

Social and Cultural Contexts of Alcohol Use: A Case Study of a Female with Alcohol Dependence Syndrome of Tribal Ethnicity

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ABSTRACT


Introduction: Alcohol dependency is a multifaceted issue influenced by various socio-cultural factors. Understanding these factors is crucial for developing effective psychosocial interventions. This study aims to investigate the socio-cultural elements contributing to alcohol dependency and to devise a tailored intervention strategy. **Aim:** The primary aim of this study was to explore the socio-cultural factors associated with alcohol dependency in a female patient and to provide a psychosocial intervention to aid in her recovery. **Methodology:** A single-subject case study design was employed for an in-depth qualitative analysis. Data was collected through interviews, case record files, observations, and home visits. The participant was a female with Alcohol Dependence Syndrome (ICD-10), selected purposefully from the outpatient department of LGBRIMH, Tezpur, Assam, India. The study focused on recognizing the client's illness and developing coping mechanisms. Special attention was given to the client's spiritual beliefs and practices at her thana (religious prayer house) as a central element of her recovery process. **Conclusion:** The study highlighted the significance of socio-cultural factors in understanding and treating alcohol dependency. It was found that acculturation and cultural shifts could contribute to psychological stress and substance use disorder. Conversely, cultural identification and spirituality emerged as personal strengths aiding in recovery. The findings underscore the importance of incorporating socio-cultural dimensions into psychosocial interventions for effective treatment of alcohol dependency.

Keywords: Socio-cultural assessment, alcohol dependence, tribal, ethnicity, case study

INTRODUCTION

Alcohol is one of the addictive substances commonly consumed worldwide for relaxation and enjoyment, despite its well-documented harmful effects on health.¹ The prevalence of substance use varies across racial and ethnic groups, influenced by diverse cultural definitions and social norms about substance use. These norms develop within each cultural group and have reciprocal influences on substance use. The meanings of substance use differ across cultures based on an individual's or group's position, status, and power within the socioeconomic and political hierarchy.² There

is a strong association between the cultural and traditional beliefs of tribes and alcohol use.³⁻⁷ The northeastern region of India is renowned for its production of household liquors, linked to the region's rich indigenous knowledge system and its social, cultural, environmental, and institutional contexts.⁸ Historically, the native tribal population has been familiar with alcohol use, producing fermented beverages at home and sharing them during various social and celebratory occasions, such as births, marriages, and festivals.⁹⁻¹⁰ However, alcohol use and alcoholism result from a combination

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of biopsychosocial and cultural influences, which can have both positive and negative impacts. Understanding these influences is crucial for effective assessment and treatment. Studies reveal a high prevalence of alcohol use among tribal communities, varying across gender, age, education, and occupation. Cultural beliefs (ethnicity) and religion are significant correlates of alcohol use. To combat the situation, targeted epidemiological interventions are necessary, such as educating tribal youth about alcohol's harmful effects through counselling by youth leaders and religious heads.¹¹ Some studies report a strong educational influence on reducing alcohol use, others suggest a weak influence, possibly due to the strong traditional and cultural beliefs of tribes that regard alcohol as a *holy drink*.¹²⁻¹³ The relationship between substance use and culture is complex and varies across studies.

Sociocultural Understanding

Acculturation studies have partially defined the relationship between substance use and culture. John Berry's acculturation stress theory, developed in 1971, is frequently used in sociological writings. This theory explains emotional problems, stress, and psychological difficulties as consequences of changes in socio-cultural surroundings due to entering a new culture or the intrusion of a new culture on an existing one. Studies indicate higher levels of emotional distress associated with drug use,¹⁵ ranging from mild pathology to serious mental health problems and psychosomatic symptoms. Societies undergoing acculturation experience confusion and instability related to migration and marginality.¹⁶ The conflict between majority and minority cultures can produce acculturation stress, with drugs used to alleviate that stress.

Primary socialization and cultural identification can be personal strengths, with a link between cultural identification and substance use. Individuals with high cultural identification tend to have lower levels of substance use. The determinants impacting drug use are not solely the result of ethnic culture; for instance, family alcohol use differs from peer use, and restaurant rituals differ from bar rituals. Cultural norms regulate these rituals, with substance misuse often regarded as deviant by both majority and minority cultures. Families provide pro-social norms and serve as protective factors against

deviance. Primary socialization theory suggests that drug use is transmitted predominantly through peer clusters. Thus, the role of primary socialization and cultural identification in determining drug use is complex.¹⁷

An addicted person often enters treatment only after losing their societal place, with primary socialization sources such as family, job, and peers often broken. During healing, culture can play a crucial role in prevention, providing a foundation for future resilience through increased cultural identification. Understanding the links between cultural identification and substance use requires identifying all primary socialization sources and the cultural attitudes, beliefs, and substance use norms reinforced by each source.¹⁷

The present case study was undertaken to understand the socio-cultural context and its influence on an individual's decisions about substance use and to interpret the effects. Additionally, the study explores sociocultural factors and provides interventions for individuals with alcohol dependence of tribal ethnicity.

METHODOLOGY

It uses a single-subject case study design. Case studies can be used to explain, describe or explore events or phenomena in the everyday contexts in which they occur.¹⁸ A case study is a detailed qualitative investigation to explore the social phenomena of the client, that is, happening in the social context. The information was gathered by interview, case record files, observation, and a home visit. The case of a person with alcohol dependence syndrome (ICD-10) was selected purposefully from the outpatient department of LGBRIMH, Tezpur, Assam, India. The purpose and benefits of the case study were explained and written informed consent was obtained before assessment and intervention.

BRIEF CASE HISTORY

A 38-year-old, female reported to LGBRIMH in March 2019, with the chief complaints of alcohol intake, sleep disturbance, and hearing voices with a total of 3 years of illness. She was admitted in 2016 with a diagnosis of alcohol dependence syndrome with active auditory hallucinations. The patient has been irregular with follow-ups and medications, meanwhile consuming alcohol occasionally, more often

exceeding limits. On assessment, it was assessed that there have been multiple failed attempts to quit alcohol, with the major concern of hearing voices (auditory hallucination). Substance history reveals that the client was consuming alcohol from 15 years of age. She was born and brought up in a rural setting. The client dropped out in 5th standard due to personal disinterest and she used to perform household chores and also went to the field every 3 days of the week to do farming and plant crops. On scoring heat, to get relief from the heat, tiredness and body ache she was given to drink country-made liquor, 100 ml-150 ml, every woman in the group as well accompany and sit in the field in the afternoon to drink, to work better. Growing up in a *Boro* tribe family in the village, making country liquor, and locally made spirits *laau pani* was an integral part of the culture, her family and all her neighbours do prepare and sell liquor locally. Her mother use to involve her in the process of making *laau pani*. From the age of 16 years, she is involved in making, and drinking alcohol which was a usual scene in every household.

The client got married at 18 years of age in an urban setup. As she was living alone from her native place, she uses to miss the togetherness and bond shared in her village. Her husband worked as an electrician when he was off to work, she used to be alone at home doing her household chores. She felt very lonely coming to an urban set-up from a place where there was high social interaction. During the initial years of marriage, she had chest pain, followed by palpitation and difficulty initiating and maintaining sleep. She eventually sought help and went to different doctors and got an opinion but was never improved. One of her neighbours suggested her to drink and try alcohol, which helps to sleep well at night. As suggested, she made country liquor on her own, recollecting the steps to prepare the liquor from childhood experience. She would drink 100ml every night and goes off to sleep. A few nights when she couldn't sleep, she started drinking more than the usual intake. Gradually her sleeping schedule and her chest pain were improving. She used to drink 1-2 glasses (100 ml-200 ml) of *laau pani* every night before going to bed it eventually became a habit. She was taking alcohol to get sleep for 10 years. In 2013 the patient's husband died due to liver failure, because of high alcohol consumption, he used

to drink with his colleagues at work. Back at home also he use to drink with his wife. The sudden demise of the husband was a devastating life event for the family. The patient was left alone, with her 7-year-old daughter and 10-year-old son, they were at school and the client had to bear the responsibility of feeding the family.

After the sudden demise of her husband, she was broken. She anyhow gathered courage and began to make alcohol and sell it to earn some money for the family. Lamenting at the same time of the situation she was in. She was away from her mother's place; there was no one to support her there. The client reports "*I felt as if I was alone amidst a big ocean unable to swim*". The situation worsened when her daughter fell sick mourning her father's death. The patient was tired, and exhausted and felt lonely when she required the support of others the most. She was grieving at the situation she was in, eventually resorted to alcohol (2 quarters) and slept for 24 hours at a stretch. Waking up she started to talk irrelevant, started talking alone, and didn't remember the day before. She was taken by her relatives to the hospital, she was not sure why she was taken to the mental hospital then. She was maintaining her health after discharge from the hospital, and running the family for 3 years. As the children grew, the money she earned was not enough to support the growing needs of her children. Amongst the unrelenting assaults of household chores and making money for the family, she ends up drinking alcohol more often. From 2019 her alcohol intake increased 200-250 ml a day. She continued her business of preparing and selling *laau pani*, which is her only means of livelihood. However, in the process of preparing alcohol, she gets addicted to the odour of the alcohol and ends up drinking again. She is unable to manage and control her drinking habit which is also linked with her only means of livelihood and is associated closely with her culture.

As theories suggest the relationship between cultural failures, leading to low cultural identification, causes drug use. The client had a cultural failure concerning acculturation, where the primary socialization source (neighbours) exacerbates the problem. The client was left rejected in the community, where she was considered marginal in society and therefore was not able to stimulate feelings of ethnic

cultural involvement and cultural success. Failure in personal life further complexes the problem. The client was left unwanted and unwelcome in the urban setup and its secondary relationships, which she expresses as *"I am not forgiving my parents for marrying me off to a place where I never belong, above all god has taken away the only support with whom I was able to sustain"*. The overuse of drug use can be therefore explained by cultural failure.

INTERVENTION

Cultural recovery

Cultural recovery is an intervention which focuses on spiritual, mental, emotional, and physical wellness. Intervention includes engaging inputs or resources from the community, like ethnic identity, social networks making religious, spiritual, or moral recommitment; spiritual health practices, traditional values, tribal groups and families, religious entities, and local health care providers. It is in community healing where strength and hope are rebuilt.¹⁹ The client was helped in recognizing and acknowledging having the support of well-wishers around her and encouraged to reconnect with her siblings and parents. Further client's spirituality towards her *thaan* (religious prayer house) which enables her to overcome and foresee every obstacle was deliberated and made central to the healing and recovery process. Sociocultural beliefs can have an impact on individuals' behaviour regarding alcohol use and play a crucial role in forming the expectations of individuals about potential problems they may face with alcohol use.²⁰

Supportive counselling

Supportive counselling can serve as the first bridge out of social isolation and marginalization and addresses personality issues, such as deficits in character structure and defence mechanisms. Supportive counselling includes educating the patient about the potentials and limitations, establishing realistic goals, and addressing issues in life that will reduce stress and anxiety and improve their adaptive skills.²¹⁻²³ Supportive counselling was provided on account of role strain, her physical pain and emotional distress associated with running the family singlehandedly, and the expenses she has to meet to run the family. Supportive

counselling positively boosted her self-esteem and self-confidence. Further reassured the client, provided guidance, and encouraged her to combat feelings of insecurity.

Individual and Family Psychoeducation

Psychoeducation is indispensable adjunctive psychotherapy in the field of mental health. Psychoeducation is a subset of health education directed towards patients and their families to help prevent the relapse of mental illnesses and restorative health for mentally ill patients.²⁴⁻²⁵ The session was arranged after poor knowledge and certain misconceptions prevailing about the illness. The client didn't acknowledge auditory hallucination as a symptom of her illness and also didn't recognize that alcohol was leading to hearing voices. Substance-induced mental disorders and substances as a cause of mental disorders were explained. The importance of treatment, medicines, and follow-up was stressed.

DISCUSSION

Drawing on these facts, the study evaluated the influence of ethnic and cultural background on the perspective toward alcohol use. It can be hypothesized that the factor attributed by the tribe for the intake of alcohol is determined immensely by primary socialization, subculture, and culture failure. Here the client was drinking alcohol for 16 years of age, however, it exaggerated after there was a cultural failure, and she started feeling rejected in an urban setup. To alleviate the stress of acculturation, the client resorted to alcohol use. The client lost a sense of regulation and resorted to alcohol consumption more than prescribed. To comprehend the actual links between culture identification and the use of drugs, it is necessary to understand the stages of development, the sources for primary socialization at that stage, and how socialization sources reinforce cultural identification. Culture-based interventions used in addiction treatment for indigenous people are beneficial to help improve client functioning in all areas of wellness.²⁶

In addition, Supportive Counselling and Psychoeducation were significant in the treatment process by addressing the problematic drinking behavior. Supportive psychotherapy includes components of psychodynamic, cognitive-behavioural, and

interpersonal conceptual models and techniques that are effective in treating a variety of emotional challenges and mental health concerns.²⁷ Supportive psychotherapy aims to reduce or relieve the intensity of manifested or presenting symptoms, distress, or disability. It also reduces the extent of behavioural disruptions caused by the patient's psychic conflicts or disturbances.²⁰ Several studies have proven the value of psychoeducation in the prevention and control of mental illnesses by helping in improving treatment adherence.²⁸⁻²⁹ Thus, it can be said that culture-based interventions used in alcohol-related disorders for indigenous people are effective in helping and improving client functioning.

CONCLUSION

A low level of cultural identification may predict drug use, as individuals feel unsuccessful, socially rejected, and isolated. Throughout the assessment and intervention attempts were made for enhancing cultural reinforcement for the client to feel successful and adopted in the society and present situation. There are strong theoretical connections between ethnicity, cultural identification, and substance use, but those connections are not simple. With the input of various psychiatric social work interventions as customized to best suit the case, interventions like Cultural recovery, Relapse Prevention therapy, Psychoeducation, and Supportive counselling were provided. The interventions contributed significantly to improving the mental health status of the client. To conclude detailed Cultural assessment (ethnicity, values, beliefs, primary socialization) along with psychiatric social work intervention can help formulate treatment plans in cases of a person with tribal ethnicity and substance use.

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