


Impact of Social Network Therapy on Family Resilience and Well-being among Spouses of Individuals with Alcohol-dependence Syndrome

Rizwan Ahmed¹, Manohar Kant Srivastava², Upendra Singh³ 

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ABSTRACT

Background: Consumption of alcohol is associated with various psychological conditions, people with alcohol use faces negative consequences, like losing employment or destroying relationships with persons they love. Hazardous alcohol intake is also related to the low mental well-being of an individual or their family members.

Aim: The current study was aimed to examine efficacy of social network therapy on family resilience and well-being among partners of male individuals with alcohol dependence syndrome.

Methodology: Pre–post experimental research design with control group was used. Total 20 male participants diagnosed with alcohol dependence syndrome as per ICD-10 criteria were selected for the research; random allocation was done for in the control and experimental groups, with 10 participants in each group. Sample selection was done followed by purposive sampling technique. Socio-demographic and clinical data sheet, family resilience assessment scale (FRAS), and Postgraduate Institute (PGI) general well-being scale were applied to assess pre–post results.

Results: The study reports network therapy does significant improvements in participants' family resilience and helps in boosting well-being.

Conclusion: Network therapy creates a positive aspect to change and reduce the chance of relapse among individuals with alcohol-dependence syndrome (ADS).

Keywords: Alcohol-dependence syndrome, Family resilience, Well-being.

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INTRODUCTION

Alcohol dependency can create various issues among individuals which are associated with social consequences among family and society, psychological disturbance, psychosocial functioning impairment along with chronic and acute health effects. The magnitude of the alcohol dependency problem in India can be measured by the fact that 33% of the population used alcohol with an annual rise in consumption.^{1,2}

Sometime individual who is consuming alcohol not able motivate himself, very tough to maintain individual behavior healthy, that conditions family, friends play a vital role to help individual in the form of network therapy. This can help to restore previous functioning, enhance family relationship, and positive well-being.

Intervention through network therapy was presented and prepared to enhance the skills of the office-based expert to increase punctuality and secure and protect the abstinence of individuals with alcohol-dependence syndrome (ADS). In the corporate sectors, it can be retrieved and standing in multi-model clinics, like social work support, milieu therapy, and constant group treatment are usually inaccessible.³ Network therapy deals with the level of psychological experience and social agreements, intermediary between family life and working of overarching social, economic, political, and cultural structure.⁴

Resilience is simply defined as the individual's skill to tackle difficult life events. Individuals with alcohol dependence face all kinds of adversity in their life. These are illness, personal crisis,

¹Department of Psychiatry, ESIC, Faridabad, Haryana, India

²Department of Psychiatry, Atal Bihari Vajpayee Institute of Medical Sciences and Dr. RML Hospital, New Delhi, India

³Department of Psychiatric Social Work, Atal Bihari Vajpayee Institute of Medical Sciences and Dr. RML Hospital, New Delhi, India

Corresponding Author: Upendra Singh, Department of Psychiatric Social Work, Atal Bihari Vajpayee Institute of Medical Sciences and Dr. RML Hospital, New Delhi, India, Phone: +91 9598633838, e-mail: upendrasingh.aims@gmail.com

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financial instability, loss of personal things, and domestic violence. The family members of the alcoholic also face the tragic reality of life. The Family Resiliency National Network defines resilience as “the family's ability to develop strengths to confidently meet the challenges of life.”⁵

Family members are related in important ways in each stage of life, and these relationships are a very significant and vital foundation of communal connectedness and social impact for people during their lives.⁶ Family bond can offer a superior intellect of denotation and determination also as social and materialistic

resources that promote better well-being.⁷ Psychosocial well-being, especially, is a crucial area of functioning which will be affected (both positively and negatively) by alcohol use.⁸

METHODOLOGY

The study was conducted in the Department of Centre of Excellence in Mental Health ABVIMS and Dr. RML Hospital New Delhi. The current study was aimed to assess the impact of social network therapy on resilience and well-being of spouse of individuals with ADS. This study was approved by the Institutional Ethics Committee.

This was experimental research in which pre and post with control group design is used. Two-stage sampling techniques are used in the present study. In the first step, subjects were selected by convenience sampling method and in the second stage systematic random allocation was done to divide subjects into experimental and control groups. Total 20 subjects along with their wives were recruited. The age range of the subjects was 25–50 years, married for more than 5 years (staying together), duration of illness more than 2 years. Written informed consent was taken from the participants and their wives. Subjects having co-morbidity of chronic physical illness, any other psychiatric illness, and multiple substance use were excluded from the study. Spouses of 20 male participants diagnosed with ADS according to ICD-10⁹ were selected. Total nine sessions were done in therapeutic package in which each session took 45–55 minutes. Pre-assessment was done before starting the therapy.

Study Tools

The study was commenced with self-prepared socio-demographic and clinical data sheet. Semi-structured questionnaire was used for collecting the information about age, occupation, education domicile, duration of illness, family history of illness etc.

Family resilience assessment scale (FRAS) was used in the present study.¹⁰ The scale consisted of 66 items which assess three broad processes, each containing three sub-processes: family belief systems that permit individuals to find meaning within hardship, maintain an optimistic and bright outlook, and have strong spiritual beliefs; organizational patterns that are flexible, joined, and include access to necessary financial and social resources and communication process for assess clarity, open emotional expression, and collaborative problem solving.

Postgraduate institute (PGI) general well-being scale¹¹ consisted of four broad areas of well-being, that is, physical, mood, anxiety, and self/other well-beings. It consists of 20 items. This scale reports good test-retest validity for the scale of Indian culture.

Statistical Analysis

Data were analyzed using Statistical Package for Social Sciences (SPSS) 22.0 version.

RESULTS

Table 1 shows that demographic variables of 60% participants were educated up to higher secondary in the control group, 40% participants were educated up to secondary level in the experimental group, 30% were primary educated and 20% were illiterate in the experimental group. Thirty percent of the respondents were businessmen and 20% are professional/government and 40% are unemployed in the experimental group. Around 30% of the respondents are farmer/agriculture and 40%

Table 1: Comparison of socio-demographic variables between experimental and control groups

Variables	Experimental group, N = 10 (%)	Control group, N = 10 (%)	χ^2	df	p-value
Education					
Illiterate	2 (20)	1 (10)	2.000	3	0.736
Primary	3 (30)	1 (10)			
Secondary	4 (40)	2 (20)			
Higher secondary	1 (10)	6 (60)			
Occupation					
Farmer/agriculture	1 (10)	3 (30)	6.800	4	0.079
Business	3 (30)	4 (40)			
Professional/government	2 (20)	2 (20)			
Unemployed	4 (40)	1 (10)			
Student	1 (10)	NIL			
Family type					
Joint	1 (10)	2 (20)	7.300	2	0.026
Nuclear	8 (80)	7 (70)			
Extended	1 (10)	1 (10)			
Domicile					
Rural	2 (20)	1 (10)	7.300	2	0.026
Semi-urban	5 (50)	3 (30)			
Urban	3 (30)	6 (60)			

respondents were businessmen and 20% were professional/government in the control group. Around 80% of respondents belong to nuclear families in the experimental group and 70% of respondents belong to nuclear families in the control group. There was no significant deference found between both groups. Half of the experimental group participants were lived in semi-urban area and more than half 60% control group participants were lived in the same urban background.

Table 2 shows baseline comparison of experimental and control groups. All the subscales of family resilience were compare with *U*-test and results found that there was no significant baseline comparison between both groups.

Table 3 shows the baseline and post-intervention results. The result found that family resilience improved in all the domains after intervention. Family communication and spirituality found highly significant at $p < 0.001$ level and other domains are $p < 0.05$ level significant.

Table 4 shows baseline comparison between the experiment and control groups. There is no significant deference found between both groups of all domains of PGI general well-being scale.

Table 5 shows baseline and post-assessment results of well-being scale. Overall improvement found of all the domains of scale only psychical well-being found at $p < 0.05$ level significant.

DISCUSSION

Alcohol-dependence syndrome is a serious issue which affects individuals and other family members especially partners. On the other hand, treatment of ADS involves more than just getting the alcohol user to stop using alcohol, it also involves therapy and family counseling about their treatment and rehabilitation of person with alcohol dependence. Continues alcohol dependency creates

Table 2: Baseline comparison of family resilience between the experimental and control group

Variables	Experimental	Control	Mann-Whitney U	Z	p-value
	Mean rank	Mean rank			
Family communication and problem solving	12.70	8.30	28.0	1.66	0.095
Utilizing social and economic resources	8.25	12.75	27.5	1.73	0.083
Maintaining a positive outlook	8.00	13.00	25.0	1.94	0.052
Family connectedness	10.90	10.10	46.0	0.306	0.759
Family spirituality	9.70	11.30	42.0	0.615	0.539
Ability to make meaning of adversity	10.50	10.50	50.0	0.000	1.00

Table 3: Comparison of pre- and post-assessment of family resilience among the experimental group

Variables	Pre		Post		t (df = 9)	p-value
	Mean	SD	Mean	SD		
Family communication and problem solving	63.10	6.22	80.10	4.67	9.92	0.000**
Utilizing social and economic resources	19.30	2.86	22.30	2.31	2.51	0.033*
Maintaining a positive outlook	14.90	2.96	17.80	1.81	2.91	0.017*
Family connectedness	15.10	1.79	17.70	1.56	3.98	0.003*
Family spirituality	9.60	1.71	12.20	1.61	6.50	0.000*
Ability to make meaning of adversity	7.00	1.63	9.30	0.82	4.27	0.002*

*p-value = 0.05; **p-value = 0.001

Table 4: Baseline comparison of PGI general well-being between the experimental and control group

Variables	Experimental	Control	Mann-Whitney U	Z	p-value
	Mean rank	Mean rank			
Physical well-being	10.90	10.10	46.0	0.311	0.756
Mood well-being	8.85	8.85	33.5	1.286	0.198
Anxiety well-being	10.75	10.25	47.5	0.201	0.840
Self well-being	9.30	11.70	38.0	0.937	0.349

Table 5: Comparison of pre- and post-assessment of PGI general well-being among the experimental group

Variables	Pre		Post		t (df = 14)	p-value
	Mean	SD	Mean	SD		
Physical well-being	7.80	1.39	9.10	0.737	2.89	0.041*
Mood well-being	7.30	1.05	8.70	0.674	3.50	0.144
Anxiety well-being	8.40	1.26	9.50	0.527	2.40	0.384
Self/other's well-being	8.10	1.10	9.30	0.483	3.34	0.320

*p-value = 0.05; **p-value = 0.001

various psychological illnesses in individuals who consume alcohol and also their family members. This behavior also creates social and economic burden not only to the individuals but also to spouse.¹²

In maximum cases, actual care givers were spouses or female members in the families. In Indian scenario, the majority of the population believes that men are the earning member in family so taking care of the individuals who suffered from any illness is to the women.¹³

Social network therapy led to equal benefit for individuals with alcohol dependence like motivational enhancement therapy, the same enhancement was reported alcohol abuse dependence and problems which were sustain over 12 months.¹⁴ With help of social network therapy, the research reported a total alcohol intake had reduced by 48% at 3 months and alcohol-related issues decreased by 44% with 3-month intervention program. In the current era, the research has proved that the concept of social network therapy can

strongly treat individuals with problem of alcohol consumption.^{15,16} The present study found that there is a significant improvement in the family resilience after the intervention. Well-being of spouse also improved in all domains of well-being scale.

Previous research suggested that family intervention found maximum involvement, deprived behavior, and over all general functioning were disrupted. Individuals who consumed alcohol were less motivated for treatment due to this get early relapse, but social network creates a social pressure of individuals so it impacts continue medication and psychotherapy and reduce chances of relapse. This improvement was helpful to spouse of individual to increase motivation level for continue medication, proper taking care, and eventually improve spouse psychological and physical well-being.¹⁷

The findings from the Project MATCH that individuals whose social network was supportive of their alcohol consumption had

lower outcomes in various treatment circumstances is additional evidence of the crucial role that social network might control in drinking behavior.¹⁸ In the present study found the spouses reported that after the network therapy there is improvement in the form of communication pattern, problem-solving skills, positive attitude, connectedness among the family, and also improvement in economic and social situations at a significant level.

CONCLUSION

The research found a significant improvement in individuals' communication pattern, problem-solving strategies, positive outlook, and social connectivity. The supportive network helps to create a positive change and reduce the relapse pattern among the individuals. However, significant differences were noted in the domain of family resilience after the post-intervention. There were significant changes in all domains of PGI general well-being between baseline and post-intervention reflecting improvement in all domains of family resilience scale and use of economics and utilization of resources was improved.

ORCID

Upendra Singh  <https://orcid.org/0000-0002-4295-1774>

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Therapeutic package

Sessions (45–55 minutes)	Objectives	Descriptions
Sessions 1–2	Therapeutic relationship and baseline assessment	<ul style="list-style-type: none"> Introducing group member by therapist Development of interpersonal and therapeutic relationship Explain purpose and objectives of the group
Sessions 3–4	Functioning of networking and importance in alcohol consumption	<ul style="list-style-type: none"> Informed about the importance of network in the recovery of their loved ones and nature of networking informed in detail Facts about alcohol-dependence syndrome Affect of alcohol dependence on spouse
Sessions 5–6	Family resilience	<ul style="list-style-type: none"> To explain about family resilience and its component To modified belief systems of the family To enhance organizational patterns Increase problem-solving abilities
Session 7	Problem-solving skills	<ul style="list-style-type: none"> Role of the family enhances over all well-being Identifying problem in spouse's functioning
Session 8	Family involvement to control relapse	<ul style="list-style-type: none"> To explain importance of family involvement during the recovery Advise to maintaining and causing factors
Session 9	Termination with post-assessment	<ul style="list-style-type: none"> Emphasizing the change made during intervention Termination was done with the post-assessment of the groups