

Spiritual Beliefs and Abstinence among Persons with Alcohol Dependence

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Abstract

Objective: The aim of the study was to see if spiritual beliefs resulted in longer durations of abstinence among persons with Alcohol Dependence Syndrome.

Methodology: 30 respondents each from a hospital based centre and Alcoholics Anonymous AA support group meetings from Bangalore who were abstinent from alcohol since over 6 months formed the study sample. Spiritual beliefs were assessed using the Beliefs and Values Scale.

Results: The abstinence period was reported to be higher in the AA group than the clinical group as well as the AA group showed higher spiritual beliefs than the clinical group.

Conclusion: Further research in India should explore the use of spirituality in the area of mental health.

Keywords: Abstinence, Alcoholics Anonymous (AA), Beliefs and Values.

I. INTRODUCTION

In India current estimates of alcohol consumption are said to be at 30-35% for adult males and 5% for females [1]. Consumption leads to dependence causing a major threat to the physical and mental health of the individual [2] which affects and impairs cognitive functions cause's medical co-morbidities and alcohol related deaths resulting in increased admission rates and costs of treatment [3].

Since being identified as one of the major causes of the global burden of disease [4], it is considered to be a chronic relapsing disorder [5], affecting all spheres such as personal, social, economic, financial and family [6]. Despite conventional treatment patients tend to have poor long term outcomes [7]. Treatment usually involves multiple episodes extending over many years emphasizing on the need for pharmacological [8] and psycho social interventions including AA [9]. Alcoholics Anonymous (AA), are the most widely used resources for persons with substance use disorders [10]. Health professionals recommend the 12 step meetings of AA, as an adjunct to the pharmacological treatment [11]. Globally, spirituality as propagated through the AA meetings resulted in the attainment of sobriety that stemmed out of the efforts of Bill Wilson and Bob Smith in 1935 [12]. An important ingredient associated with recovery it is often considered to be an effective intervention for alcohol use disorders [13]. Research suggests that attendance and involvement in AA is associated with better health outcomes [14], [15], [16].

II. REVIEW OF LITERATURE

An increasing body of research evidence supports the use of 12-step spiritual program affiliation as an effective adjunct and aftercare for formal treatment [17]. Religious faith/beliefs are known to predict better health related outcomes and reducing risk of alcohol use [18]. It is also known to mediate abstinence for persons with alcohol dependence if not reduce the use or abuse of alcohol [19]. Possible protective mechanisms conferred by religious involvement may include avoidance of drugs, social support advocating abstinence or moderation, time-occupying activities that are incompatible with drug use, and the promotion of pro-social values by the religious affiliation that includes leading a drug-free life [20]. A randomized trial [21], comparing spiritually based 12-step facilitation (TSF) with Cognitive Behavioural Therapy and motivational enhancement therapy for alcoholism found that the TSF group was significantly more likely to achieve complete abstinence.

A fairly large body of evidence shows an inverse relationship between involvement in religion (e.g., attending services, considering religious beliefs important) and likelihood of substance use across life stages [22]. Scientific literature not only supports the notion that spirituality and religiousness is associated with decreased risk for substance use but also increased rates of abstinence resulting in better health outcomes [23].

Laudet, and colleagues found that that social supports, spirituality, life meaning, religiousness and 12-step affiliation are found to decrease substance use thereby enhancing quality of life among recovering persons (these tenets that are imbedded in the AA philosophy) [24], a factor that is considered to be important for mediating abstinence [25]. Quality of life was found to be poor in persons who consume alcohol as compared to those who were abstinent who showed better outcomes [26]. As a result people attending the AA group meetings were found to have a better Quality of Life as compared to those who were not attending the meetings [27]. By this the researcher wanted to examine if spiritual beliefs resulted in longer durations of abstinence.

III. MATERIALS AND METHODS

The aim of the current study was to see if spiritual beliefs resulted in longer durations of abstinence for persons with alcohol dependence syndrome. The objectives were (a). to study the socio demographic and clinical related

variables, (b). to study the beliefs and values of persons with alcohol dependence syndrome, (c). to study the relationship between clinical variables and beliefs and values

The study utilized a descriptive cross-sectional design using systematic random sampling with patients who sought help for their alcohol related problem from two treatment groups. The respondents were abstinent from alcohol for 6 months and were following up regularly at both the centres respectively. 30 respondents were recruited from the out-patient department at the Centre for Addiction Medicine (CAM), National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore and 30 respondents were recruited from persons who were diagnosed with ADS and were currently attending regular Alcoholics Anonymous (AA) meetings at Bangalore. Patients who belonged to the age group of 20 – 60 years, diagnosed with ADS, abstinent from alcohol use for the last 6 months and must be following up regularly at both centres respectively with the absence of co-morbid medical and psychiatric conditions were included based on their willingness to participate in the study. The sample that met the inclusion criteria were explained about the study and a written informed consent form was obtained. The instruments used for the study were a socio-demographic data sheet and alcohol related variables that were prepared by the researcher and Beliefs and Values scale [28]. The data was analyzed with the SPSS, version 15.

IV. RESULTS

A. Socio demographic characteristics of the respondents:

All the respondents were males from nuclear families with a mean age of 31.25 years. Most of them were Hindus and married. In the clinical group there were very few respondents who had completed their graduation and unskilled with a mean income of Rs.7,500/- in relation to the AA group where most of them were graduates with a monthly income of Rs.13,550/- and skilled. This is presented in Table I.

B. Alcohol related variables (presented in Table II):

The mean age of initiating the alcohol use was at 21.15 years. Reasons for initiating alcohol use (curiosity, peer pressure and stress) were found to be similar for both groups. The mean duration of drinking alcohol for both groups was 13.5 years (clinical group = 14.7 years, AA group = 12.2 years). Both the groups had many attempts at abstinence and the current abstinence period was higher in the AA group (25 months) than the clinical group (9 months).

C. *Beliefs and values of persons with ADS:* In the AA group, the total beliefs and values ($M=66.16$, $SD=4.37$) was found to be better than the clinical group ($M=31.33$, $SD=3.45$).

Table III - *Relationship between clinical variables with beliefs and values*

Variables	Beliefs and Values	
	Clinical group	AA group
Age	-0.90	.145
Individual Income	-.198	.211
Family Income	-.139	.255
Duration of Drinking alcohol	-.044	.094
Abstinence period in the past	-.183	.127
Current abstinence period	-.106	.458*

*significant at 0.05

There was significant positive correlation observed between the current abstinence period and overall beliefs and values in the AA group ($r=.458^*$, $p<0.05$)

V. DISCUSSION

The mean age of the respondents in the clinical group was 31 years and in the AA group was 31.5 years, most of them were married (73.3%) and majority of the respondents had an individual income of less than Rs.10000. This result is similar to the findings by a study conducted in India by Srivastava & Bhatia [29]. 53.3% were Christians in the AA group an equal representation of Hindus (46.7%) was also seen to be benefited which is corroborative with a study where non Christian members of AA found it beneficial as it did not emphasize on a religious relationship with a Christian faith [30].

The mean age of initiation of alcohol in both the groups was 21.15 years which was similar to results in other studies [31], [1], [32]. Half (52%) of the respondents reported that the main reason for initiating alcohol use was due to friends {clinical group (56.7%), AA group (46.7%)}. Reasons for initiating alcohol use (curiosity and peer pressure) were found to be similar in both groups. This is evidenced by findings where curiosity [31] peer pressure [33] and stress [34] has been found to be significant factors leading to alcohol use. Abstinence rates was 8.9 months in the clinical group and 25 months in the AA group, these findings are significant and are consistent with studies that report that AA members are able to abstain from alcohol for longer periods [35] and there is a positive association between AA attendance and abstinence [36],[37].

Beliefs and values - The AA group was found to show a higher spiritual beliefs and values score as compared to the clinical group. These findings are consistent with results from other studies where persons with addictions are more likely to report more spiritually focused interventions and practices (eg, prayer) may facilitate recovery [38]. Increased attendance at AA meetings was also associated with better outcomes as higher the attendance means higher the spiritual affiliation which usually played a positive role in the adjustment and in better health [23] which was observed in the current

study. More so there was a positive correlation observed between current abstinence period from alcohol and beliefs and values especially for persons from the AA group. Similar results was observed which are consistent with the present findings that people attending AA groups were found to not only show increased abstinence rates but as well as experience better quality of life [27],[39].

VI. CONCLUSION

Few limitations need to be highlighted such as a small sample size restricts the generalization of the results. And the interview schedule could have used open ended questions to understand the experiences of the respondents and explore factors that contributed for the overall improvement as well as how spirituality has influenced other recovery related changes.

In the wake of addiction related disorders there has been few documented literature relating to the beneficence of AA groups and their active role in continuity of care especially in the Indian context. The results lend support to the role of spirituality and influence of support groups in the quest for sobriety leading to better health outcomes which must be a part of the treatment regime. Future studies should look at the processes involved in the facilitation of recovery. The knowledge gained about the positive relationship between beliefs and values and quality of life highlight the importance of religious and spiritual related beliefs which serve as a protective factor. Support groups such as the AA that helps in increasing abstinence rates and promoting better quality of life is to be integrated as an effective add on measures in the holistic treatment for persons the ADS and serves as implications for clinical practice in India.

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TABLE I: SOCIO DEMOGRAPHIC DETAILS OF THE RESPONDENTS

Variable	Category	Clinical group		AA group	
		N=30	%	N=30	%
Age (in years)	27 – 35	16	53.3	20	66.7
	36 – 55	14	46.7	10	33.3
Marital status	Unmarried	5	16.7	11	36.7
	Married	25	83.3	19	63.3
Occupational status	Skilled	11	36.7	24	80.0
	Unskilled	10	33.3	0	-
	Professionals	8	26.7	4	13.3
	Business	1	3.3	2	6.6
Educational qualification	Illiterates	8	26.6	0	-
	SSLC	7	23.3	4	13.3
	PUC	5	16.7	3	10.0
	Graduates	10	33.3	23	76.7
Individual income	Below Rs. 2000	7	23.3	0	-
	2001 – 10000	15	50.0	12	40.0
	Above Rs. 10000	8	26.7	18	60.0
Religion	Hindu	26	86.7	14	46.7
	Christian	4	13.3	16	53.3

TABLE II: CLINICAL VARIABLES OF THE RESPONDENTS

Variable	Category	Clinical group		AA group	
		N=30	%	N=30	%
Age of initiating alcohol	15yrs - 18yrs	2	6.7	1	3.3
	19yrs - 22yrs	23	76.6	26	86.7
	23yrs - 26yrs	5	16.7	3	10.0
Reason for drinking	Friends	17	56.7	14	46.7
	Curiosity	4	13.3	3	10.0
	Peer-pressure	1	3.3	5	16.7
	Stress	8	26.7	8	26.7
Duration of drinking in years	1yr – 12 yrs	12	40.0	17	56.7
	13yrs – 24yrs	16	53.3	12	40.0
	25yrs – 36yrs	2	6.7	1	3.3
Number of times of abstinence in the past	1-10	22	73.3	17	56.7
	11-20	7	23.3	13	43.3
	21-30	1	3.3	0	-
Current abstinence Period (in months)	6m-12m	29	96.7	7	23.3
	13m-19m	1	3.3	0	-
	20m-26m	0	-	23	77.7