Chapter 6

SUMMARY AND CONCLUSIONS

Resume of the Study
Important Results of the Study
Implications of the Study
Suggestions for Further Research
6.1. RESUME OF THE STUDY

Alcoholism is a great menace challenging the welfare of the society. The number and percentage of people becoming prey to this danger is increasing at an alarming rate.

The understanding of alcoholism as a disease, consequent to the declaration by World Health Organization, made it amenable to treatment. Treatment for alcoholism is undertaken largely by the medical system and supported by social organizations and Governments considering their social obligation.

Varieties of programmes to combat addiction are conducted by United Nations through United Nations International Drug Control Programme (U.N.D.C.P.). Government of India gives financial and technical support to de-addiction treatment cum-rehabilitation centres so that the treatment is made totally free of cost to the patients. In the state of Kerala itself there are 20 treatment centres assisted by the Ministry of Social Justice and Empowerment under the Government of India.

De-addiction treatment facilities are available in the leading hospitals besides treatment centres specifically for the purpose. Treatment for alcoholism is generally effective. But the greatest task of the personnel involved in the treatment for alcoholism is the reduction of relapse because; ultimately the success of de-addiction treatment depends on the reduction of relapse and continuous maintenance of abstinence.
The present investigation was conducted to understand certain psychological and social factors influencing abstinence in alcoholic patients.

6.2. IMPORTANT RESULTS OF THE STUDY

1. The t test has shown that alcoholics who have relapsed and those who remain abstinent after treatment differed significantly in stress tolerance, perception of social support, affiliation to Alcoholics Anonymous and spirituality. In other words, results of the study indicated that stress tolerance, perception of social support, affiliation to Alcoholics Anonymous and spirituality significantly favor abstinence in alcoholic patients.

2. It was found that alcoholics who are abstinent had more stress tolerance than those who relapsed.

3. Alcoholics who remain abstinent after treatment were found to experience more support from family, friends and other people than alcoholics who have relapsed after treatment.

4. Alcoholics who remain abstinent were found to be more affiliated to Alcoholics Anonymous than alcoholics who have relapsed.

5. In the present study the alcoholics who remained abstinent were found to be more spiritual than those who have relapsed after treatment. Belief in God, life after death and spiritual practices were found to positively influence alcoholics to remain abstinent after treatment.
6. The study has found positive inter-correlations, at varying degrees, among the psychosocial factors such as stress tolerance, social support perception, Alcoholics Anonymous affiliation and spirituality. The correlations among some variables were found to be significant at 0.01 level and others at 0.05 level of significance.

7. Analysis of Variance and t tests have brought out the differences among the various categories of subjects classified according to educational qualification, marital status, separation from spouse, financial debt and father’s alcoholism in their stress tolerance, social support perception and spirituality.

8. Analysis of variance has shown that there existed significant differences among the different groups compared on the basis of different educational levels in the variables stress tolerance, social support perception and spirituality.

9. The t test has shown that there were significant differences between subjects who had financial debt and who were not having debt, on the variables stress tolerance, social support perception and spirituality.

10. As per t test, there were significant differences between subjects whose fathers were alcoholic and those whose fathers were not alcoholic, on the variables stress tolerance, social support perception and spirituality.

11. In the attempt of studying the permanent character of alcohol dependence a comparative study was made between non-alcoholics and the abstinent and relapsed groups of alcoholics in the variables under study. The result of Analysis of
Variance has indicated that there was significant difference between non-alcoholics and alcoholics (abstinent or relapsed) in the three variables - stress tolerance, social support perception and spirituality. That is, the abstinent group of alcoholics not only differed from the alcoholic patients who have relapsed but they differed also from the non-alcoholic group. This means that, being abstinent from alcoholic drinks is not the same as being non-alcoholic. This result confirmed the disease concept of alcoholism, namely, that once alcoholic means that one is ever an alcoholic.

12. People who were less tolerant to stress were more prone to become dependent on alcohol.

13. People who subjectively experienced more supports from family, friends and other people were less probable to become alcoholics than those who experienced less support.

14. People who were less spiritual tended to develop alcoholism than those who were more spiritual.

15. Four case studies - two treated alcoholic patients who have relapsed and two alcoholic patients who remained abstinent after treatment - confirmed the major findings of the study.

16. The case studies give practical examples of how stress tolerance, perception of social support, frequent participation in Alcoholics Anonymous and spirituality can promote abstinence in alcoholic patients.

17. The case studies have shown that some of the personal and family background features such as father’s alcoholism, early deprivations and stressful situations like financial debt were
found to accelerate alcohol dependence. They were also found to facilitate relapse in treated alcoholics.

18. Another finding is that follow-up visits by the social workers at the treatment centre and support from family and other care givers facilitated abstinence in alcoholic patients.

6.3. IMPLICATIONS OF THE STUDY

The findings of the study are expected to be useful to various agencies groups and individuals as shown below:

- Professionals like treatment agencies, medical practitioners, psychologists, counselors, and social workers.
- Non-professionals like clergymen, and other religious leaders.
- Support persons and groups such as Alcoholics Anonymous groups, the, family, work place and neighborhood associates, religious groups and the community.
- Policy makers like Government Departments.

The implications of the study for these, agencies, groups and individuals with regard to alcoholic patients are briefly explained below:
1. Treatment Agencies

Treatment for alcoholism is different from the treatment for other disorders. Alcoholism has different dimensions, physiological, psychological, social and spiritual. Treatment too must include all these different dimensions. This is acknowledged and reflected in the treatment strategy of the de-addiction treatment as outlined by the Ministry of Social Justice and Empowerment. The findings of the present study confirm this.

However, the findings of the study point to the importance of relapse-prevention measures. More than just a recovery plan from the harm of excessive alcohol use, it is preparing the patient for a continuous sober life and the improvement in the quality of life.

Awareness programmes on alcoholism given during the treatment should focus more on the post-treatment recovery and the practice of twelve-step programme. Group activities, discussions and therapy sessions should be oriented more on the practice of an abstinent lifestyle. Patients should be taught to practice these steps. They should be enabled to foresee the actual life situation to which they return and make preplans to lead a happy life without alcohol.

Sufficient emphasis should be given to factors like stress tolerance, social support, participation in Alcoholics Anonymous meetings and activities. Patients’ spouse, family, friends and work place associates should be involved in the treatment programme as far as possible. Post treatment recovery planning should be made, if possible,
in the life surroundings of the patients, involving the family of the addicts, their friends, local level social workers, religious and political personnel to whom they are associated, the local level A.A. group members and the representatives of the treatment agency.

The investigation and case studies confirm the positive role of follow-up in alcoholics’ recovery. Follow-up programme is not just to be limited to the visit by the representative. Periodically the progress is to be evaluated at home or work place, giving more emphasis on the process of growth by analyzing the various life experiences. In such efforts, the patients, their spouses, family members, local level social workers, other members of A.A. in the locality, the friends and other relevant associates of the alcoholics should join hands. Follow-up programmes of one day or half day duration can be conducted in the local level, involving all these for the recovering alcoholics of a locality periodically.

During the treatment and follow-up period, the patients are to be trained in the areas like skills in family budgeting and management of income and expenditure, effective use of time, use of leisure, skills of effective inter personal relationship, social involvement etc.

2. Medical Practitioners

People have great faith in medical practitioners. Many of them are not utilizing this influential position with regard to encouragement for leading patients to an alcohol-free life style. Some doctors are found to tell their patients that controlled and moderate use of alcohol is not
hazardous to health but sometimes helpful. This may have negative effect. There is the controversy that this is part of a planned conspiracy sponsored by vested interest groups with multinational links to encourage alcohol abuse in the third world countries like India. Physiologically it may be correct to say that alcohol consumption up to a certain level is harmless for a person who is not dependent on alcohol. But a physician who makes such a statement must take into account the characteristics of both the individual concerned and that of the substance. A small amount of alcohol may be enough to trigger craving relapse in a recovering alcoholic

The study as a whole recommends total abstinence. Controlled use of an addictive substance is not practical because an individual who has become dependent on alcohol may not be able to control at a particular level.

3. Psychologists and Counselors

The study brings to light the effective role of psychologists and counselors in helping the recovering addicts. Psychologists and counselors are often involved with the task of counseling alcoholics and drug addicts.

Addiction counseling is different from general counseling. The findings of the study can be utilized by counselors and psychologists in improving their role. In monitoring the experiences during the recovering periods, in identifying the warning signals of relapse, in effectively blocking the process of relapse, in managing stressful life
experiences, in preparing the addict to using the available sources of emotional and social support from family and friends etc. psychologists and counselors can greatly help the alcoholic gaining insights from the study.

4. Social Workers

Social workers can make use of the findings of the study in their helping relationship with the addicts.

The study has shown the positive influence of follow-up visits by social workers at the treatment centre to facilitate abstinence in recovering alcoholics. Case studies clearly show how the effective intervention by social workers can help the addicts from a situation which appeared to be totally helpless to a more responsible and happy state of life.

By visiting the alcoholic at home or workplace the social worker can personally understand the actual living condition of the alcoholic. The social workers have a glimpse into the surroundings of the client, the struggle of the addict amidst the stressful situations and the positive areas as well. Each visit becomes an on-the-spot counseling session, enabling the addict to manage stressful situations, engage in mutually enriching interpersonal relationships and effectively use the positive aspects for improving the quality of his life.

The social workers’ visit to the alcoholic is not confined to meeting the alcoholic alone. It is meeting the alcoholic along with the
family members and other close associates like co-workers and friends at the workplace. The family members, co-workers and friends can be enabled to be more supportive to the addict.

5. Clergymen and Religious Leaders

Clergymen and religious leaders do have a great influence on the life of the society. Clergymen and other religious leaders in their various roles will have to deal with alcoholics. Majority of people in our country gets associated with religious leaders at different occasions of their life.

The influence of the religious leaders is not confined to the religious rituals but it is extended to the various areas of social life. In the case studies we see a very clear role of the religious leaders in promoting the welfare of the subjects. Among the case studies, in case number four, namely Mohan, the subject attributes a very important role to the priests in leading him from a desperate condition to a fulfilling and happy condition.

Religious leaders of different religions who are in constant contact with the common man can use the insights from the study and help the alcohol dependent people to adopt a sober lifestyle.

6. Alcoholics Anonymous Groups

One of the significant results of the study is that affiliation to self help groups like Alcoholics Anonymous is a great facilitating factor in
fostering abstinence. Case studies also confirm this finding in all cases either positively or negatively.

There are wide networks of Alcoholics Anonymous groups both in the urban and rural areas, sponsored by different agencies. The study, while underlining their creditable service, points to the need of improving their services.

Members of A.A. groups especially in the rural areas are in close mutual contact with each other. When members face stressful situations and become stagnant in emotional growth, they can regain strength through mutual contact with each other.

The investigation and the case studies clearly demonstrate that frequent participation in A.A. meetings help the recovering alcoholic to remain abstinent. The frequency of participation in A.A. meetings can be increased by the mutual reminding and encouragement by the members. By remaining abstinent, the recovering alcoholics lose the company of many friends, namely, the drinking friends. This vacuum can be effectively filled by making new friends among the members of A.A.

7. Family

The findings of the study confirm the role of family in the development of alcoholism and recovery. Several family factors like separation from spouse, family income, financial debt and father’s
alcoholism were found to influence development of alcoholism and relapse after treatment.

Case studies also confirm these findings of the investigation. In three of the four cases of the alcoholics, the family background of the subjects was not healthy. Deprivations, unhappy life experiences, cruelty at home, lack of protection and care, lack of proper role models, parental rejection, involvement in risky jobs early in life etc. were their bitter share at family during the developmental period.

Family has an important role in fostering the well-being of individuals and society. The results of the study point to the role of parents in providing a strong basis for a healthy personality and proper role models for the children.

The results of study also confirm the importance of social support in developing a healthy life style and recovery of alcoholic patients. Family members, especially the spouses, have an important role in facilitating abstinence in alcoholic patients who are recovering after treatment. Case studies also confirm the role of family members either positively or negatively in providing support and encouragement and thereby facilitating the process of continuous maintenance of sobriety.

8. Workplace Associates

The associates at the workplace have an important role in the maintenance of abstinence after treatment for alcohol dependence as well as in the development and progress of alcohol abuse. A large part
of a person’s time is spent at the workplace in association with the co-workers. The general pattern of thinking and behaviour of the workplace associates exert a great influence on the individual.

Alcohol has become one of the ‘necessities’ for enjoying leisure during the informal social gatherings of workplace associates. Many alcohol dependent people after treatment for alcoholism and a period of abstinence fall into relapse due to the pressure of associates at the workplace.

Corrupt practices like bribery is said to have a role in alcohol abuse among workers in many offices including Government offices. For getting things done the practice of bribing with liquor is said to be more effective than bribe in terms of money.

On the other hand, gaining impetus from the study, friends at the workplace can offer support to the recovering alcoholic to progress in the life of sobriety. Case studies in the present work give concrete examples for this possibility.

9. Neighbourhood Associates

People of the neighbourhood also have an important role in influencing the conduct of the individual. When the expected support is lacking in the family and workplace there is the tendency to turn to friends of the neighbourhood.
The study especially the case studies underlines the important role of the neighbourhood in the development and growth of alcohol dependence.

For many people the beginnings of alcohol addiction is social drinking. Festivals and other celebrations have turned out to be occasions of wide abuse of alcohol and other substances. People have to learn to enjoy and recreate at gatherings in connection with festivals and celebrations at home and neighbourhood without the abuse of alcohol.

The study also brings to light the effective role of support from neighbourhood associates as facilitating factor for abstinence. Gaining insight from the study, the people of the neighbourhood can offer emotional and social support to the recovering alcoholic to maintain alcohol free life.

10. Religious Groups

The results of the study indicate the positive role of spirituality and religious beliefs in facilitating abstinence in alcoholic patients.

Religious values are deep-rooted in the life of Indian people at large. Religion has a dual role in this area. Firstly it imparts certain beliefs and values with regard to meaning of life, enabling one to remain unharmed while facing stressful experiences. Secondly affiliation to religious groups is a source of great emotional and social support and encouragement. Both the investigation and the case studies confirm this.
Thus religious groups of the recovering alcoholics can effectively use the findings of the study in providing support to the clients.

11. Community

The community at large has certain unrealistic views with regard to alcohol use. They think that moderate use of alcohol is not harmful. Many people say that they enjoy taking some amount of alcohol and that they can control at any moment with regard to the amount and frequency of taking it. But the experience of many people is contrary to this. Often it is the social drinking which paves the way ultimately to chronic stage of alcoholism.

The finding that ‘once alcoholic, one is ever an alcoholic’ has particular implications. Alcoholism is to be considered as an illness. It has to be treated. Treatment alone is not enough. Post treatment effort to remain abstinent after treatment is more important than the treatment itself. An alcoholic patient, forcing himself every day and every hour to remain abstinent, is not to be considered same as a non-alcoholic. The roots of alcohol dependence are still in the person.

A recovering addict who is constantly at vigilance is like a person who is rowing against the wind. It is the momentary experiences of success, generating confidence, which motivates him to further progress. He deserves understanding, support and encouragement from others.
12. Networking of Different Agencies

The success of treatment for alcoholism depends mainly on the success of relapse prevention. For relapse prevention all those who are involved-the alcoholic, his/her life partner, family, neighborhood, workplace associates, social groups including Alcoholic Anonymous groups and the religious group to which the individual belongs, the treatment agency personnel, social workers etc have their roles. It is important to understand the process of relapse. Stress management, management of anger, improvement in the quality of life, discernment of the warning signs of relapse and taking necessary precautions, availing the occasions of gaining emotional strength, use of resources for social support, follow-up efforts by the treatment agency personnel and social workers etc. will go a long way in relapse prevention.

Network of treatment agency personnel, social workers, local level social workers, religious leaders, A.A. groups of different levels, the family of the addict, friends and workplace associates of the client will facilitate prevention of relapse. Assigning or identifying someone who is close to the client, having genuine interest in the individual and facility to have telephonic counseling/guidance/consultation service will be highly helpful.

13. Government Departments

Case studies show that in many cases easy availability of licit and illicit alcohol and drug facilitate both the development of alcoholism and relapse after treatment. Government is reported to take on itself the task
of making alcohol available easily to the people for two reasons. Firstly it fetches revenue for the Government. Secondly it is meant to control the use of illicit alcohol.

The welfare measures the Government can do with such revenue will be insignificant compared to the drastic effect of alcohol dependence thus ‘promoted’ by the Government. The findings of the study point to the task of the Government to eliminate the health compromising and harmful products like alcohol and drug if it really stands for the welfare of the people.

6.4. SUGGESTIONS FOR FURTHER RESEARCH

The present study has certain limitations as already described in the inclusion and exclusion criteria in chapter 4. The study was conducted using limited number of samples from few districts of Kerala. Hence we may not be able to make wide generalization of the results to similar populations in other states in India with dissimilar social and cultural conditions.

The variables of the study are also limited. Only four main variables were included in the study which the investigator considered represent the psychological and social aspects of their life.

The study was done on patients treated for alcoholism under a particular strategy, namely the one outlined by the Government of India for clarity sake. The tools of the study were also limited. The
investigator thought, the present subjects may not be motivated to answer more items.

The study has made use of direct verbal self-report measure of their experiences. Non-verbal tests by the subjects and reports from the significant persons of the subjects may also be used to collect more data to ascertain the verbal self reports.

The effect of intervention strategies of various psychotherapeutic measures and relapse management programmes could be studied. Longitudinal studies may also be conducted to measure the sustainable effects of the variables.

Therefore the investigator suggests that the study may be replicated in a larger sample. Further studies involving more variables on the topic using more tools would definitely bring to light a comprehensive picture on this very relevant topic.

As mentioned in the introduction, positive effects of stress tolerance, social support, affiliation to self-help groups, twelve-step programme, and spirituality are areas of recent researches in alcoholism. There is a fresh interest in spirituality and social support system on account of their positive effect on health. The health benefit of social support is already established. Among other things the present study has once again brought out the logic of the interrelationship among these areas of research. Stress is known to be related to various psychosocial illnesses. Stress tolerance on the other hand, fostered by spirituality and
self-help group affiliation, which are effective sources of social support will go a long way to holistic health.

Thus, whatever are the limitations, it is hoped that the present study contributes to the findings and knowledge in the topic of addiction and its management and will stimulate further research in the area.