CHAPTER 5

DISCUSSION

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DISCUSSION

The present chapter is designed to discuss the results of the study. It is noted that alcohol dependence is acknowledged to be a serious social, psychological and health problem in many parts of the world. Family intervention programmes of any behavioural disorder would defy rigid formation about techniques, therapeutic habits and outcome estimates. When the behavioural problem involved is as complex as substance abuse disorder this becomes more likely. The rapid growth of alcohol and substance abuse and dependence in the society, heterogeneity of the clients involved, the ramifications of the medical and social consequences and the development of multifarious treatment facility—all these make definition of an ideal treatment approach difficult. On the other hand, with growth of sub specialisation and increasing knowledge about addiction related problems, various tailored approaches to individual, group and family treatment have been developed.

5.1 Motivation

Motivation is considered important in the integration of personality and in achieving mental health. It has long been regarded as an important factor in treatment (Miller, 1985¹; Miller et al, 1993²; Teresa Neeliyara & S.V. Nagalakshmi, 1994³). Since motivation is a significant component in response to therapy the motivation status of clients were assessed in the present study. The
present study revealed that alcoholics who seek hospital based treatment showed considerable motivation for change. Patients who were abstinent (especially who received family intervention therapy) showed high motivation for change which proved as good prognostic factors and facilitated positive change in the individual. They showed significantly high self esteem and their locus of control was internal. They also expressed that one can assertively refuse drinks when they are offered. With regard to growth motivation, they indicated positive aspects like high self regard, self acceptance and trust in their capacity to accurately judge the situation. They also showed high self criticality and showed a tendency to objectively perceive themselves. This finding is in line with the earlier studies done by Teresa Neeliyara & Nagalakshmi (1994) and Teresa Neeliyara & Nagalakshmi (1996).

From the present study it could be noted that motivation for change in alcoholics who received family intervention therapy could be more markedly enhanced than the alcoholics who received only supportive psychotherapy.

On the whole, status of motivation in the alcohol dependent subjects required a change for the better. Their status of motivation would probably throw light on the maladjustment that is present in their social situation. The subjects, with their resistance to change seem to show a slow rate of recovery in the therapy situation. Very often, the aspect of motivation is assumed to be related to healthy behaviour because of treatment. Further, motivation for change makes
the process of treatment quicker. Further, motivation for change in problem drinkers can be enhanced by relatively brief intervention.

Baumeister et al., (1989) have reported that high self-esteem scores are associated with a tendency to present oneself in a self-enhancing manner that is characterized by a willingness to accept risks and focus on good qualities. They also report that low self-esteem subjects showed their motivation to be unclear and controversial. Factors like locus of control, high anxiety and distress have also been found to influence motivation for treatment.6 In the present investigation also, the alcohol dependants are external in their orientation. Changing the locus of control from external to internal orientation could bring about a positive change in the motivational status of alcohol dependent.

5.2 Locus of Control

The study has indicated that the effectiveness of therapeutic modalities may vary with locus of control. Hence, locus of control has been demonstrated to correlate with psychological adjustment as well as psychotherapy outcome. Treatment and control groups were compared on their responses on the locus of control scale. It was found that alcoholics were significantly more external in their locus of control. However, alcoholics who received family intervention therapy showed more internal in their locus of control during six months and one year follow up periods when compared with the control group. This implied that alcoholics who received family intervention therapy could believe that they have
control over alcohol and were responsible for their behaviour. The internal locus of control has been proved as good prognostic factors and facilitated better outcome. The finding is consistent with the previous study Sharp et al., 1997.

5.3 Life Events

Alcoholics reported high levels of life change and abusers who relapse reported stressful experiences before relapse drinking and more negative life events than recovered alcoholics. Heavy or abusive use of alcohol could generate its own stress including job difficulties, family and marital disturbances and legal or medical problems. Studies of alcohol relapse typically limit their focus to post treatment stress as a factor in returning to drinking even through stressful life events such as job loss or divorce that occur before treatment may continue to have an impact on the alcoholic during post treatment periods.

The present study found that men who returned to drinking after treatment experienced more severe or highly threatening stress before their relapse than men who remained abstinent during the follow up periods. These data suggested that acute severe stressors and highly threatening chronic difficulties may be associated with elevated relapse risk.

Similar findings were reported by Rosenberg 1983, Finny, Moos and Mewborn 1980, Allan and Cooke 1985, Sandra A. Brown et al 1990.
5.4 Impact of Family Intervention Therapy

Engaging family of the alcoholic is found to be helpful in providing support for the patient and helping him in the remaining treatment. Family treatment is found to be helpful to prevent problems in the spouse or children of alcoholics.

Family history did affect alcohol misuse measures. While a high level of alcohol problems occurred in both groups, those with family history of alcohol dependants were more likely to be heavy drinkers and showed more symptoms of alcohol dependence. Overall psychological adjustment did not differ between the groups. Family functioning was expected to affect alcohol misuse through promoting poor psychological adjustment, regardless of family history group. Bear in mind, however, that one cannot identify people who are truly at risk genetically, since there are no reliable biological markers of vulnerability. The alcohol-specific socialisation measure of exposure did show some independent predictive effect, as did the interpersonal measure of psychological symptoms. Overall, variations in family functioning appeared to be important determinants of alcohol misuse for men and women.

In families with an alcohol dependent parent, if the parents can maintain an environment with predictable positive relationships with children, the children may be likely to remain free of alcohol dependence. Consistently parental role responsibilities and family rituals and positive parent-child relationships were
associated with fewer emotional and behavioural problems among children. Such predictable positive relationships could contribute to a sense of self-esteem and security that may underlie personal resilience in general. Similar findings were reported by Reich et al., 1988\textsuperscript{12} and Rutter, 1985\textsuperscript{13}.

Results of the present study indicated that family influence may play a more powerful role, as a protective factor, during middle and later adolescence. Alternatively, peer influence demonstrated more powerful effects on initial levels across the age range, indicating its potential for engaging adolescents in alcohol use throughout this developmental period. Susceptibility to peer influences early on may serve to maintain higher levels of subsequent alcohol use. Taken together, these data are consistent, in part with, Berndt (1979)\textsuperscript{14}, Steinberg and Silverberg (1986)\textsuperscript{15}, Steinberg (1990)\textsuperscript{16}.

The present study showed that alcoholic families were characterised by poor communication patterns, lack of mutual warmth and support, poor role functioning, lack of leadership and spouse abusing. Spouses of alcoholics expressed greater dissatisfaction in all the areas of family functioning. Hence marital and/or family therapy can be extremely beneficial not only to the alcoholics but also other family members. According to O’Farrel, marital and family therapy alone or with individual alcoholism treatment, produced better outcomes than methods that did not involve the spouse or other family members. Similarly Barbara S. Mc. Crady et al note that adding marital therapy as a
component of an alcoholism treatment program, will enhance treatment outcomes, in terms of treatment compliance, subjects ability to cope with drinking, marital stability and satisfaction and subjective well being. The results of the present study also indicated the same.

Alcoholics who received family intervention therapy expressed greater satisfaction in all the areas of family functioning. They were characterised by free and open communication, mutual warmth and support, ideal role models, good leadership and cohesiveness and sharing of responsibilities.

The alcoholics who received family intervention therapy were taught the communication and problem solving skills during treatment which provided the couple with additional behavioural skills to use to cope with relapse episodes. The extended treatment package taught the subjects skills to maintain abstinence from alcohol more than the restricted supportive psychotherapy only. The more positive martial relationship also may have provided a positive incentive to continue to apply other skills learned during treatment. The effects of these marital influences may have taken time to be effective, yielding the apparently delayed treatment effects observed. The overall pattern of results suggested that adding marital/family therapy as components of out patient behavioural alcoholism treatment programme would enhance treatment outcomes, in terms of treatment compliance, subjects’ ability to cope with drinking, marital or family stability and satisfaction, and subjective well being. The finding is consistent
with previous research Barbara S. Mc Crady et al 1991\textsuperscript{18}, L.N. Suman and S.V. Nagalakshmi \textsuperscript{19}, O. Farrell and Birchler \textsuperscript{20}. In addition, the present study concluded that marital and family therapy have improved the results of alcoholism treatment.

Understanding of the mechanisms behind the successful outcome of the treatment for alcohol dependence is still incomplete. In India, Desai et al., (1993) found that duration of dependence and the number of treatment related abstinence periods were the best predictors.\textsuperscript{21} Although it is suggested that outpatient treatment is as good as inpatient treatment, it does not seem to be practical in the Indian situation. Initially external control is necessary to help the patients keep away from alcohol, which the hospital seems to provide them. Further the family members of the patients also need a respite for some time. In the present study, all the patients who were offered treatment on an out patient basis invariably got admitted in few weeks time and they continued to attend the centre regularly.

The problem drinkers with or without alcohol dependence in the general hospital setting are equally in need of intervention from mental health professionals. More importantly, the individuals with less severe problems should be the focus of preventive strategies. One of the ways of implementing it is to increase the awareness of problem use of alcohol among the medical professionals in the general hospitals. Variables such as age, education, monthly
income etc are not expected to show any association with the severity of drinking. Hence, in the present study these variables were not emphasized.

The present study revealed that significant proportion of alcoholics do respond to family intervention. Desai et al., (1993) found that after 6 to 8 months following initial contact, 36 percentages remained abstinent during the follow up period. Bagadia et al., (1982) reported that more than 50 percentage of patients who continued to take disulfiram showed good to moderate improvement. Sanjeev and Kuruvilla (1991), using a postal follow up enquiry reported 37-percentage response rate out of which 50 percentages remained abstinent for more than 2 years.

High abstinent rate showed in alcoholics who received family intervention therapy more than alcoholics who received only supportive psychotherapy. The successfully treated alcoholics showed high motivation for change and could improve their social and occupational functioning. Alcoholics who showed freedom from alcohol could secure financial achievement and saving, greater satisfaction in their martial and sexual functioning. Such patients also showed interest in family affairs, spending more time with family members, arranging recreational and religious activities. They also showed interest in motivating their friends to seek treatment. Spouses were also trained enough to express their happiness and how to react with the treated alcoholics at various situations.
Alcoholics who received family intervention therapy showed greater interest in regular follow ups and bringing other family members during each follow ups than alcoholics who received only supportive psychotherapy. The successfully treated alcoholics learned how to overcome each life stresses without alcohol than alcoholics who did not receive family intervention therapy. The relapsed patients (especially patients who received only supportive psychotherapy) showed negative attitude towards the treatment (both pharmacotherapy and psychotherapy).

Among the alcoholics who received family intervention therapy 45% of them completely stopped smoking and rest of them markedly reduced the frequency of smoking. But the relapsed alcoholics did not reduce their smoking habits and showed poor concerns over their physical complaints (especially diabetics and liver diseases). Alcoholics who received family intervention therapy showed complete freedom from anxiety, tension, depression and other associated psychological problems where as majority of alcoholics who received only supportive psychotherapy (especially relapsed cases) experienced more anxiety, tension, depression and other psychological problems than during the initial period of assessment. Majority of the relapsed patients could not accept their drinking as a disease or problem for themselves and problem for others.

Alcoholics who received family intervention therapy expressed the importance of psycho social approach and they highlighted the significance of
combination of pharmacotherapy and psychotherapy. Some of them who had less physiological complaints expressed that psychotherapy alone could manifest complete freedom from alcohol. But alcoholics who received only supportive psychotherapy showed complete disinterest in psychotherapy and showed little interest in pharamcotherapy due to physiological changes. Also their attitude towards psychotherapy was just wasting their valuable time.

Alcoholics who came by own will (in control group), majority of them kept away from alcohol at six months and one year follow ups.

Family occupies the central stage in Indian society and its significant role in providing support to an individual during a crisis can hardly be overemphasised. Despite the danger that family support may fail, the family as a unit is still the best bet for health care intervention.

Marital therapy and/or family therapy enhanced treatment outcomes, in terms of treatment compliance, subjects ability to cope with drinking, marital stability and satisfaction and subjective well being.

Group therapy also found to be important psycho-therapeutic approach for the treatment of alcoholism. A similar finding was reported by Kishore Chandiramani and B.M. Tripathi in 1993. In the long term psycho-social intervention, spouses would need individual and group psychotherapy as much as or more than the alcoholic client. Once the detoxification is over combination of individual and group therapy concurrently or in sequence with a flexible combination is needed.
On comparison of simple advice and extended treatment for alcoholism, the present study reported that patients on extended treatment were functioning better than patients who received simple advice.


It has been recognised and documented consistently that comprehensive treatment methods are more effective than any single treatment method. Combining a pharmacological treatment method with one or more of the psycho-social methods like group therapy, individual psychotherapy, behavioural counselling, family therapy, marital-therapy or behavioural therapy seem to have very favourable influence.

Majority of the relapsed alcoholic who used denial and projection as defense mechanisms accused the spouse or another family member or friends as making him return to drink.

To train the spouse to avoid a patronising and over indulgent role is not an easy task for the therapist, given the deeply ingrained feminine prototype in the minds of Indian women and social system which suggests that bringing up a
family is primarily a maternal task. Spouses who received behavioural counselling could react more appropriately than spouses who did not receive such treatment package.

The suddenly acquired prosperity of the working class (Kerala has one of the highest wage rates, despite its low per capita income less industrial base etc.) also had proved advantageous to liquor barons. Alcohol has started entering into a person's life in a much younger age—very often in school years, compared to a decade back.

A review of the research literature has shown that this kind of quality research has yielded a rich harvest of knowledge. Research has demonstrated that while it is relatively easy to increase drug knowledge, it is more difficult to modify attitudes. It has also provided a good deal of the personality correlate of the drinker. We also know that drinking and problem drinking is associated with a number of parental, converging lines of evidence which suggest that problem drinking is a significant part of a syndrome of progressive involvement in unconventional, non-conforming social problem behaviours among young people. Despite the considerable efforts no support for a single cause for the phenomenon of alcoholism has emerged from nearly fifty years of research.

The most important and primary need for the study was the seriousness of the problem under consideration itself. If alcohol-related problems were insignificant, and if there was no solution to these problems whatsoever, a serious
study of this kind was not necessary. A scientific study of this type has the potential of developing solutions ot such a problem of considerable magnitude. The present study provided an opportunity to understand the problem and to train the personnel, to carry out the action plan and to open an avenue for future research.

In India, most of the contributions in the field of alcoholism research has come from the medical profession and therefore, the medical and treatment aspect of alcoholism is overemphasized. A critical feature of the present study was its overriding emphasis of the psychosocial commonalities and differences among the various forms of problem behaviour which provided a challenging research agenda for years to come. The present study proposed to evaluate and highlight the difference between alcoholic and non-alcoholic first degree relatives, their attitudes, values in life, meaning in life, frustrations, personality dysfunctions and psychopathology.

Amount of alcohol consumed and social and occupational dysfunction due to alcohol use are two variables naturally associated with the severity of dependence. Assessing alcohol dependence forms an important part of the overall assessment of a patient with alcohol problem. The measurement of the degree of dependence allows the therapist to plan treatment goals. The dependence level will indicate the severity of withdrawal during detoxification and might also provide some initial indication of how intense the treatment program needs to be.
It appears that in our population using a pharmacological intervention always enhances the motivation of the individual and makes the hospital visit more purposeful and meaningful for the individual. Understanding of the mechanisms behind the successful outcome of the treatment for alcohol dependence is still incomplete. Reasonable conclusions regarding treatment efficacy can be made from this study because of its prospective design, adequate follow up period, well defined and multiple indicators of outcome and reliable data gathering method.

One of the common problems encountered among relapsed and drop out was premature termination of treatment. So such alcoholics were inadequately treated, which in turn affects outcome. Also many of such patients had ambivalent attitude towards treatment. An unsure attitude along with impulsivity and low-frustration tolerance lead to premature discharge. Few of the alcoholics left the ward against the medical advice; few of the alcoholics were disruptive in the ward and were discharged by the treating team before completion of treatment. Several researchers from USA have reported that 30-35 percentages of patients do not complete their full inpatients stay (Baekland & Lundwell, 1975\textsuperscript{33}; Millman et al., 1981\textsuperscript{34}; Copeland & Hall, 1992\textsuperscript{35}). One earlier study carried out in India showed that 36 percentages of patients dropped out of inpatients treatment (Nigam et al., 1990)\textsuperscript{36}.
Most of the alcoholics who received previous psychiatric treatment refused to co-operate with the family intervention therapy. Moreover, they showed little concern over supportive psychotherapy and therefore were included in the control group. Such patients were admitted in the centre because of various physical complaints. Their motivation for change was not satisfactory and could not assertively express to stop drinking.

5.5 Implications of the Study

The literature and results drawn out from the study pointed out to one core problem, that is, the action of alcohol on the people in society and the various consequences of that action. The practical application of the results drawn out from the study to the problems of everyday life has paramount importance. The various fields of application of these findings could be diagnostic, preventive and rehabilitative. People who are interested in their patients and are capable of communicating this aspect can expect a reasonable degree of success in treating alcoholics, and this success itself is likely to inspire them to devote themselves more intensively to treatment activities rather than review the factors concerned with treatment. The results of the present study provide a clear understanding of the problem of alcoholism and therapy can understand the alcoholic and be made more knowledgeable in counselling them. The integration of physiological,
spiritual and psycho social principles points to the need for a balanced view in applying these principles in the therapeutic and counselling setting.

While planning therapy to alcoholics treatment orientation should be given to the personality characteristics of addicts. If the personality characteristics were well known to the therapists, psychotherapy and counselling would be a useful tool in the treatment of alcoholism. Since alcoholism is a multilevel concept, the assessment of success would be based on a consideration of the type of the syndrome the alcoholics exhibits, the stage of development of alcoholism, the kind of treatment patient is receiving, from whom patient is receiving the treatment and in what setting. Successful outcomes may further be enhanced when the treatment centre is easily accessible and when the patient seeks treatment voluntarily.

Alcohol education appears to be effective, safe and cost saving treatment for individuals with alcohol problems. The results have great impact in setting health and social education programmes in schools and colleges. The present study is especially useful for parents, teachers, clinicians, social workers, religious leaders, mental health experts, and all those who are in one way or other involved with the care, education, training and conscientization programmes. The findings of the present study brought out many personality traits, and social variables that differentiate between the alcoholics and their families. These findings remove the negative attitude towards treatment, particularly psycho-
social methods. The study has major impact in setting the treatment more scientific and facilitating long-term follow-ups through extended family intervention therapy. Future research should include a large sample with periodic evaluation to arrive at any reasonable conclusion regarding treatment efficacy.

References

4. Ibid.


18. Ibid


22. Ibid.


