Social support among abstinent and non-abstinent alcohol dependent: A systematic review

Ashok Kumar H¹, M. P. Somashekar²

¹Assistant Professor of Psychiatric Social Work, Department of Psychiatry, J.S.S Medical College and Hospital, Mysore, India
Chairperson, DOS in Social Work, J.S.S. College (Autonomous), Ooty Road, Mysore, India

ABSTRACT

Introduction: Alcohol has ill health effects on alcoholics and also their families. The social support system is a term of families, neighbours and other self-help associations, which come to protect and rescue addicted individuals, to handle effectively with stressful life incidents. The present review will attempt to emphasise the Social Support of Abstinent and non-abstinent alcohol dependents people.

Social Support: Social Support is executed for a distressed and worried individual by family, friends, relatives and neighbours. In the "Social Support" studies it is indicated that good interpersonal relationship has positive effects on physical and mental health.

Methods: We conduct an electronic search from 1976-2018, on the database of epidemiological studies, PsycINFO, PubMed, Google Scholar, and General Academic literature covering Alcohol Dependence, effectiveness the social support on Abstinence and Non-Abstinence Alcoholic, and available social support for treatment of alcohol dependence. Social Support has been recognized as strongly correlated with alcohol dependence population. Studies have shown that alcohol-dependent people have shown relapse in association with interpersonal determinants, and poor social support. The present article will discuss how better available Social Support will help the Alcohol dependence population to maintain the abstinent and balance between distress and wellbeing.

Keywords: Social support, alcohol dependence, abstinence, non-abstinence

INTRODUCTION

Alcoholism is a complex lifestyle illness in the history of mankind, which harmfully distress the life of the individual as well as the lives of their families and communities.[¹]

“Alcoholism is a complex disorder with physical, psychological and social aspects, having far-reaching harmful effects on the family and society, as well as on the physical and mental health of the alcoholic himself”.

The illness perception of alcoholics assumes that the aetiology source of alcohol dependence may be Biological, Psychological or Social. The biological origins may be genetic, the psychological elements causative to the development of alcoholics over a broad range of psychopathology which may be biological or environmental or together. The social issues causative to the development of alcoholics adds their vectorial effect on the course.[²]

Social Support and Alcohol Dependence

Social support helps normally notices to capacities executed for a bothered individual by critical others, for example, relatives, companions, colleagues, family members and neighbours. These capacities distinctively incorporate instrumental aid, socioeconomic aid.[³] Social support helps as it is

Address for Correspondence:
Mr. Ashok Kumar H,
Assistant Professor of Psychiatric Social Work, Dept. of Psychiatry, J.S.S Medical College & Hospital, M.G. Road, Mysore – 570004 Karnataka, India.
Email: ashokshimoga31@gmail.com

How to Cite the Article:
understanding and encouragements by companions, family and co-workers.\(^\text{[4]}\) The accessibility of social support help addressed by the encouragement and trade of a feeling of having a place, improvement of confidence and unmistakable and theoretical aid.\(^\text{[5]}\)

Instrumental support refers to movements or resources given by others that enable the fulfilment of regular responsibilities such as, domiciliary, child-rearing, monetary and work-related commitments. Information aid denotes communication of opinion or response, the announcement of the job opening, available medical support, and different changes that may make a person's environment comfortable.\(^\text{[6]}\) Measures of these supportive functions typically assess the objective utilization of accessibility of such aids, or the emotional supportive insight that such aids could be accessible.

The social support help has been as often as possible perceived as strongly associated among abstinent and non-abstinent alcoholic dependents. Upgrading, the social supportive network has been once a while centring of treatment research.\(^\text{[7]}\)

Beneath the heading of “Social Support” research over the past 2 decades have indicated that interpersonal relationship has constructive effects on physical and mental health.\(^\text{[8,9,10]}\) alternatively, the social support system affects health negatively by moderating or buffering. The social support system decreases or buffers the adverse psychological impact of exposure to stressful life events and ongoing life strains. According to this 'stress-buffering hypothesis', persons who have high levels of support are less susceptible to the negative effects of stressful events on physical or mental health than a person who have low levels of social support.\(^\text{[11]}\)

**Abstinent**

An abstinent alcoholic is a person who stopped drinking alcohol completely at least for the past six months at the time. Self-restraint, forbearance, avoidance. Precisely, the maintaining of abstaining from intoxicating beverages is called also total abstinence. The practise of self-denial by depriving one's self of certain kinds of food or drink. Act or practice of refraining from indulging an appetite the attribute of abstaining. Abstinence is the practice of abstaining from alcoholic drink, sex and food, often for health or religious motives. The minimum period of abstinence is to be six months, total abstinence from alcohol. The practice of not having something you enjoy, especially alcohol or sex, generally for the reason of religion or health motives.\(^\text{[12]}\)

**Non-abstinent**

The series of no abstinence results, amongst persistent, alcoholism and total abstinence contains, (I) "Improved Drinking", despite remaining used of abuse of alcohol. (II) "Completely Controlled Drinking". Yet some research count both groups (I) and (II) as continuing to take alcohol and those in the group (III), who involves only in social drinking as abstinent. Abstinence is drinking less than once a month and includes a binge that lasts less than a week every year, with fewer quantities.\(^\text{[13]}\)

**MATERIALS AND METHOD**

Out of data comes from epidemiological studies, Psych-INFO, Pub-Med, Google Scholar, and General Academic literature covering the Alcohol Dependence, effectiveness the social support on Abstinence and Non-Abstinence Alcoholic, and available social support for treatment of alcohol dependence.

Alcoholism destroys the entire family environment and makes the family system dysfunctional. Hence, on the home front, the problems can often be more easily recognized by the behaviour of the family than by that of the alcoholic. Thus, alcoholism is a disturbing illness, which is a physical and mental disorder that affects family members. It frequently results in major family psychosocial issues including marital conflict or divorces, child abuse or neglect, unemployment and poverty, and various mental and physical health concerns. Alcoholism not only affects the individuals and the family but also affects the community and the country.

The alcohol behaviour of an individual is greatly influenced by the nature of the reinforcement which he receives from his/her external environment. Thus, environmental events play a greater role in influencing the relapse-recovery patterns in both treated as
well as untreated alcoholics. The social system prevails around the possibilities for self-changes. Thus, self-change of addictive behaviour involves both external influence and individual commitments. In essence, it is understandable that, the better the social support, the greater the potential for self-changes, inspiration and rapid recovery.

The majority of studies justify that; the reported cases became vulnerable to alcohol dependence as a response to severe stressful life evens. It is research evidence that; social support plays a greater role in helping persons in balancing and coping with psychological distress. Studies also supported the view that individuals having larger social networks have greater levels of well-being and less distress.

Here, in this chapter, the researcher will be reviewing the studies pertaining to the role of social support. Initially, the conceptual terms will be discussed and subsequently, the relevant literature will be received under some headings viz, 1). Social Support 2). Social Support Conceptualization; 3). Social Support and Social Work; 4). Alcoholism and Social Support.

1) Social Support
Social issues are significant determinates of vulnerability to illness, with health diseases, cancer and psychotic disorders. They are very significant in the capacity of a person to make stressful choices and pursue a therapy program. It has been seen these programs are successful in substance dependence disorders. The potential social support system forum is a commercial or self-help organization.

Interpersonal conflicts can be seen as the reverse of the structure of social care, and studies have found that relapse is a prognostic sign. In combination with relationship problems, almost half (48%) of the relapse occurred with those coming from disputes.

2) Social Support-Conceptualization
The structure of social support has been hypothesized in various ways, and it is necessary to create a joint definitional and abstract language at the beginning. The structure of social support here refers to the various ways in which individuals make support to each other; demonstrative encouragement, guidance, information, guidance and concrete assistance.

The definition of social support differs markedly from Caplan's. Excluding tangible aid and resources. The social support as "information leading the subject to believe that he has cared for the loved…… esteemed and valued…… (and) belong to a network of communication and mutual obligation. Social Support can be provided spontaneously through the natural helping networks of family and friends or can be mobilized through professional intervention. Social Support that is provided through an informal helping network is typically characterized by mutuality, reciprocity, and informality not often evident in professional helping relationships.

3) Social Support and Social Work
Clinical practitioners increasingly recognize the importance of the client's foundations of a familiar social support framework and make these services a focal point in the service delivery system's case planning and design. The importance of the social network system in a client's life has long been recognized by social work, interest in the significance of informal helpers and their love in the provision of prescribed services has been renewed over the past decade.

The evaluation of social support empowers professionals to obtain a deeper understanding of the types of social support services available to clients. The gaps that exist in the provision of assistance and the available resources to fill these gaps. As a model, the social support system will enable practitioners to consider the social atmosphere of the restored client, the effect of that environment on the clients, how best to build more compassionate, and supportive environments.

4) Alcoholism and Social Support
Studies show that, as a response to stressful life events, individuals become alcohol dependents. Better social supports help individuals to reduce the perceived and experienced stress in a better way. Better social support also helps in employing better coping resources. In fact, seeking and receiving social support, alter the stressor itself
and minimize the negative effects of the stressor. The availability and better utilization of social support would help the individuals to cope more effectively with the negative life events, so that individual would see better coping strategies other than initiating or maintaining alcohol consumption which ultimately would motivate the individual to keep away from alcohol.\textsuperscript{[22]}

In one study it was found that 78\% of respondents remained married, within the 55.3\% of respondents abstinent, and 44.7\% non-abstinent. Statistics indicate that an abstinent person has a sufficient structure of social support.\textsuperscript{[27]} These results are combined with other research findings; the importance of the marital relationship and the extent of spousal help have a reflective effect on the equilibrium between anguish and self-being. Overall, the married people reported greater levels of social support.\textsuperscript{[28-30]} Where another research finding reported that marital discord is deficits as well as lingering stress.\textsuperscript{[31]}

Though social support network has been continually perceived as a solid co-relate of healing from alcoholic issues, upgrading social support network has every so often been a focus of therapeutic research examination. Marital problem drinkers, the individuals who were ready to have their companions engaged with their treatment were haphazardly allocated between two brief outpatient treatment conditions: Directed Social Support (DS, n=22), and Natural Social Support (NS, n=28). In the two conditions in which the problem drinker partook indistinguishable program of guided self-change, a CBT motivational therapy including an assessment and four individual therapy sessions. Alcohol consumers' spouses individually participated in two individual therapy sessions, where they were educated about the treatment techniques. The conditions differ in the spouses, in that DS group were experienced to perform an active role in helping their partner by being supportive, and by being special to relapse episode, with reliable delivery prevention model. One-year clinical subsequent follow-up found that members in the two-group improved altogether from the pre-treatment as far as possible, and the addition was kept up over follow-up. The two groups didn't show any significant differences from one another. The outcomes contain, (a) the pattern level of the social supportive network in this condition may have made a most extreme impact, and (b) the prognosis for this populace might be positive, and it is hard to approve the significant improvement of results.\textsuperscript{[23]}

**DISCUSSION**

The Social Support system has been frequently recognized as a strong correlation between alcohol dependent people; the focus of clinical research has occasionally been on improving social support. In the present review, social support is executed for a distressed individual by family members, friends, relatives and neighbours. In the "Social Support" studies it is indicated that good interpersonal relationship has positive effects on physical and mental health.

Supporting these statements, the present review shows, the interpersonal conflicts are the opposite of social support systems, and research revealed that it is a prognostic sign of relapse. Approximately half of the relapses were associated with interpersonal factors and poor social support. In fact, seeking and receiving social support, alter the stressor itself and minimize the stressors. Supporting this study in another study it was found that majority of married respondents maintained abstinent from Alcoholic problem, and lading their better life with the support of marital and family social support. Its shows that greater matrimonial relationship and the level of partner sustenance significantly affect the stability among distress and happiness, which leads to relapse and dependence.

The self-help groups have a potential outlet for social support. Alcoholics Anonymous, Family and Community groups are potential in teaching coping skills and providing Social Support. It is evident in studies that, social support plays a greater part in helping individuals in balancing and coping with psychological distress. Studies also supported the view that individuals having larger social networks have greater levels of well-being and less distress.

**IMPLICATIONS**

The current review denotes the implication of marital relationship and Social Support among alcohol dependence respondents. The major
findings of this review, which is good Social Support the more chance of Motivation for regular follow-up and treatment. The understanding brings about the scope of therapy and intervention from a Mental Health point of view by Mental Health professionals and Psychiatric Social Worker in the training and execution of satisfactory therapy services in a clinical context. When alcohol dependents are brought for clinical social work services in the context of poor social support, social casework services can be geared to maintain and enhance better social support ties. The issues can also be addressed through enhancement of network support by administering the social network, therapy and specialized clinical interventions. Thus, the findings of the present review demonstrate its clinical and practice-oriented significance in this perspective.

CONCLUSION
Social Support is aimed to show the effect of support system among abstinence and non-abstinence alcohol dependence. The analysis of the review resulted, there is good social support that has revealed lesser relapse. This review, also revealed that those who were sustaining abstaining abstinence, have a good and strong social support system. Involving the family members, friends and others for treatment motivates the respondents towards treatment for alcohol dependence problems. Social support is an easy way to use a technique that leads to an add-on benefit to the patients in better management of illness.

Conflicting Interests: None
Financial Support: None

REFERENCE


