
Relapse in Alcoholism - Psychosocial Study

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Abstract

Certain psychosocial aspects like coping behaviour, relapse precipitants, locus of control, decision making and interpersonal conflicts in a group of 16 married male relapsed alcohol dependent persons are compared with a group of 20 married male abstinent subjects. Two groups are matched for age and education. The minimum period of abstinence was 2 months for the groups. Results showed that (a) the relapsed group has 'sensation seeking' as a greater relapse precipitant and (b) significantly more interpersonal conflicts with spouse and misunderstanding with family members were found in relapsed group.

They also showed difficulty in decision making ability as compared to abstinent group. The abstinent group had a higher 'seeking social support' coping behaviour, and were more external in their locus of control. The implication of the study is that psychosocial factors are to be considered for relapse prevention programmes.

Key words -

**Relapse in alcoholism,
Coping behaviour,
Locus-of-control,
Interpersonal conflicts
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Relapse after a period of abstinence or after treatment is common in most addictive behaviours, especially so in alcohol dependence. Relapse by definition refers to a breakdown or failure in a person's attempt to change or modify and target behaviour. About 33 to 66% of all alcoholics relapse following treatment [1]. A number of theories and models have been proposed to explain relapse which include models such as "Decay of Extinction," "Cognitive - Behavioural," [2], [3], [4] "Decision - Making," "Interaction model" [5], [6].

The importance of studying relapse and its precipitants lies in exploring and developing methods of prevention. Several important studies have investigated psychosocial variables such as coping behaviour, responsibility, self-esteem that influence relapse.

Aims

The present study investigated the influence of the psychosocial variables like coping behaviours, relapse precipitants, locus of control, decision making, role functioning, interpersonal conflicts and self-esteem in the occurrence of relapse.

Sample

Two groups of patients were compared.

- (i) Alcohol dependent individuals who had undergone treatment and relapsed after a minimum of 2 months of treatment (N=16).
- (ii) Alcohol dependent individuals who had continued to stay abstinent after 2 months of treatment (N=20).

The relapsed group was selected from both in-patient and out-patient services of NIMHANS. The abstinent group was taken from the followup clinic and the abstinence organizations in the community. The sample as selected on the basis of frequency matching. It was purposive innature.

The groups were matched on age and education. (Relapsed group age mean=38.33; SD=4.69 and Education mean=12.94; SD=2.54 and abstinent group age mean=38.90; SD=3.48 and Education Mean=13.65; SD=2,70). They are comparable as the group did not differ significantly. Minimum period of abstinence was 2 months. Treatment of Esperol was common to both the groups.

The tools used in the present study were

- (i) demographic data sheet
- (ii) coping behaviour in inventory (CBI) [7].
- (iii) Relapse precipitants inventory (RPI) [8]
- (iv) Drinking related internal-external locus of control scale (DRIE) [9]
- (v) Interview schedules for assuring decision-making, role functioning and Interpersonal Conflicts
- (vi) Self-concept Scale (SCS) [10].

All subjects were individually assessed over two sessions.

Results and Discussion

The CBI scores in Table I showed that the abstinent group has a significantly higher social support seeking behaviour as a form of coping as compared to the relapsed group. Some examples of 'social support seeking behaviour' are: 'telephoning a friend', 'going to an A.A. meeting', and 'getting in touch with old drinking friends who are better now'. Studies by Pearlin and Schooler, [11] Valliant and Milofsky, [12] have also found in their work that 'seeking social support is predictive of abstinence.

Table I - Scores on psychosocial variables from tests for relapsed group (N=16) and abstinent group (N=20)

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Level of significance: Significant at 0.01 **
Significant at 0.05*

Analysis of scores on RPI as in Table I showed that the relapsed group has a significantly higher number of relapse precipitating external events and sensation seeking situations. Similar findings have been noticed by Alterman, Bridges and Tartar [13].

Results on the DRIE scores presented in Table I showed that the abstinent group had higher scores on general external control suggesting that this factor helps them to seek support. Whereas the relapsed group tends to be over confident and do not realistically avoid situations leading to drinking.

Self-esteem scores on 'self-concept scale' showed no significant difference between the two groups ($t=0.2$ NS).

Scores on Interpersonal Conflicts (Table I) showed that significantly greater number of conflicts are present in the relapsed group. They have problems in interaction with spouse. They get into arguments with regard to upbringing of their children. Similar finding has been reported by Mellor, Conroy and Masteller [14].

Analysis of scores on 'decision - making' and 'role - functioning' did not show significant difference between the groups but the relapsed group showed a trend for difficulty in making decisions and conflict in their role functioning. In a study by Harrell [15] there is indication for increase in relapse rate as a function of dysfunction in family life and conflict in role functioning.

The implications of the study is that;

- (a) there is need for greater exploration in the area of interpersonal conflicts,
- (b) the 'seeking social support' behaviour to be used for prevention strategies for the relapsed group.

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