"Effectiveness of group therapy on psychological wellbeing among alcoholic dependents at selected De-addiction Centre in Ahmedabad"

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Abstract: *Alcoholism can be linked many psychological, interpersonal, social, economic and medical problems. Alcoholism can increase the risk of depression and suicide and play a role in violent crimes, including homicide and domestic violence (abuse of a spouse or child). Objectives: To assess pre-test of psychological wellbeing among the experimental and control group and to compare the levels of psychological wellbeing among the experimental and control group. Materials and methods: The investigator used true experimental research (pre-test post-test control group design). Simple randomized sampling technique used to select the 60 alcoholic dependents in selected de-addiction centre in Ahmedabad. The 5 point likert scale was used to assess the psychological wellbeing of alcoholic dependents. The conceptual framework for this study was based on modified ernestine widenbach theory. The data was analysed by using descriptive and inferential statistics. ANOVA test was used to evaluate the effectiveness of group therapy. Results: In Experimental group the sum of squares between the group was 40.467 and within the group was 35.133.Degree of freedom between groups (df1) was 2 and within the group (df2) was 87.The mean sum of square between groups was 20.233 and within group was 0.404. The obtained `F` value 50.103at 0.001 level hence the stated hypothesis was accepted. Conclusion: Hence group therapy should be conducted for alcohol dependents in order to promote psychological wellbeing.*
Keywords: *Alcohol dependents, Group therapy and Psychological wellbeing*

I. Introduction

Alcohol dependence and harmful alcohol use are associated with increased risk of physical and mental health co morbidities including gastrointestinal disorders (in particular psychological problem), neurological and cardiovascular disease, depression and anxiety disorders and ultimately, premature death. It is estimated that 24% of people aged between 16 and 65 in England consume alcohol in a way that is potentially or actually harmful to their health or well-being. Depending on the diagnostic criteria used, alcohol dependence affects between 3% and 6% of people. Brief interventions can be effective in reducing drinking in hazardous and harmful drinkers, but people with alcohol dependence and some harmful drinkers will require more specialist alcohol services. Alcohol misuse is also an increasing problem in children and young people, with over 24,000 treated in the NHS for alcohol-related problems in 2008 and 2009. Current practice across the country is varied and access to a range of specialist alcohol services varies as a consequence. This quality standard describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for harmful drinkers and people with alcohol dependence.[1]

II. Need For The Study

Alcohol dependence is a substance related disorder in which an individual is addicted to alcohol either physically or mentally.[2]

It has been estimated that about 62.5 million in India consume alcohol and that there has been a significant increase in the per capita consumption of alcohol in recent times. The lifetime risk of developing alcohol dependence in men is around 10%, and this constitutes a significant public health problem.[2]

Alcoholism can be linked many psychological, interpersonal, social, economic and medical problems. Alcoholism can increase the risk of depression and suicide and play a role in violent crimes, including homicide and domestic violence (abuse of a spouse or child). It can lead to traffic accidents and even accidents involving intoxicated pedestrians who decide to walk home after drinking. Alcoholism also can lead to unsafe sexual behaviour, resulting in accidental pregnancy or sexually transmitted diseases.[3]

Alcohol dependence increases the risk of liver disease (hepatitis and cirrhosis), heart disease, stomach ulcers, brain damage, stroke and other health problems. In pregnant women who drink alcohol, there is also the danger that the child will develop fatal alcohol syndrome, a cluster of health problems including unusually low birth weight, facial abnormalities, and heart defects and learning difficulties.[3]

There are a number of alternative forms of psychotherapy available to those seeking help. The most common is group psychotherapy which is group-based sessions. In this method, a number of clients are treated by a professional at the same time. It is believed that this offers a unique opportunity for individuals to feel a sense of community or universality by having a group of people to share their experiences, dreams and fears with. It is also beneficial as it encourages empathy, altruism and interpersonal skill development which are often lacking in alcohol dependent people.[3]

Group therapy is a treatment in which carefully selected people who are emotionally ill meet in a group guided by a trained therapist and help one another effect personality change, Pratt, who assembled together patients with tuberculosis in order to instruct them on medical aspects of their illness, is usually designated the father of group therapy. In 1931, Moreno coined the term "Group psychotherapy" and published a detailed scientific method based on his ideas. The main roots of group therapy were in the experience of treating war neurosis in 1940s in UK. North field Militart hospital was a centre of innovation where Bion and Foulkers tried new approaches.[4]

Group therapy is widely used in psychiatry and psychology especially in the treatment of alcohol. Group therapy is the most prevalent treatment modality for alcohol use disorder (Cogley, 2004). The evolution of the group structured and norms in collaboration with the member is described.[5]

III. Statement Of Problem
"Effectiveness of group therapy on psychological wellbeing among alcoholic dependents at selected De-addiction Centre in Ahmedabad"

Objectives of the study:
➢ To assess pre-test of psychological wellbeing among the experimental and control group
➢ To compare the levels of psychological wellbeing among the experimental and control group.

Operational definitions:
Psychological wellbeing: Subjective feeling of mental wellness
Group Therapy: It is a psychotherapy help the alcoholic dependents in the promotion of psychological wellbeing.
Alcohol dependence: Person who taking alcohol, having psychological disturbances, and seeking treatment in addiction centre.

Hypothesis:
H1: There will be a significant difference between the level of psychological wellbeing among experimental group and control group.

Assumption:
➢ Alcoholic dependents may have psychological problems.
➢ Group therapy will help to abandon, prevent relapse of alcoholic dependents.

Conceptual framework:

FIGURE: 1 MODIFIED ERNESTINE WIEDENBACH THEORY
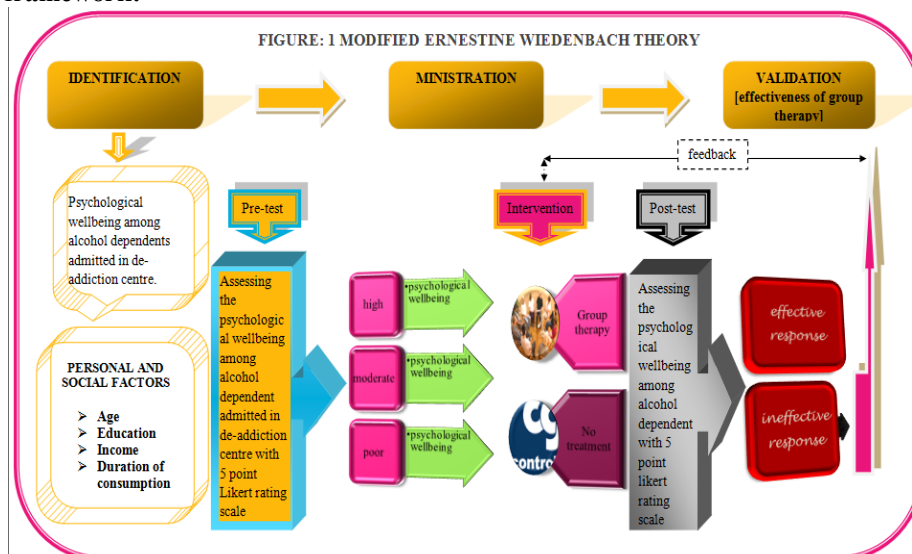
IV. Methodology

Research Methodology is one of the vital sections of a research, since the success of any research is mostly depends upon the methodological issues that are followed in the execution of the research work. The role of methodology consists of procedures and techniques for concluding the study.

This chapter deals with the methodological approach adopted for the study. It includes description of Research approach, Research design, setting of the study, Population, Sample, Criteria for sample selection, Sampling technique, Development of tool, Scoring procedure, Pilot study, Data collection procedure and Plan for data analysis.

Research Approach: A Quantitative approach was used for analyzing the effectiveness of group therapy.

Research Design: True experimental research design (Pre-test post test control group design)
The diagrammatic representation of research design is given below:

Group	Pre assessment of psychological wellbeing	Group therapy	Post assessment of Psychological wellbeing
Experimental group	O_1	X	O_2
Control group	O_1		O_2

Key:

O_1 = Pre assessment psychological wellbeing

X= Group therapy

O_2 = Post assessment psychological wellbeing

Variables
  ➢ Dependent Variable: Level of psychological wellbeing
  ➢ Independent Variable: Group Therapy

Setting of the Study: The study was conducted in selected de addiction centres in Ahmedabad.

Population: According to Polit and Hungler (2005). "A population is the entire aggregation of cases in which a researcher is interested". Study was patients with alcohol dependence and admitted in de addiction centres.

Sample and Sample size: Polit and Hungler, (2005). Stated that sample consists of a subset of population selected to participate in a research study. A total of 60 samples were selected for the present study, among them 30 for experimental and 30 for control group from the Alcohol dependent patients admitted in selected de addiction centre.

Criteria for sample selection
Inclusion Criteria
  ➢ Patients who are willing to participate
  ➢ Sample who are admitted during the data collection
Exclusion Criteria
  ➢ Patient who are taking other treatments.

Sampling Technique: Simple randomization technique was adopted for this study.

Development of the Tool: The research tool is developed in English after an extensive review of literature and experts opinion. The structured rating scale used to assess the psychological wellbeing.

Description of Tool
  ➢ Part I Includes demographic variables like age, education, family income, occupation, duration of consumption and marital status.
  ➢ Part II includes 20 statements to assess psychological wellbeing being used. For each statement 5 options has given i.e. range from strongly disagree to strongly agree. Negative statement has reverse

Scoring
  1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Total score of the item 100

V. Data Analysis

Table: 1 Frequency and Percentage Distribution of Demographic Variables of alcohol dependent in Experimental and Control group.

N=60

SR. NO	DEMOGRAPHIC VARIABLES	EXPERIMENTAL GROUP		CONTROL GROUP	
		N	%	N	%
1.	Age in year				
	a) 21- 30	16	53.3	13	43
	b) 31-40	11	36.7	9	30.3
	c) 41 and above	3	10	8	26.7
2.	Education				
	a) Illiterate	6	20	7	23.3
	b) Primary	7	23.3	8	26.7
	c) Secondary	11	36.7	9	30
	d) Degree	6	20	6	20
3.	Income				
	a) 1000-5000	16	53.3	12	40
	b) 5001-10000	5	16.6	8	26.7
	c) More than 10000	9	30	10	33.3
4.	Duration of consumption				
	a) 1-5 years	3	10	6	20
	b) 6-10 years	6	20	8	26.7
	c) Above 10 years	21	70	16	53.3

Above table reveals that majority of the alcohol dependents i.e. 53.3 % in the experimental group were between the age group 21 to 30 years and 43.3% in the control group were between the age group of 21 to 30 years.

In education the majority of the alcohol dependents in the experimental group i.e. 36.7% were completed secondary education. Were as 30% of alcohol dependents in the control group were completed secondary education.

In income the majority of alcohol dependents i.e. 53.3% in the experimental group had monthly income of 1000 to 5000 rupees and also 40% of alcohol dependents in control group had monthly income of 1000 to 5000 rupees.

In duration of consuming alcohol majority of the alcohol dependents in the experimental group is 20% was 6 to 10 years alcohol consumers and in control group 53.3% were consuming alcohol more than 10 years.

Table: 2 Frequency and percentage of level of psychological wellbeing among alcohol dependent

N=60

LEVEL OF PSYCHOLOGICAL WELL BEING	EXPERIMENTAL GROUP		CONTROL GROUP	
	Frequency	Percent	Frequency	Percent
High psychological wellbeing	3	10	7	23.3
Moderate psychological wellbeing	2	6.7	1	3.4
Poor psychological wellbeing	25	83.3	22	73.3
Total	30	100.0	30	100.0

Above table reveals the level of psychological wellbeing among alcohol dependents in experimental group 10% were belongs to high psychological wellbeing 6.7% belongs to moderate psychological wellbeing and 83.3% were belongs to poor psychological wellbeing and in control group 23.3% were belongs to high psychological wellbeing, 3.4% belongs to moderate psychological wellbeing and 73.3% were belongs to poor psychological wellbeing.

Table: 3 Analysis of variation (ANOVA) of Level of psychological wellbeing in Experimental group and Control group

N 60

GROUPS		SUM OF SQUARES	DF	MEAN SUM OF SQUARE	F-VALUE
Experimental group	Between groups	40.467	2	20.233	50.103***
	With in groups	35.133	87	0.404	
Control group	Between groups	2.289	2	1.144	2.837[NS]
	With in groups	35.100	87	0.404	

Significant at $p < 0.001$ level***

NS – Not significant

Above table reveals that in Experimental group the sum of squares between the group was 40.467 and within the group was 35.133.Degree of freedom between groups (df1) was 2 and within the group (df2) was 87.The mean sum of square between groups was 20.233 and within group was 0.404. The obtained `F` value 50.103at 0.001 level hence the stated hypothesis was accepted.

VI. Conclusion

This chapter includes conclusion, implication, limitations and recommendations. The following conclusions were drawn from the finding of the present study. There was a significant difference in the psychological wellbeing in between experimental group and control group.

The alcohol dependents participated in group therapy to promote the psychological wellbeing. All these indicated that group therapy is effective in improving the psychological wellbeing of the alcohol dependents. Hence group therapy should be conducted for alcohol dependents in order to promote psychological wellbeing.

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