



FAMILY'S MEMBER OPION ABOUT ALCOHOLISM IS A FAMILY DISEASE

STUDY OF FAMILYS MEMBER OF ALCOHOLIC CLIENT UNDER ADMITED IN JHEP DEADDITION AND REHABLITION CENTER UNDER JANHITAY MANDAL IN CHANRAPUR (MS)

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Abstract:-

This study is social research about family member of alcoholic clients. This study has been undertaking to Janhitay mandal, Chandrapur (MH) under Jhep De-addiction center. Admitted client's 500 family member selected for this study in time year 2020 to 2022 in all Chandrapur district. This study's main object is Alcoholism is family disease Alcoholism is a familial disease which is studied in order to understand the family. How alcohol has affected people in their family or vice versa, what problems the family has had to face. All these points were discussed during the discussion interview. In this study, convenience 500 sample is selected through non-probability sampling method. Descriptive and diagnostic research has been used to study social phenomena scientifically. Unit of study for this research were patient's family members. The use of the presented research is that addiction is a multifaceted disease and the effect of this disease on the whole family is going to be given to the workers working in the health sector and also to awaken the people and the youth in the society.

Introduction :-

World over, there is an increasing tendency to study both alcoholism and drug addiction as 'chemical dependency'. In This manual also, the term "addiction" has been used to refer to both addiction to alcohol and to other drug. Nevertheless, while collaborating, we have chosen to make a differentiation between the two. Several aspects of alcoholism and drug addiction and their manifestation have been discussed separately.

Addiction to alcohol (Alcoholism)

The common man sees "alcoholisms" as a weakness of character. The moralist looks at it as a vice. Law finds the consequential acts of alcoholism as a crime. The clergyman considers it a sin.

After extensive research, in the year 1956, American Medical Association came to the conclusion that it is a DISEASE.

Before elaborating on the disease concept of alcoholism , let us clearly understand who an alcoholic is, and in what respects he is different from the social drinker.

Who is a "social drinker"?

A social drinker is one who drinks the way his social group permits. He never overstep their unwritten, unspoken, but clearly understood boundaries. He either drinks occasionally, or drinks regularly in moderate quantities. His intake of alcohol does not cause any problem whatsoever in his life.

Who is an "alcoholic"?

"An alcoholic is one' whose drinking causes continuing problem in one or more areas of his life (family-relationship, financial position, occupation, etc)".

MARTY MANN. In spite of these problems, h will keep on drinking . Here, 'continuing' is the key word. This is what differentiates him from a social drinker.

An 'Alcoholic' will not be able to take note his problems and stop drinking totally. He reies, but never succeeds on a long tem basis. He developers a physical and psychological dependence onalcohol. He will have no control over his drinking , and even if he stop drinking for a short duration, he will definitely go back to obsessive deinking.

Why is alcoholism Classified as a disease ?

Clinically, a disease is confirmed if the following are present.

- a) The aetiological agent (that which causes the disease)
- b) 1. How the agent comes in contact in contact with the patient (Epididemology)
2. What happen when the contact is made (Pathogenesis)
- c) The lesion – the focus of damage and its consequences – (structural, biochemical, physiological and behavioral)
- d) The syndrome. (A collection of symptoms complained by the patient and “signs” observable to others that regularly occur together)

In 'Alcoholism', the

- a) Aetiological agent is Ethyl Alcohol or Ethanol.
- b) 1. Epidemiology - a clearly seen, but complex process.
2. Pathogenesis – numerous effects in the body (dealt with in chapter 6 in detail)
- c) The lesion - quite clear cut in the liver.
- d) Syndrome – well defined and stereotyped reaction (as we are going to see in this chapter)

Now we realize that the alcoholic is a sick person – a person with a disease.

What is alcoholism ?

The most widely accepted definition of alcoholism, is the one offered by Keller and Effron: "Alcoholism is a chronic illness, somatic or psychosomatic, Which manifests itself as a disorder of behavior. It is characterized by the repeated drinking of alcoholics beverage, to extent that exceeds customary, dietary use or compliance with the social customs of the community and that interferes with the drinker's health or the social or economic functioning."

Alcohol dependence can be both physical and psychological .

Physical dependence is a state where in the body has adapted itself to the presence of alcohol. If its use is suddenly stopped, withdrawal symptoms occur. These symptoms range from sleep disturbances, nervousness and tremors to convulsion, hallucination, disorientation, delirium tremens (DTs) an possibly death.

Psychological dependence is exists when alcohol become so central to a person's thoughts, emotions and activities, that it becomes practically impossible to stop taking it.. The ethos of this condition, is a compelling need or craving for alcohol.

The characteristics of alcoholism are as follows :-

1. It is a progressive disease.
2. It is a progressive disease.
3. It will be terminal disease, if not treated.
4. It is a treatable disease.

Early Phase :- Increase tolerance , Black –Out, Preoccupation with deinking , Avoiding any talks about alcohol.

Middle phase :- Loss of Control , Justify his drinking, Grandiose behavior, Aggression, Guilt and remorse, Abstaining from Alcohol, Changing the drinking pattern, Decaying of social relationship. Problems on the job, Family problems, Morning drinks, Seeks help.

Chronic phases :- Binge drinking, Decreased tolerance, Ethical breakdown, Paranoia, Indefinable fear, Hallucinosi, Lacck of motor co-ordination, turning og God.

PROBLEM EXPERIENCED BY THE FAMILY

Chemical dependency is not an isolated effect that affects only one individual. For ever case , there are multiple victims. Apart from the chemically dependent person, the primes victims is wife , parents and children.

Each family seems unique, Yet all of them have certain common traits and characteristics. All families tend to react in patterned and predictable ways when one member of the family becomes the victim of chemical dependency.

The family of the chemically dependent person is a set hurt, confused people. They are victims of addiction who do not use chemical, but are nevertheless victims by the drug. They are victims struggling desperately to slove their problems.

These people who do not drink or take drugs but are victims by chemical abuse, are called **codependence**. Codependency is a normal reaction to the abnormal behavior of people around.

The Various responses an behavioral patterns of codependents (Family Member)

Emotional response :- When a chemically dependent person gets into trouble and develops problems due to the abuse of chemical, his family is deeply concern an gets upset.

Guilt – The emotional response to addictive illness in an family member frequently has its roots in guilt feeling. Our culture often implies that it a person drinks too much, or takes to addictive drugs, someone else is to be blamed. Normally, th outside world blames the wife or parents.

Grief – Grief is another emotional response of the family to addiction. The family has lost the pleasures of life. It is not a total loss that can be confirmed by death and mourning and a consequential healing. It is a Chronic extended of loss and anxiety with no visible end.

Anger- When thy are not even heard, they experienced anger and deep sadness. Initially this anger is focused towards the addict and his inappropriate behavior.

“ Everyone is laughing at us. We are not able to go out at all – it is all because of you. Are’t you ashamed of yourself ? Iwish you were dead “.

Hurt - If anger is suppressed within a person, it automatically results in frustration, resentment and hurt feelings . Emotional pain can be very deep and destructive. As the harmful dependency , progress, his inappropriate behavior can no more be hidden. At every point, thr family members feel humiliated.

Shame – Most of the painful experience resulting from chemical dependency bring a lot of shame to his family members. For example, the mother of an addict refrains from attending any social function because she is cared that people will ask about her son and his addiction. The very thought leads to shame and hatred.

Fear - Living in a problematic, distressed family produces fear- fear of the future, fear of family life, fear of financial maters, fear of relationship, fear of argumnts, fear about drunkenness and a persistent fear that nothing is going to become normal.

Loneliness- The stressful situation in the chemically dependent’s family results in the break down of normal family communication. Love, care, and concern are lost in the stress, anxiety and crisis experienced on day-to-day basis. The isolation created by lack of communication always leads to biter loneliness.

Behavioral Responses :- The emotions described above lead to a set of behavioral 6res66ponses to addictions.

Family denials – The family denies the existence of any problem whatsoever and gives excuses such as “going through a stage” or “ too muh pressure “,etc.

They not only deny that actins, behaviors an attitudes have been affected, but also fail to see that the result is an environment that has lost its balance.

Protector – The spouses of the chemically dependent person is the primary ‘enabler’ who starts with good intentions. She wants to show care an concern for the chemically dependent person and wants to get him out to his problem; apat from the above reasons., she wants to get protect her own dignity.. She covers up the consequences arising out of his inappropriate use of chemicals.

Controller – The spouse maks all sorts of attempts to control the chemically dependent person’s abuse. For example is asking him to drink at home, pouring out liquor or hiding drugs. The more spouses tries to control husband,, th less fruitful her efforts become. With a vengeance, he starts abusing chemicals more an more and the situation becomes worse.

Blamer- She desperately attemps to handle her increasing feeling of low self esteem. Unknowingly her feeling of failure get projected onto others in the form of fear and anger. She instinctively feels about her husband is athe reason behind all the family problems.

Loner- As chemical dependency progresses, th spouse/parent experience inappropriate mood swing. She goes into deep depression and indulges in hours of lonely crying or violent outbursts of anger. Her uncontrollable moodswings make her feel that she is becoming insane.

The family member who is apathetic allows th disease to progress and the different roles adopted by the family members. All these situation are a result of the family not being able to recognize the fact that addiction is a disease. The counselor should appreciate the enormity of the problem experienced by the family and educate them towards implementing the desired behavioral changes .-as though th counselor is actually talking to the family.

You, as a family member should

- Realizes that addiction is a disease – not sa moral weakness, not a lack of willpower, not a deliberate attem at reating unpleasantness , not done intentionally or wantonly.
- Apt it. This will, to a large extend, help in changing your attitude and approach towards the person . Efforts can be initiated to shows care, love and compassion. This is turn , is likely to speed up his recovery.

Problems experience by the family members during the recover process .

As chemical dependency develops into a family disease, virtually all the members of the family need some kind of help to recover. Addiction is a disease that has taken years to develop and therefore cannot be resolved overnight, even with treatment. The family should be prepared for a long and conscious process of recovery. Rather than reacting with despair or defeat, the family members can help the addict to return to sobriety. Abstinence is the first step. During subsequent recovery, the family member can help the addict adjust to each other on a new basis in the course of which new problems may emerge. She should start "owning up" and accepting responsibility for some of the problems at home. Actually adjustment is initially difficult, but definitely possible.

Importance of Family Therapy in treatment of addiction process.

Family Therapy can be defined as the treatment of more than one member of family simultaneously in the session. The treatment may be supportive, directive or interpretive. The problem experienced by one member of a family may lead to interpretive. The problem experienced by one member of a family may lead to disturbance in the other family members and may affect interpersonal relationships and functioning.

While treating the chemically dependent, the entire family is brought together to discuss problems- problems of communication, role clarity, developing trust. Dealing with past resentment, etc. Helping the family members improve their interactions not only serves to improve family functioning but also helps the chemically dependent person in maintain abstinence.

Carefully utilized family therapy, along with the specific treatment for chemical dependency, can lead to long-term abstinence and a marked improvement in the family situation.

Government initiative on drug addiction :-

Janhitay Mandal, Chandrapur founded in 1992 for run de-addiction program in Chandrapur. Group of doctors Dr. Balmukund Paliwal and Dr. Kiran Deshpande taken initiation for this program setup. This program funded by Social Justice and Social Welfare Department, Delhi. Now 'Jhep' de-addiction center is running to be undertaken by JHM, Chandrapur at Mahakali Ward, Chandrapur. This NGO's president is Dr. S.S. Paliwal and secretary Dr. Mamata Thakurwar (Professor of SRM, Social Work College, Chandrapur) are running program.

Objects of this project –

1. Creating awareness in the society to create an addiction free society.
2. Addiction treatment, rehabilitation and follow-up.
3. Helping families struggling with addiction.
4. Treating addiction scientifically.

Method of de-addiction treatment under by center

In this center two types of treatment method first is OPD (Out Door Patient) and second is IPD (In Door Patient).

OPD- Patient and family come for treatment of addiction that time provide information about addiction and done registration also doing planning with client and his family for counseling. Doctor gives medical treatment as per need to client. Then gives continue follow-up for client's rehabilitation.

IPD- The patient is admitted for 30 days. Under that they are given treatment. Treatment consists of re-education sessions, group therapy, yoga and personal counseling and family counseling planning, all under treatment. Then given continue follow-up for client and family's rehabilitation.

Important role of counselor in this project-

The role of all staff is important in this project. Because the disease treated in this project has a 2 to 3 percent success rate. Addiction is a multifaceted disease. It affects the entire family. The whole family is affected by that disease. The role of the lead counselor is very important because the counselor has the client and his family in constant follow-up. The problems encountered in the recovery of addiction are also solved with Counselor so this role is important in this program.

Selection of subject - "family member opinion about alcoholism is a family disease".

Research objectives-

1. Effect of alcoholism on family member of clients.
2. Family members involve in de-addiction program.

Research hypothesis - 1. Alcoholism has many bad effects on the family.

Research variable - 1. Side effect of alcoholism. 2. Family experience about alcoholism.

Research Area – family members of admitted client under Jhep de-addiction center, Chandrapur in Chandrapur district.

Sample selection method- Convenience sampling method in Non-probability sampling method.

Sample No.- 500 clients

Unit of study – family member of client who is admitted in de-addiction center.

Data source- interview schedule of clients and documents.

Research designs- descriptive and diagnostic research.

Scope and important of research - The use of the present research will be very useful for the health department, government organizations, private organizations and society for addiction treatment and awareness work. Also, this research will be used to know the severity, form, effect, cause, and preventive measures of this disease. his research will be used for conducting new research and solving problems.

Table

Family member's opinion about alcoholism side effect in them life.

Sr. No.	Alcoholism side effect on family members of client	Frequency	Percentage
1	Came depression	40	8
2	Experience loneliness	30	6
3	Continue feeling fear and anxiety	42	8.4
4	Aggregation and blaming	23	4.5
5	Moral degradation	27	5.4
6	Facing problems of economical , family, professional, social and sexual	110	22
7	All above problem	228	45.6
	Total	500	100

Analysis – In a study on Alcoholism side effect on family members of client topic , Came depression 40 (8%), Experience loneliness (6%), Continue feeling fear and anxiety 42 (8.4%), Aggregation and blaming 23 (4.5%), Moral degradation 27 (5.4%) , Facing problems of economical , family, professional, social and sexual 110 (22%), All above 228 (45.6) is out of 500 reported clients

Average- The lowest is 23 (4.5%) tellers about aggregation and blaming and the highest is 228 (45.6%) tellers about all above problems.

Conclusion - From the perusal of the above table, it is noticed that there were no family members who did not have any problem. So every family member had many problems and finally they admitted the patient. Whereas the highest number of families with many of the above problems is 228 and its percentage is 45.6.

Alcoholism is a multifaceted disease and this disease affects not only the alcoholic but also affects the whole family. Because they have experienced various problem in them life and them mentality is not normal. In alcoholism period developed multi psycho disorder factor and multi problem came which is effect normal life of family member so alcoholism is family a disease is prove above study. some cases, family members have committed suicide. And suicide of some has been proved.

But now the patient has been recruited and the family member has come to know that alcoholism is a disease. And with the help of counseling, he is trying to bring about a proper change in himself. Family members play an important role in curing the patient. Therefore, it is necessary to strengthen the individual in the family member .

Suggestion-

Many addiction problems have arisen in today's times. Today, addiction has become fashionable. Every youth is a victim of drug addiction. Today drinking alcohol in every program and party is a cause of prestige. The people who watch it take pleasure and curiosity. But with time some of them become addicted. Today, one person in every family is under addiction and because of that, the family is worried. In today's times, due to the increasing competition, material pleasures, the individual is under constant pressure. Therefore, the diameter is supported to reduce the tension

Government and many social organizations are working on addiction disease in the society. Over the years there have been many movements on liquor ban. But the success did not come as expected and because of the high profit on alcohol consumption, the government is also allowing alcohol consumption. But the government is having to spend more money on health care than the disease caused by addiction. This needs to be brought before the government from time to time. For that, it is necessary to make a new action plan at the global, state and district level. On that, there is a need to create awareness in the society by creating new programs on addiction. The government and social organizations should work on it

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