



Family Interaction Pattern of Male Alcoholics

KEYWORDS

Family Interaction Pattern, Alcoholic.

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ABSTRACT An Alcoholic is a person, while alcoholism is an illness and long-term (chronic) disease. An alcoholic means from alcoholism. Alcoholism is also known as a family disease. Alcohol addiction in families affects that family breakups, divorce and poor academic performance of children. The Family interaction Pattern statements pertaining to six dimension i.e., reinforcement, social, role, communication, cohesiveness and leadership. It is constructed based on the model of evolution of the family system, giving important time scale, type of system, evolution of the dominant characteristics, and the environmental inputs. The Descriptive Research Design was used for the study. Total population study or Census method was used. 100 male alcoholic patients were interviewed from IQRAA Hospital Psychiatric & De-addiction Department Kozhikode, Kerala. The Family Interaction Pattern Scale developed by Bhatti et al (1986) was used for data collection. It was also associated with certain socio Demographic variables the findings points towards implications for alcoholics.

INTRODUCTION:

The **World Health Organization** has defined alcoholics as "excessive drinkers whose dependence on alcohol has attained such a degree that they show noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smooth social and economic functioning, or who show the prodromal (beginning) sign of such developments." India is a vast sub-continent and the drinking habits vary greatly between the different states. Kerala state known for the highest per capita liquor consumption in India. Generally men are heavier drinkers for longer, and suffer from the long term health implications like brain and liver disease, cognitive problems and depression.

Alcohol addiction is the compulsive and uncontrolled consumption of alcoholic beverage, usually to the detriment of the drinkers' physical and mental health, personal relationships, social and economical standing. It is medically considered a disease, specifically an addictive illness. There are two main types alcohol abuse, alcohol dependence. One who has alcoholism is called an alcoholic. Family interaction means of maintain, establish, and promote parent-child relationships. The alcoholic suffer from the disease of addiction, and the family members suffer from the disease of codependence. Mental health professionals are increasingly considered alcoholism and addiction as diseases that flourish in and are enabled by family interaction.

RESEARCH METHODOLOGY:

This research work aimed to study the Family interaction pattern of male Alcoholics. **The Objectives of the Study** was to understand the Socio Demographic Profile of Family interaction pattern of male alcoholics. To analyses the Level of Family interaction pattern among the male alcoholics and to identify the factors associated with Family interaction pattern of male alcoholics. The **Research Design** used for the study is Descriptive in nature. It describes the Socio Demographic Profile of the respondents and Family interaction pattern. It describes the factors associated

with the Family interaction pattern of the respondents. **Pilot Study** was done during the month of August 2015. After this an Interview Schedule was prepared. **Pretest** was done in order to find out the validity of the Interview Schedule a pretest was conducted with 10 respondents it was carried out in October 2015. Major changes were not required in the Interview Schedule as it consisted of standardized scale to measure Family interaction pattern. Data collection was done from IQRAA Hospital Psychiatric & De-addiction Department is a unit of IQRAA International Hospital & Research Centre Kozhikode, Kerala, India. **Universe** consisted of all the male alcoholics who came to centre for treatment during the period of data collection from November 2015 to January 2016 which consisted on 100 male alcoholic patients. **Sampling** Technique was Total population study' or Census method. The sample size for this study is 100 male alcoholics who are under the treatment of the IQRAA International Hospital. The entire universe was selected for the study. **Criteria for Selecting the Respondents** was that male alcoholics admitted for de-addiction treatment at IQRAA International Hospital and the alcoholics should be at least 20 years old, married, unmarried or widower. The respondents who are relapsed alcoholics and substance abusers were excluded from the study. **Tools of Data Collection** was Interview Schedule. A Standardized Tool were used for the study which is Family interaction Pattern Scale (FIPS) developed by Bhatti et al (1986). The FIPS has 106 statements pertaining to six dimension ie, reinforcement, social support, role, communication, cohesiveness and leadership. **Reliability & Validity:** The researcher tested reliability of the scale it showed 0.98(Cornbach's Alfa) which is satisfactory. The ability of the scale items to discriminate between the different groups on different subscales established its validity.

SUMMARY OF FINDINGS:

Socio demographic profile

Nearly half of the respondents (34%) belong to the age group of 31-40 years. More than half of the respondents (56%) of the respondents are Hindu. Nearly half of the respondents (42%) are rural area of residence. Major-

ity (76%) of the respondents are married. Majority of the respondents (54%) are nuclear families. Nearly half of the respondents (43%) belong to the category of 1-9th standard of educational qualification. Majority (38%) of the respondents are employed. Both of the respondents (34%) are equal family monthly income of Rs.5001-10000 and above Rs.15000. Majority of the respondents (76%) have awareness that alcoholism is an illness. Nearly half of the respondents (26%) belong to the duration of habit 1-3yrs, 4-6 yrs and 7-10 yrs.

Level of Family interaction pattern

An equal number of the respondents (34%) have low and high level of family interaction pattern and 32percent of respondents have moderate level of family interaction pattern. It is inferred that majority of the respondents have low and high level of family interaction pattern.

TABLE NO.1
Family interaction pattern and its influencing factors

S.No.	Variables	't' / ANOVA	Significant or Not
1	Age	ANOVA	NS
2	Religion	ANOVA	NS
3	Area of residence	ANOVA	NS
4	Marital status	ANOVA	**
5	Type of family	ANOVA	NS
6	Education	ANOVA	NS
7	Occupation	ANOVA	NS
8	Family monthly income	ANOVA	NS
9	Awareness that alcoholism is an illness	't' Test	NS
10	Duration of habit	ANOVA	NS

NS-Not significant, * -Significant at 5% level, ** -Significant at 1% level

There is significant difference in the family interaction pattern score of the respondents and various marital status of group.

Table No: 2
Family Interaction Pattern scores with marital status of respondents

		Mean	S.D	No.
Marital status of respondents	Married	267.84	43.42	76
	Single	238.70	42.84	20
	Widower	200.75	19.50	4
TOTAL		259.33	45.52	100

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	27745.055	2	13872.527	7.586	**
Within Groups	177381.055	97	1828.671		
Total	205126.110	99			

ANOVA was applied to find out the mean family interaction pattern scores differ significantly according to marital status of respondents. The ANOVA result shows that calculated F- ratio value is 7.586 which are greater than table value of 4.831 at one percent level of significance. There for the calculated value is greater than the table value it is inferred that the family interaction pattern scores differ significantly according to marital status of respondents. The mean score indicates that respondents who are married have better family interaction pattern.

IMPLICATIONS FOR SOCIAL WORK PRACTICE:

The study has helped the researcher to have a better understanding of alcoholism, people living with male alcoholics and their family interaction. The researcher also was able to understand the role of de-addiction centre in rehabilitating alcoholics. Social work practice can be in the following areas:

Role and responsibilities: The role should vary and would require them to function as peer educators, counselors and outreach workers. The Professional Counselors, Social Workers, Medical Practitioners, Educationists have a definite role to play against the alcoholism. Social work education system can adopt the 'Psycho-Educational Approach' to eradicate Alcoholism Development. Media can also play a vital role in giving proper understanding about the alcoholism.

Community support: communities should support alcoholic patients by encouraging them to work as peer educators within their respective communities. Increase the awareness to the community about the effect of alcoholism towards family, economic life and society.

Psychotherapy and Behavioural Methods: Cognitive-behavioural therapy, Combined behavioural intervention, Group psychotherapy of Alcoholics Anonymous (AA).

Succession planning: Provision for succession planning, in which children and their alcohol addicted parents are assisted in discussing the alcohol status and also in making future plans, should be made.

Home based support: The facilitates a better understanding the use of alcohol within families, interpersonal support and community and permitting questions and misunderstandings about prevention, coping and support to be addressed as they arise.

Workshops: Workshops should be organized for family of alcoholics on key issues in the caring for alcoholics. Workshops on human rights should also be organized for patients since it should lead to a better awareness on human rights. Role play can be conducted in treatment group for behaviour modification of alcoholics.

CONCLUSION:

The researcher has done a study of family interaction pattern of male alcoholics. It can be concluded from the study an equal number of the respondents (34%) have low and high level of family interaction pattern. There is significant difference in the family interaction pattern score of the respondents and various marital status of group. The use of alcohol till the age group of 31-40 years could be explored as a primary prevention strategy in genetically vulnerable adults.

The study recommended that counseling and rehabilitation centers should be established in the district, and that awareness should be created on the impact of alcohol abuse on the families. The research work helps in increasing the awareness to the de-addiction centers, families and the community on caring for alcoholics.

BIBLIOGRAPHY:

1. Donald Collins, Heather Coleman, Cathleen Jordan. (1999). An introduction to family social work. Pg no: 254-261.
2. Hareesh N Ramanathan(2012). Family – The Prime Influencer of Alcoholism among People of Kerala. International Journal of Multidisciplinary

- Management Studies Vol.2 Issue 3, <http://zenithresearch.org.in>.
3. Irwin G. Sarason, Barbara R. Sarason. (2005). *Abnormal Psychology: The problem of Maladaptive Behaviour*. 11th edition (pg no: 445-458). Published by PHI Learning Private Ltd; New Delh.
 4. Mohindra K. S., Narayana D, SAnushreedha S and Slim Haddad (2011). Alcohol use and its consequences in South India: views from a marginalized tribal population. Volume 117, Issue 1, Pages 70-73.
 5. Madan, C.R. (1993). *Indian social problems*. 5th edition (pg no: 153-176). Allied Publications Ltd; Bombay.
 6. Namboodiri, V M D. (2005). *Concise Textbook of Psychiatry*. 2nd edition (Pg No: 246-248) Published by Elseuer, a division of Reed Elseuer India Pvt Ltd.
 7. Niraj Ahuja. (2011). *A Short Textbook of Psychiatry*, 7th edition (pg no: 35-45). Jaypee Brothers Medical Publisher Pvt Ltd.
 8. Pantelidou, S. & Craig, T. K. J. (2006). Culture shock and social support. *Social Psychiatry and Psychiatric Epidemiology*, 41, 777-781.
 9. Ram Ahuja. (2004). *Social problem in India*. 2nd edition (pg no: 367-385). Rawat Publications; Jaipur and New Delhi.
 10. Top of FormSusan Nolen-Hoeksema (2004). Gender differences in risk factors and consequences for alcohol use and problems. *Clinical Psychology, Review* 24.
 11. Suresh Kumar P.N. and Biju Thomas (2007). Family intervention therapy in alcohol dependence syndrome: one-year follow-up study. *Indian J Psychiatry*, page 200-204.
 12. Singh N.K, Bhattacharjee D, Das B and Kumar,M. (2009). Interaction Patterns in Indian Families with Alcohol-dependent Persons. *Hong Kong J Psychiatry*, page 117-120.
 13. Theodore Jacob and Ruth Ann Seilhamer (1983). Alcoholism and Family Interaction. *Recent Dev. Alcohol*, pg 129-45.
 14. Templeton L, Velleman R & Russell C (2010). Psychological Interventions with Families of Alcohol Misusers: A systematic review. *Addiction Research & Theory*, 18 (6), pp. 616-648.
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