guided imagery over the control groups. On conclusion it was found that Guided imagery, as a sole adjuvant cancer therapy may be psycho-supportive and increase comfort. There is no compelling evidence to suggest positive effects on physical symptoms such as nausea and vomiting. The data was sufficient for the use of guided imagery as an adjuvant cancer therapy$^{[77]}$.

The psychological interventions involving relaxation and guided imagery targeting immune functions. Self-hypnosis training incorporating imagery of the immune system. The study hypnosis buffered the effects of stress on immune functions in medical students at exam time, and the comparison of self-hypnosis with and without immune imagery confirmed advantages to targeted imagery for both immune function and mood. Six weeks of training improved mood and reduced levels of clinical depression and anxiety$^{[78]}$.

The power of the mind to influence the body is remarkable. Although it isn't always curative, imagery can be helpful in 90 percent of the problems that people bring to the attention. The efficacy of a guided imagery intervention for decreasing depression, anxiety, and stress and increasing comfort in psychiatric in-patients with depressive disorders was done by quasi-experimental design sampled 60 short-term hospitalized depressive patients selected consecutively. The experimental group listened to a guided
imagery compact disk once a day for 10 days. The Psychiatric Inpatients Comfort Scale and the Depression, Anxiety, and Stress Scales (DASS-21) were self-administered at two time points: prior to the intervention (T1) and 10 days later (T2). Comfort and DASS-21 were also assessed in the usual care group at T1 and T2. Repeated measures revealed that the treatment group had significantly improved comfort and decreased depression, anxiety, and stress over time[79].

So looking into the effect of guided imagery on various stress factors in varieties of conditions helped researcher to undertake the study to check effect guided imagery on stress and lifestyle among alcoholics.

2.1(iv) Literature related to guided imagery on stress among alcoholics

Images and other senses are the means used by the brain to communicate with our systemic organs to relax mental and physical health. Guided imagery is a form of focused relaxation that helps create harmony between the mind and body. It is a way of focusing ones imagination to create calm, peaceful images in the mind, thereby providing a “mental escape.”

Stress can be operationalized in different ways. A division can be made in perceived and objective stress, in chronic and acute stressors. Four ways of operationalizing stress. First, stress is predominantly measured as negative life-events, which include undesirable happenings such as death of a spouse and loss of employment. Second, it is operationalized as a chronic condition such as job stress. Third, it is measured as personal emotional distress, such as anxiety and depression. And a fourth is operationalization as minor daily irritation or hassle. The first category, threatening life-event that is acute and objectiveis among the most potent contextual stressor, and research has focused on the contingent effect of life-events and alcohol abuse with addiction. Abstainers or heavy drinker’s life-events were more strongly related to depressive symptomatology than among moderate drinkers. Light-to-moderate drinkers experienced 40% depressive effects of life-events than persons 78% in the non-drinking or heavy drinking [80].
The study on “Pre-packaged guided imagery for stress reduction” states the use of pre-packaged compact discs (CDs) which incorporate Guided Imagery (GI) with suggestions and affirmations. The use of these CDs results in quick reduction of stress-related issues for all participants. Improvements were identified in general feelings of well-being (91% of participants), positive thoughts (82%) and ability to cope in stressful situations (73%). Decreases in incidence ratings were greatest for insomnia, anger and negative thoughts. The benefits were increased relaxation, decreased negative thoughts, and decreased stress. The fundamental element in therapy is aimed at reducing stress and stress-related symptoms and guided imagery has shown to be beneficial for a range of positive as well as negative stressors.

Larimer, M.E. and Cronce[82] mentioned on programmes targeting drinking and found good support for brief motivational interventions. It is a combination of reflective empathetic listening and specific techniques for change. It includes individualized feedback on drinking habits and the risks associated with drinking. Support was for the skills-based interventions that focus on giving behavioral skills to monitor and moderate their own drinking and normative re-education interventions that aim to change alcohol consumption through discussing norms. There 69% evidence that multi-component interventions have effects, especially when they include motivational techniques. The components most effective in this approach are personalized normative feedback, training and discussion of protective behaviour.82.

The effectiveness of personalized feedback. It was found that single-session personalized feedback without therapeutic guidance reduced alcohol consumption with effect sizes in the 52% small-to-moderate range (95%) [83].

Similarly as an alternative solution to the use of alcohol to reduce stress. The Alcohol Skills Training Programme (ASTP) included one session on relaxation techniques and lifestyle balance which used a stress management programme as a prevention programme for heavy drinking in males. A decrease in daily drinking was established after 2.5 months. Among heavy drinkers with high stress at baseline, no stress reduction could be found after 2.5 months. The weekly running group was the only group
that reduced their alcohol consumption compared to the no treatment control condition [84].

The stress response is the reaction to stress consists of three components. First, there is a physiological response that is accompanied by an emotional response. The central physiological components, described by [85] are located in the hypothalamus and the brain stem, and they receive external and internal input. In order to maintain equilibrium appropriate responses are initiated in the neural, endocrine and immune system. Adjustments made in the nervous system (ANS), i.e. the body’s control system, are considered to be of specific importance. Its two subsystems, the parasympathetic nervous system (PSNS) and the sympathetic nervous system (SNS), regulate the balance between activity and relaxation. The emotional response that accompanies the physiological response. The second features of the stress response are, defense mechanisms are considered to be unconscious responses to external or internal stressors. In response to stressful circumstances, the most frequent mechanisms are repression, denial, displacement, projection and regression [85]. These are also the defense mechanisms used by alcoholic client whenever required.

According to Davis and Brantley [86] coping strategies include adaptive coping strategies, i.e. problem solving, emotion-reducing strategies, alternative medicines and positive re-examination of a problem, as well as maladaptive coping strategies that reduce the emotional response in the short term but lead to greater difficulties in the long term. As an example considering the use of alcohol to reduce an emotional response or to reduce awareness of stressful circumstances is considered to be a maladaptive coping strategy.

The study on “Complementary & Alternative Medicine: 75% has adopted and accepted Guided Imagery use of imagery in psychotherapy to induce relaxation. Guided Imagery is a therapeutic technique allowing individuals to use their own imagination to connect body and mind to achieve relaxation and reduce stress [87].

Imagery is the most fundamental language. Everything you do, the mind processes through images. When we recall events from our past or childhood, we think of pictures, images, sounds, pain, etc. It is hardly ever be through words. Hence various
studies also has shown guided imagery is effective in reducing stress and bring good change in required areas.

The WHO estimates that around 2 billion people worldwide consume alcohol and there is clearly no single reason why they do or why different people drink to different extents. It is apparent though that drinking is influenced by factors such as genetics, social environment, stress, culture, age, gender, accessibility, exposure and personality.[88]

"In the United Kingdom, the number of 'dependent drinkers' was calculated as over 2.8 million in 2001. About 12% of American adults have had an alcohol dependence problem at some time in their life. The World Health Organization estimates that about 140 million people throughout the world suffer from alcohol dependence. In the United States and Western Europe, 10 to 20 percent of men and 5 to 10 percent of women at some point in their lives will meet criteria for alcoholism. Alcoholism has a higher prevalence among men, though in recent decades, the proportion of female alcoholics has increased. Current evidence indicates that in both men and women, alcoholism is 50–60 percent genetically determined, leaving 40–50 percent for environmental influences[88].

The Global Information System on Alcohol and Health (GISAH) is an essential tool for assessing and monitoring the health situation and trends related to alcohol consumption, alcohol-related harm, and policy responses in countries. The harmful use of alcohol results in the death of 2.5 million people annually. There are 60 different types of diseases where alcohol has a significant causal role. It also causes harm to the well-being and health of people around the drinker. In 2005, the worldwide total consumption was equal to 6.13 litres of pure alcohol per person 15 years and older. Unrecorded consumption accounts for nearly 30% of the worldwide total adult consumption[88].

ALCOHOL ATLAS OF INDIA is the first major manual from Indian Alcohol Policy Alliance (IAPA), as part of its commitment to prevent alcohol related harm through evidence based policy intervention, advocacy and capacity building. Global Status Report on Alcohol - This report by the World Health Organization (WHO) provides an update on the global picture of the status of alcohol as a factor in world health. It consists of two parts. The first part presents an overview and comparative analyses of the alcohol situation on a regional and global basis using indicators such as
alcohol consumption and use, prevalence rates and drinking patterns. There is also a
discussion on the health and social consequences of alcohol use. The second part of the
report consists of a CD-ROM which presents individual country profiles for all Member
States \[88]\.

Study included, identifying different characteristics that moderate alcohol-related
problems. In short-term follow up (4-13 weeks) interventions were more successful
because females were included in the intervention group and interventions were delivered
on an individual and in-person basis and motivational interviewing techniques, normative
feedback, and feedback on expectancies and motivates including a decisional balance
exercise. Interventions were less successful. They were directed towards heavy drinkers
or at-risk groups; the intervention included an expectancy challenge or skills training. It
was also found that few interventions affect alcohol consumption after 6 months, while
reduction in alcohol-related problems had longer-term effects and was found in long-term
follow-ups (27-195 weeks) \[89]\.

According to the WHO Global Status report on Alcohol there is 75% evidence to
assume that alcohol has a causal role in stress. Not only do alcohol dependence and major
stress co-occur disproportionately but also higher volumes of alcohol consumption are
associated with more symptoms of stress. While it has often been postulated that people
suffering from depression related to stress “self medicate” with alcohol \[88]\.

The idea has recently gained credence that social forces may be among the most
important in predisposing to alcoholism. The socially isolated, unemployed person in the
ghetto area has come to be seen as almost entirely the product of social rather than
biological or psychological forces \[89]\.

The effect of imagery on behavior has been noted and researchers states every
image has in itself a "motor drive," meaning that our images initiate behavior and that if
behavior can be viewed as a process, then imagery becomes a part of that process .
Assagioli \[70]\.

In developing the procedure he called ‘Progressive Relaxation’ found that
imagery does not just affect the mind but also parts of the body. He gives the following
examples: think of reading and our eyes move toward the imagined paper; think of
brushing hair and there is muscle action in the arm that brushes hair \[70].
Concept of Successful treatment for alcoholics requires that specific treatment goals are met. The primary goal of treatment for the alcoholic should be abstinence. Two important personality characteristics of the alcoholic must be dealt with: low self-esteem and high anxiety.

Crucial to the belief that imagery can be an effective treatment modality is the acknowledgement of three basic concepts:

(1) **Covert processes affect overt behavior**

An example of this concept is that a reinforcing stimulus presented in the imagination can result in an increase in the frequency of a behavior.

(2) **Manipulation of imagery** can effectively modify maladaptive behavior. An example is covert sensitization in which a subject imagines aversive conditions occurring concurrently with the behavior he wishes to terminate. The repetition of imagining this scene results in a decrease of the unwanted behavior.

(3) **Manipulation of covert processes** can influence overt processes in a predictable manner. An example is imagining a pleasant situation after performing a behavior tends to increase the frequency of that behavior. Another example is imagining an unpleasant situation after performing a behavior tends to decrease the frequency of that behavior.

Treatment using imagery has been determined successful in treating alcoholism. The significant aspects were identified as relaxation and modification of consequences of drinking through aversive imagery. The study on “Script-guided imagery of social drinking induces alcohol” states that laboratory exposure to alcoholic beverage cues has been demonstrated to elicit urges to drink. The possibility that imagines cues also elicit such urges, providing a model of conditioned effects not dependent on the presence of physical stimuli associated with alcohol. Erblich exposed 54 persons to social drinking-relevant standardized script-guided imagery. Cravings were measured before and after each imaginable exposure. As hypothesized, the drinking script induced alcohol-providing support for both direct and cross-cue reactivity effects. Further validating the social-drinking script, craving reactions were significantly 78% stronger among participants who reported frequent drinking in social situations. Results suggest that the present alcohol script may be a
useful tool for eliciting craving responses under guided imagery and provide an additional means for better understanding addiction\textsuperscript{[92]}.

Similarly the study on “An endocannabinoid signal associated with desire for alcohol is suppressed in recently abstinent alcoholics” that employed laboratory exposure to stress. Alcohol cue, and neutral relaxed situations through guided imagery procedures to evoke alcohol desire and craving in healthy social drinkers (n = 11) and in treatment-engaged, recently abstinent alcoholic subjects (n = 12). Assessed alcohol craving, heart rate, and changes in circulating endocannabinoid levels. Subjective anxiety was also measured as a manipulation check for the procedures. On analysis found that in healthy social drinkers, alcohol cue imagery increased circulating levels of the endocannabinoidanandamide, whereas neutral and stress-related imagery had no such effect. Notably, baseline and response anandamide levels in these subjects were negatively and positively correlated with self-reported alcohol craving scores, respectively. Cue-induced increases in heart rate were also correlated with anandamide responses. By contrast, no imagery-induced anandamide mobilization was observed in alcoholics, whose baseline anandamide levels were markedly reduced compared to healthy drinkers and were uncorrelated to either alcohol craving or heart rate\textsuperscript{[93]}.

Similar study also have suggested that imaginal exposure to cues associated with the use of addictive substances. The imaginal exposure methodologies have potential theoretical and practical benefits. Imaginal exposures, using scripts describing such addictive cues, are thought to provide a more contextually rich cue induction, bringing in both more distal elements and more personalized experiences that achieved with exposure to more proximal in vivo cues such as paraphernalia. 80% male alcoholics had higher levels of cue-reactivity at baseline predicted greater frequency of drinking at a three-month follow-up due to stress\textsuperscript{[94]}.

In the similar study of alcoholics by Morse\textsuperscript{[95]} greater cue-reactivity was related to higher levels of drinking in the days following the task. 76% was found with that the cue-induced craving reactions related to drug use history, including the severity of use and the duration of recent attempts at abstinence, the alcohol imagery, which depicted drinking in a social situation. Compared to the craving reactions of participants reported a history of drinking on social situations\textsuperscript{[95]}.
William Gordon \[96\] designed a study to test the efficacy of Guided Imagery Training and specifically Progressive Relaxation and Guided Imagery Training as a treatment for alcoholics. A quasi-experimental research study using a randomized control group pretest-posttest factorial design. A 2 x 2 factorial design of two classifications of alcoholics and four treatment groups was used. Using the Diagnostic and Statistical Manual III, alcoholics were classified either First Stage or Continuous/Episodic alcoholics. The four treatment groups were control, Progressive/Relaxation Training, Guided Imagery Training, and Progressive Relaxation/Guided Imagery Training. Pretests and posttests were administered to 120 outpatient clients in three treatment centers in Florida. Criterion measures were the Tennessee Self-Concept Scale, Speilberger's State-Trait Anxiety Inventory, and a Drinking Questionnaire was developed. Treatment period was five one hour sessions. Control Group was actually five sessions based on the Reality Therapy approach. The three experimental groups were divided evenly, one half session Reality Therapy, one-half experimental session. Guided Imagery Training emphasized subject participation. Subject selected wanted to cope more effectively; situations were the focus of imagery session; visualized the situation; and subject reinforced visualized coping behavior by describing positive emotions regarding coping behavior. Emphasis was on coping. Treatments produced no change in self-esteem or actual drinking behavior. Progressive Relaxation/ Guided Imagery Training significantly reduced state and trait anxiety more than Control Group\[96\].

Various relaxations methods are proved to be the effective treatment for controlling stress in alcoholics life and can be used to reduce alcohol. Similarly guided imagery can be used among alcoholics to relieve stress from various area of life.

2.1(v) Literature related to guided imagery on alcoholics life style

Visualization and other relaxation methods may produce significant benefits, often by helping to ease pain and lift depression. Research is continuing to determine whether even more spectacular results can be achieved to relieve stress and change lifestyle among alcoholics. The stress effect the life style is a proved fact\[97\].

The benefits of guided imagery bring changes in lifestyle or conditions that require medical or surgical interventions often cause patients to feel out of control, scared
or overwhelmed. Fear of pain is a commonly expressed concern. Clinical studies show that stress can affect pain, prolong recovery time. Guided imagery can bring about the state of mind and body most conducive to healing – deep relaxation and positive focus on lifestyle\textsuperscript{[70]}. Guided imagery may help in various life events:

- Increase control, decrease depression, decrease stress and anxiety, decrease pain, decrease side effects, enhance sleep, enhance quality of life, increase relaxation, decrease nausea, decrease blood pressure, enhance healing, improve immune system, decrease respiratory difficulties, decrease hospital length of stay, enhance self-confidence\textsuperscript{[70]}

Substance use disorders are chronic and tend to relapse. For one Year outcomes alcohol study shows that more than 85% of individuals relapse and return to use within one year of treatment. These findings are consistent with previously reported observations on relapse rates and need to understand to adapt therapies to improve addiction relapse outcomes. Relapse prevention also approaches general relapse prevention approach and Specific relapse prevention approach. In general relapse prevention approach tells about psychosocial treatment like social support, lifestyle change in which includes creating new interests, pleasures and social contacts. Similarly in specific relapse prevention approaches on recovery training and self help like cue extinction can be taught about relaxation technique, guided imagery\textsuperscript{[97, 98]}. Similarly Guided imagery as intervention to alcoholics stress need to be repeated to reduce stress and change alcoholics lifestyle.

The imagery works best when it is used in conjunction with a relaxation technique. When the physical body is relaxed, one does not need to be in such conscious control of the mind, and one can give the freedom to common relaxation techniques used with imagery\textsuperscript{[70]}

The study on “The relationship between life-events and alcohol use in the general population” shows that 89% is related to higher alcoholic use due to stressful life event. Health related life events were found to be associated with lower alcohol use\textsuperscript{[99]}. Study has also shown that man faces stress either due to positive stress like promotion in job, high standard of living, higher achievement or, negative stress like low
financial status, disorganized family, retirement, increase demand in life. All these stressors are related to life event and promote alcoholism which directly affects the individual’s life-style.

Stress is a normal part of human nature. Stress has no real effects, but when it is not relieved it can turn into distress. Distress has many effects to the human body. It can cause headaches, nausea and rise in blood pressure\cite{100}.

Relapsed alcoholic individuals frequently report that negative emotional states trigger their return to drinking. A parametric laboratory study was conducted to assess the separate and combined effects of exposure to alcohol-related stimuli and induced negative moods in abstinent alcoholic persons. The reactivity to alcohol cues or reactivity to negative mood induction predicted relapse soon after treatment. Men with alcoholism ($N = 50$) undergoing inpatient treatment participated in a guided imagery procedure designed to induce negative moods and were then exposed to either their favorite alcoholic beverage or to spring water. Results indicated that both alcoholic beverage presentation and negative affect imagery led to increased subjective reporting of desire to drink. These effects were additive but not multiplicative i.e., the interaction of mood state with beverage type was not significant. Reported urge to drink during the trial that combined negative mood imagery with alcoholic beverage exposure predicted time relapse after inpatient discharge\cite{100}.

There are several ways to change lifestyle effectively. One way is to use relaxation techniques by using slow breathing methods and another by way of thoughts that relate to alcohol cue reactivity, negative-mood reactivity\cite{100}.

Before alcoholism becomes a family disease and it is expected of everyone in the home to take keen interest to keep the alcoholic at bay and does not carry it to next generation. The issues concerned may be financial, emotional, physical health, social deprivation, loss of dignity and respect. Alcoholism can contribute to lasting damage to the emotional development. Higher levels of alcohol consumption show negative life events, fewer social and recreational activities, more depression and medical conditions, more job changes and less family cohesiveness\cite{101}.

Similarly a randomized pilot study was conducted to test the effectiveness of guided imagery with relaxation (GIR) to improve health-related Quality of Life
(HRQOL) in women with Osteoarthritis. A two-group intervention versus control longitudinal design was used to determine whether GIR leads to better HRQOL in these individuals and whether improvement in HRQOL could be attributed to intervention-associated improvements in pain and mobility. Twenty-eight women were randomized to either the GIR intervention or the control intervention group. Using GIR for 12 weeks significantly increased women’s HRQOL in comparison to the women who used the control intervention, even after statistically adjusting for changes in pain and mobility. Findings suggest that the effects of GIR on HRQOL are not limited to improvements in pain and mobility. GIR may be an easy-to-use self-management intervention to improve the QOL\(^{[102]}\).

Evidence suggests that effect of guided imagery on stress level and lifestyle among alcoholic could be given importance to change their lifestyle. Thus to assess the effect of guided imagery on stress level and lifestyle among alcoholics admitted in de-addiction centers in Pune the investigator had approached to conduct this study.

2.2 SUMMARY:

This chapter on review of literature divided under five sections is related to stress, lifestyle, effect of guided imagery, effect of guided imagery on stress among alcoholics and guided imagery on alcoholic’s life style.