ORIGINAL RESEARCH PAPER

Impact of family intervention on self-esteem and well-being for individuals with alcohol dependence

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ABSTRACT

Background: Family interventions are the core interventions in which mental health professionals provide support and understanding of the illness to affected individuals and family members. They work together on planning treatment; provide psychological support and understanding of the disorder. **Aim:** To study the impact of the family intervention on self-esteem and wellbeing of individuals with alcohol dependence syndrome**. Methodology:** It was a hospital-based pre-post design intervention study. Ten samples purposively selected and equal numbers were assigned to the experimental and control group. Tools used for assessment were - a semi-structured socio-demographic and clinical data sheet, Rosenberg Self-Esteem Scale, PGI General Well-being, and The McMaster Family Assessment Device. **Results:** The study results show that family intervention brings significant improvement in the family functioning; self-esteem and well being of the study sample which sustained over three months follow up period. **Conclusion:** This line of treatment can be used for better outcome among persons with alcohol dependence syndrome.

Keywords: Alcohol dependence, family interventions, self-esteem, wellbeing

INTRODUCTION

Alcohol dependence is considered to be a severe form of alcohol use. In simple words, if drinking or alcohol consumption is affecting the individual's health, occupation or social functioning and despite that he/she continues to drink, we say a person is dependent on alcohol. The alcohol dependence in some form or other has been universal phenomenon and has eventually become a human tragedy resulting in enormous toll in terms of ill health to deaths, more crime, accident, marital disharmony, interpersonal disturbances and maladjustment at home and workplace**.** It is a disorder which does not only affect the individual but the whole family. Alcohol which was once used as the part of rituals and medicine now has become a worldwide problem that attracts high attention of mental health professionals.[1]

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A condition is defined as a cluster of physiological, behavioural and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that once had greater value.[2] Alcohol dependence is thus a powerful mechanism sustaining alcohol consumption and mediating its impact on both short and long term.

A family is a set of human being related to each other in such a way which gives rise to a concrete cohesion within the family. Love, care and affection are the most prominent human values, which helps in maintaining these bonds of relationship within a family. Not only this, but a family also gives strength to an individual to overcome different kinds of problems.[3]

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Self-esteem is an important component of psychological health. A global sense of self-esteem involves appraisals of the extent to which persons feel they are lovable, competent, morally valuable and able to affect their own lives. Self-esteem can be defined as "The sense of contentment and self-acceptance that stems from a person's appraisal of his worth, significance, attractiveness, competence and ability to satisfy his aspirations."[4]

A Well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfilment and positive functioning. General well-being is the subjective feeling of contentment, happiness, satisfaction with life's experiences and of one's role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry, etc. The conceptualization of the state of well-being is closer to the concept of mental health and happiness, life satisfaction and actualization of one's full potential.[5]

Family interventions have been successful in reducing alcohol use and other high-risk behaviours.[6] It is in the form of motivating the patient to seek treatment, educating family members and life partner about the condition, teaching coping skills and achieving abstinence and maintaining it. It also helps improve the areas of socio-occupational functioning and interpersonal relations.[7] Family intervention can be effective in increased cumulative abstinence duration and lesser relapse rate were significantly longer in the study group.[8] An empirical study based on family-based approaches shows it can be effective for reducing alcohol-related harms among high-risk drinkers and the negative effects of alcohol misuse on other family members. Family relationships have always been crucial for the cohesion and wellbeing of indigenous communities[9] which improves psychological well-being and family relationships.[10]

Aim: To study the impact of the family intervention on self-esteem and well-being of individuals with alcohol dependence syndrome.

METHODS AND MATERIAL

This study was a hospital-based intervention study at RINPAS. Ranchi. Quasi-experimental with control group design was adopted for the study. Participants were assigned randomly in experimental group or control group, purposive sampling technique used to select ten participants, five individuals with alcohol dependent syndrome and their family members were assigned in the control group (TAU) and five individuals with alcohol dependent syndrome and their family members were assigned in the experimental group (TUT + FIG). Tools used for assessment of both groups were – a semi-structured socio-demographic and clinical data sheet, Rosenberg Self-Esteem Scale,[11] PGI General Well-being Measure,[12] for family members General Health Questionnaire-12,[13] The McMaster Family Assessment Device.[14] Pre-post and a follow-up assessment after three months of individuals with alcohol dependence syndrome and their family member in both groups were done.

Procedure: The study protocol presented to the DRC, RINPAS and approval was sought. Following this; participants were selected for the study which was based on the inclusion and exclusion criteria. Selected participants were randomly allocated to an experimental and control group. All the participants were undergone the baseline assessment followed by the experimental group received the family intervention along with regular treatment services. Control group participants also were received the treatment as usual. The experimental group had given intervention consisted of psychoeducation, supportive counselling, communication skill training, systematic family therapy and problem-solving techniques. Approximately 15 sessions on weekly twice of one-hour duration were conducted. Immediate after completion of the intervention sessions post-assessment were conducted with patients and family members. A follow-up assessment was conducted three months after post-assessment. After successful completion of the study, participants of the control group were also given family intervention.

RESULT

Participants' socio-demographic profile

The socio-demographic profile of individuals with alcohol dependent syndrome in the experimental and control group was compared using Mann Whitney test and it was found that

there is no significant difference (Z=-.314, p≥0.05) in both groups of participants. The mean age of the experimental and control group of participants was 32.20 ±5.54 and 30.60 ±8.35 years respectively.

Similarly, the socio-demographic variables of caregivers such as the age of caregivers, length of stay with the individual with alcohol dependent syndrome and family income in both groups was having no significant difference.

Family function

Table1 indicates the comparison of pre-post intervention difference in the family function of both participants (family members of individuals with alcohol dependent syndrome) groups (experimental and control). In the problem-solving area pre-post mean were 5.00±3.31 and .400±.54 in the experimental group and control group respectively. A significant difference was found in the problem-solving ability of family between both groups (z=-1.95, p≤0.05). In family communication mean of pre-post assessment were 8.40±2.07 and .800±1.78 in experimental group and control group respectively. The most significant difference was found in family communication pattern between both groups (z=-2.70, p≤0.01). In the role functioning pre-post mean were 4.80±2.58 and 1.20±2.16 in experimental group and control group respectively. A significant difference was found in family members role functioning between both groups (z=-2.02, p≤0.05). In the family affective responsibility pre-post mean were 3.80±3.49 and 1.40±3.71 in experimental group and control group respectively. A significant difference was not found in family affective responsibility between both groups (z=-.742, p≥0.05). In the effective involvement pre-post mean were 7.60±3.04 and 2.20±3.03 in experimental group and control group respectively. A significant difference was found in family members affective involvement between both groups (z=-2.12, p≤0.05). In the behavioural control pre-post mean were 9.00±3.24 and 2.00±4.47 in experimental group and control group respectively. A significant difference was not found in family members' behavioural control

Table-1 Comparison of pre-post difference in the family function of both groups

Area of assessment	Experimental Group (Mean ± SD)			Control Group (Mean ± SD)			Mann Whitney Test			
	Pre	Post	Difference (pre-post)	Pre	Post	Difference (pre-post)	Mean Rank 1	Mean Rank 2	U value	Z score
Problem solving	15.40±1.94	10.40±1.51	5.00±3.31	15.20±2.16	14.80 ± 2.58	.400±.54	7.30	3.70	3.50	-1.95*
Communication	23.40±2.70	15.00±2.00	8.40±2.07	21.80±3.83	21.00±4.62	.800±1.78	8.00	3.00	.000	-2.70**
Role	30.40±2.19	25.60±1.51	4.80±2.58	31.80±1.64	30.60±2.88	1.20±2.16	7.40	3.60	3.00	-2.02*
Affective responsibility	14.60±1.51	10.80±2.38	3.80±3.49	16.00±2.23	14.60±1.51	1.40±3.71	6.20	4.80	9.00	-.742NS
Affective Involvement	19.20±1.64	11.60±1.67	7.60±3.04	19.80±1.92	17.60±2.30	2.20±3.03	7.50	3.50	2.50	-2.12*
Behavioural control	23.20±2.58	14.20±2.86	9.00±3.24	25.00±4.74	23.00±2.73	2.00±4.47	7.20	3.80	4.00	-1.83NS
General Functioning	32.20±2.77	25.60±1.34	6.60±3.20	32.60±3.36	31.80±5.26	.800±2.38	7.80	3.20	1.00	-2.44**
Total	1.58±5.54	1.13±2.16	45.20±6.01	1.62±4.43	1.53±15.50	8.80±16.52	8.00	3.00	.000	-265**

NS= Not Significance, *Significance at 0.05 & **Significance at 0.01 1= Intervention Group 2 = Control Group

Table- 2 Comparison of pre-post difference on self-esteem and well-being of both groups

Area of assessment	Experimental Group (Mean ± SD)			Control Group (Mean ± SD)			Mann Whitney Test			
	Pre	Post	Difference (pre-post)	Pre	Post	Difference (pre-post)	Mean Rank 1	Mean Rank 2	U value	Z score
Self Esteem	13.20±2.16	22.20±1.30	-8.40±2.70	13.00±1.12	19.80±1.30	7.20±2.28	4.40	6.60	9.00	239NS
General Wellbeing	6.40±1.51	19.80±.44	-13.40±1.51	6.80±2.28	10.40±3.20	3.60±2.50	3.60	7.60	3.00	-2.01*

NS= Not Significance, *=Significance at 0.05 & ** =Significance at 0.01 1= Intervention Group 2 = Control Group

between both groups (z=-1.83, p≥0.05) bout slightly difference found. In the general functioning area pre-post mean were 6.60±3.20 and .800±2.38 in experimental group and control group respectively. A significant difference was found in family members general functioning between both groups (z=-2.44, p≤0.01). In the overall family function pre-post mean were 45.20±6.01 and 8.80±15.50 in experimental group and control group respectively. A significant difference was found in the overall family function between both groups (z=-265, p≤0.01).

Table 2 indicates comparisons of pre-post intervention difference on self-esteem and well-being of participants (individuals with alcohol dependent syndrome) of both groups (experimental and control). Pre-post mean score on the self-esteem of individuals with alcohol dependent syndrome were -8.40±2.70 and -7.20±2.28 in experimental group and control group respectively which was statistically not significant (z=.239, p≥0.05).

Comparison of pre-post intervention difference on the general well-being of the participants (individuals with alcohol dependent syndrome) of both groups (experimental and control) the mean score of well-being were -13.40±1.51 and -3.60±2.50 in experimental group and control group respectively with was statistically significant (z=-2.01, p≤0.05).

Follow up assessment conducted to find out the durability of family intervention on self-esteem and well-being for individuals with alcohol dependence syndrome. It was found that there was no decline on follow up on family function, self-esteem and general wellbeing of individuals with alcohol dependent syndrome. It means therapeutic outcome was maintained on follow up after three months.

DISCUSSION

Present study findings revealed before family interventions effective involvement was high, poor behaviour control and general functioning was affected as well as alcohol-dependent individuals had more alcohol intake and were less motivated for treatment so they used to relapse again and again and was unable to come out of the clutch of alcohol but with intervention, group improvement was seen in their motivation level and alimentally improving their physical and psychological health and wellbeing.

Present study findings are supported by a study which shows that the study group patients were found to be more motivated for a change at the time of each of the two follow-ups. They showed higher self-esteem, better internal locus of control, better growth motivation, higher religious attitude and self-criticality than did the control group at each follow-up.[8]

At the beginning of this study, both groups of patients scored low on all aspects of motivation except religious attitudes. At follow-up, patients who received the family intervention showed higher motivation for change than did the control group. Motivation to stop alcohol is a positive factor and it facilitates positive change in the individual. After therapy, these patients also showed significantly higher self-esteem than did the control group.

After the family intervention, the family understand critical points of relapse the deviation and triggering factors that contribute to relapse, again and again, it tries to apply break on their negative attitude that may aggravate problem Present study finding are also consistent with a found that Indigenous Australian experience a disproportionately high burden of alcohol-related harm relative to non-indigenous Australians. These alcohol-related harms are typically cumulative, extending beyond the individual to the family and community. It is evident from empirical studies that family-based approaches can be effective for reducing alcohol-related harms among high-risk drinkers and the negative effects of alcohol misuse on other family members. Family relationships are vital for the cohesion and wellbeing of Indigenous communities. It depends wholly on what happens at the family level shapes the social functioning of Indigenous Australian communities and the wellbeing of individuals.[9] The potential strength of relationships between Indigenous individuals, their families and communities suggest that family-based approaches are likely to be appropriate and effective for reducing alcohol-related harm among Indigenous Australians.

Limitations & Implication: The study was a hospital-based time bond study and included

only alcohol dependence, male patients and caregiver, the sample size was small so the results have limited generalizability.

In the present global world, alcohol abuse is considered as the major problem that affects not only the health of individuals who consumes alcohol but it also disturbs the family functioning; it brings havoc in their life. Every day of a family member's life is full of challenges and difficulties due to individual with alcohol dependence syndrome. But with the family intervention in the form of psycho-education, supportive counselling, communication skills training, problem-solving training and systematic family therapy remarkable improvement can be seen in the decision making and problem-solving ability of family members, followed by improvement in the communication pattern, role-related confusion disappears, family functioning improved day by day and simultaneously self-esteem and general wellbeing of the individual with alcohol dependence syndrome improves.

CONCLUSION

Impact of family intervention brought on both caregivers and individuals taking alcohol; since in the course of intervention they face each other and problem in terms of poor communication, role confusion, sharing of responsibilities, problem-solving ability were improved along with the family functioning and simultaneously improvement was seen in their self-esteem and wellbeing as a consequence the rehospitalisation and relapse of individual reduces and alcohol intake was reduced which improves the family environment in turns.

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