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Effectiveness of Assertiveness Training on the Level of Self-Esteem among Alcoholic Patients of Selected De-addiction Centers in Chennai

Jyothi S. Sunandha[1], Vijayalakshmi K[2]

[1]Postgraduate, [2]Professor & HOD, Mental Health Nursing Department, Apollo College of Nursing, Chennai, India

Abstract

In the present study, we evaluated the effectiveness of participation in assertiveness training programme upon the level of self esteem of alcoholic patients. 60 alcoholic patients (30 in control group and 30 in experimental group) completed the Rosenberg Self-Esteem Scale.. The alcoholic patients in the control group were allowed to participate in all alcoholism unit treatment and activities except those involving assertiveness training. Post test was done on the 15th day. Data were analyzed using descriptive and inferential statistics. Participants in the intervention group were associated with a statistically-significant increase in level of overall self-esteem scores between the pretest and post test data ($p<0.001$). The findings indicate that self-esteem was low among patients who consumed alcohol for a period of ≤ 10 years compared to their counterparts The self-esteem level of alcoholic patients improved through participation in assertiveness training programme.

Keywords: *Alcoholic Patients, Self-Esteem, Assertiveness training, De-addiction centers.*

Introduction

Addiction is a disease that is unlike any other. While most diseases are physical, mental or emotional in nature, addiction and alcoholism affect every aspect of the afflicted individual's life, resulting in severe, life-altering consequences.[1]

Harmful use of alcohol is one of the world's leading risk factors for morbidity, disability and mortality. It is a component cause of more than 200 disease and injury conditions as described in the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision (WHO, 1992). Globally, alcohol consumption results in approximately 3.3 million deaths each year, and this number has already been adjusted to take into account the beneficial impact of low risk patterns of alcohol consumption on some diseases. Of all deaths worldwide, 5.9% are attributable to alcohol consumption; this is greater than, for example, the proportion of deaths from HIV/AIDS (2.8%), violence (0.9%) or tuberculosis (1.7%). Also, 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in Disability Adjusted Life Years (DALYs).[2] The only incidence study on alcohol use in India has been reported by Mohan et al (2002) from Delhi. In the total cohort of 2,937 households, the annual incidence of nondependent alcohol use and dependent alcohol use among men was found to be 3 and 2 per 1000 persons. The incidence of alcohol use was significantly higher among men, in the age group of 41–50 years, among those with lower levels of education and who were self-employed. The consumption of alcohol was also in direct relation to the consumption of tobacco in both phases of the study.[3] The use of alcohol has increased phenomenally in India during the last two decades. It has permeated all sections of society. Alcohol consumption is not just detrimental to health, but is also associated with impoverishment and adverse socio-economic impact. Despite the recognition of the range of problems

Corresponding Author:
Jyothi S. Sunandha,
Postgraduate, Mental Health Nursing Department,
Apollo College of Nursing, Chennai, India
Phone No: +251 944243383
e-mail: jyothi.daffs@gmail.com

associated with alcohol, efforts to prevent and address alcohol problems in India have to date been adhoc, patchy and fragmented.[4] Forms of behavior therapy in the treatment of alcoholism were reported as early as 1928. One of the most recent trends in behavior therapy with alcoholics is assertiveness training. Specifically, this involves teaching interpersonal, emotional and cognitive skills that can serve as alternatives to abusive drinking. A basic assumption underlying this treatment approach is that alcoholics have a limited repertoire of non drinking skills required to cope with specific social, emotional and cognitive precipitants of heavy drinking. For example, the alcoholic may drink excessively when confronted with marital or interpersonal problems. He is deficient in other, more appropriate, responses to these situations such as assertiveness or problem solving skills. Indeed assertiveness deficits appear to be a major factor in drinking alcoholics.[5]

Method

Design

A quasi experimental design was used in this study. Two settings (Freedom Care Foundation and Wisdom Hospitals, Chennai) were chosen for the study. These settings were randomly assigned to the control and experimental group.

Intervention

It is a planned one hour interventional program for a period of ten days by using pre-designed module. The researcher utilised all the components of assertiveness training such as modelling, coaching, role playing, instructions, behaviour rehearsal, feedback and graded-structured exercises. Techniques like fogging, broken–record and negative assertion were employed. Activities like practice sessions with detailed exercises, worksheets, video shows, games and innovative methods with lecture cum discussion using power point presentation were held. It mainly focused on assertiveness skills and the core factors of assertiveness. The program was conducted mainly in the mornings between 11 am to 12 pm.

The intervention was designed to help the alcoholic patients handle difficult interpersonal situations by asserting themselves and letting others know what they want through turning down a request, asking a favour, expressing disapproval and giving someone a compliment. Hence it emphasized both on the task of becoming more self-expressive and retaining good relationships with those around the patient. It also helped to break old, unhealthy patterns of communication and replace them with more powerful and effective ways of thinking, feeling, behaving and relating to others.

Each patient was asked to discuss situations in his or her own life which were proving problematic. Much of the focus of this group was to develop skills in precisely those aspects of unassertiveness in which the client was having difficulty. The alcoholic patients were given a theoretical rationale for their treatment and they were strongly encouraged to begin behaving assertively. Ice breaking sessions was also conducted between the sessions to prevent monotony of the program.

Instrument

Data for this study were collected through completion of a demographic variable proforma, clinical variable proforma, level of satisfaction scale and Rosenberg self-esteem scale. This scale was developed by Dr. Morris Rosenberg. This tool consists of 10 items with both positive and negative items. The scale is a 4 point likert scale. The scores for each item ranges from 0 to 3. (Strongly agree, Agree, Disagree, Strongly disagree). For items 3, 5, 8, 9, and 10 (which are reversed in valence). Scores of the individual items are summed and total scores are obtained. The obtainable score ranges from 0 to 30. Higher the score, higher the level of self-esteem.

Sample

By purposive sampling technique, a sample of 60 alcoholic patients who met the inclusion criteria were selected (30 patients in control group were from Freedom care foundation and 30 patients in experimental group from Wisdom hospitals, Chennai).

Data collection

Ethical Committee, Apollo Hospitals reviewed the proposal and granted the permission to pursue the study. After initial introduction, the researcher obtained informed consent from the alcoholic patients to participate in the study. Questionnaires were administered to all the inpatients. The alcoholic patients in the experimental group received, in addition to the treatment program, ten hours of assertiveness training over a period of two weeks. The data collection was done as one hour session per day. The alcoholic patients in the control group were

allowed to participate in all alcoholism unit treatment and activities except those involving assertiveness training. On the 15th day, the scores for self-esteem were reassessed both in the control and experimental group. Assertiveness training was given to the alcoholic patients in the control group after termination of the study.

Data analysis and Interpretation

Analysis and interpretation of data were carried out with descriptive statistics such as frequency, percentage, mean and standard deviation and inferential statistics such as independent't' test and chi-square test.

Findings

Table (1): Frequency and Percentage Distribution of Demographic Variables in the Control and Experimental Group of Alcoholic Patients (N=60)

Demographic Variables	Control Group (n=30)		Experimental Group (n=30)	
	N	P	N	P
Age (in years)				
≤ 20	3	10	5	16.67
20-40	17	56.67	20	66.66
> 41	10	33.33	5	16.67
Mean age in years	36.97		37.4	
Educational status				
Non literate	-	-	-	-
Primary education	2	6.67	7	23.33
Secondary education	5	16.67	5	16.67
Higher secondary	9	30	7	23.33
Graduate and above	14	46.67	11	36.67
Occupational status				
Unemployed	4	13.33	1	3.33
Student	0	0	1	3.33
Business	6	20	9	30
Laborers	8	26.67	13	43.33
Employed in some organization	7	23.33	1	3.33
Retired	5	16.67	5	16.67
Marital status				
Unmarried	16	53.13	4	13.33
Married	13	43.33	20	66.67
Separated	0	0	2	6.67
Divorce	1	3.33	2	6.67
Widow/widower	0	0	2	6.67
Monthly family income				
≤ ₹20,000	22	73.34	25	80
> ₹20,001	8	26.66	5	16.67
Average monthly family income	**₹ 20,823**		**₹ 14, 077**	
Family history of alcohol abuse/ dependence				
Yes	19	63.33	20	66.67
No	11	36.67	10	33.33

Table 1depicts that, a significant percentage of the alcoholic patients were aged 20-40 years (56.67%, 66.66%), were graduates and above. Less than half of them were laborers (26.67%, 43.33%). Nearly half of them were married (43.33%, 66.67%), had two children (46.15%, 43.75%) and belonged to joint family (43.33%, 50%). Majority of the samples earned a monthly family income of ≤ ₹20,000 (73.34%, 80%), followed Hinduism (70%, 86.67%) and had a family history of alcohol abuse/ dependence (63.33%, 66.67%) in the control and experimental group respectively.

Table (2): Frequency and Percentage Distribution of Selected Clinical Variables in the Control and Experimental Group of Alcoholic Patients (N=60)

Clinical variables	Control Group (n=30)		Experimental Group (n=30)	
	n	p	N	P
Age at which the alcohol consumption was started (in years)				
≤ 25	24	80	24	80
>26	6	20	6	20
Mean age of onset (in years)	21.2		21.17	
Duration of alcohol dependence (in years)				
≤ 20	24	80	20	66.67
>21	6	20	10	33.33
Average duration of alcohol dependence (in years)	16.63		14.47	
Amount of alcohol consumed per day (in ml)				
≤ 500	19	63.33	25	83.33
>501	11	36.67	5	36.67
Average amount of alcohol consumed per day	400		438	
History of associated complications				
Heart disease	-	-	5	16.67
Diabetes	1	3.33	2	6.67
Lung disease	2	6.67	1	3.33
Peripheral neuropathy	3	10	-	-
Liver disease	3	10	3	10
Cancers	9	30	5	16.67
Birth defects	4	13.33	-	-
Depression	8	26.67	12	40
Others	-	-	1	33.33
Hypertension	-	-	1	100
History of abstinence				
Yes	28	100	23	100
No	-	-	-	-
History of psychiatric hospitalization				
Yes	10	33.33	7	23.33
No	20	66.67	23	76.67
The reason for psychiatric hospitalization				
Depression	3	30	4	57.14
Fear	1	10	1	14.29
Conflicts in relationships	1	10	2	28.57
Difficulty in concentration	2	20	-	-
Epileptic psychosis	1	10	-	-
Insomnia	2	20	-	-

It can be inferred from table 2 that, most of the alcoholic patients in the control and experimental group started consuming alcohol at the age of ≤ 25 years (80%, 80%), with the duration of ≤ 15 years (80%, 66.67%). A significant percentage of them consumed an amount of ≤ 500 ml per day (63.33%, 83.33%), developed complications like depression (26.67%, 40%). All of them had a history of abstinence (100%, 100%) at least once for a brief period. Less than half of them had a history of psychiatric hospitalization (33.33%, 23.33%) and stated depression as the reason for psychiatric hospitalization (30%, 57.14%) in the control and experimental group respectively. Fig.(1) illustrates that, majority of the alcoholic patients predominantly used tobacco smoking along with alcohol (76.67%, 76.67%) in the control and experimental group respectively.

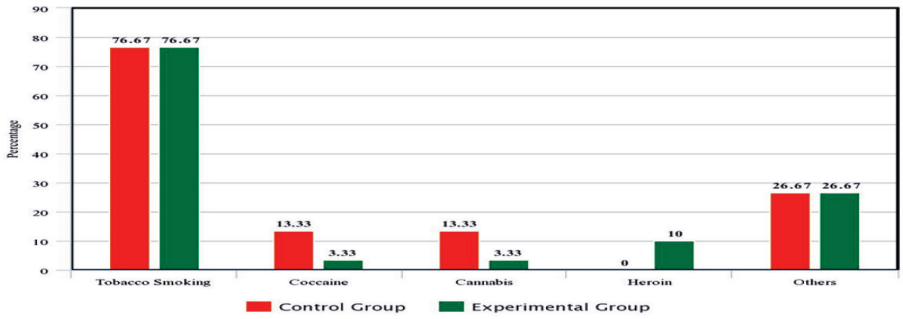

Figure 1: Percentage Distribution of History of Usage of Other Addictive Agents in the Control and Experimental Group of Alcoholic Patients

Table (3): Frequency and Percentage Distribution of Level of Self-Esteem in the Control and Experimental Group of Alcoholic Patients Before and After AST (N=60)

Variables	Control Group (n=30)				Experimental Group (n=30)			
	Before AST		After AST		Before AST		After AST	
	n	p	N	P	n	P	n	p
Level of Self-Esteem								
Low	9	30	6	20	9	30	1	3.33
Normal	21	70	24	80	21	70	23	76.67
High	-	-	-	-	-	-	6	20

AST- Assertiveness training

It can be inferred from table 3 that majority of the alcoholic patients in the control group had normal level of self-esteem before and after (70%, 80%) AST respectively. None of them had high self-esteem. In the experimental group, most of the alcoholic patients had normal level of self-esteem before and after AST (70%,76.67%). Twenty percent of them had high self- esteem after AST. This can be ascribed to the effectiveness of AST.

Table (4): Comparison of Mean and Standard Deviation of Level of Self-Esteem Before AST between Control and Experimental Group of Alcoholic Patients and After AST between Control and Experimental Group of Alcoholic Patients (N=60)

Groups		Before AST			After AST		
	n	Mean	S.D.	't' Value	Mean	S.D.	't' value
Self- Esteem							
Control group	30	16.93	3.52	1.23	17.37	3.06	**6.83*** **
Experimental group	30	15.7	4.25		21.9	3.54	

NS - Not significant; ***p< 0.001

The data presented in table 5 depicted that the mean and standard deviation for scores self-esteem (M=16.93, SD=3.52), (M=15.7, SD=4.25) among alcoholic patients before AST in the control and experimental group was not significant at $p>0.05$. On the other hand, after the administration of AST, the mean and standard deviation of self-esteem (M=17.37, SD=3.06) of control group were less in comparison with the self-esteem (M=21.9, SD=3.54) scores of experimental group. The difference was found statistically significant at $p<0.001$ level of confidence and it can be accredited to the effectiveness of AST.

Association between the Selected Demographic Variables and the Level of Self-Esteem in the Control and Experimental Group of Alcoholic Patients Before and After AST

Chi square test was used to find out the association between selected demographic and level of self-esteem. It was found that there was no significant association between selected demographic variables and the level of self-esteem ($p > 0.05$).

Association between the Selected Clinical Variables and the Level of Self-Esteem in the Control and Experimental Group of Alcoholic Patients Before and After AST

It was found that there was a significant association between the duration of alcohol dependence ($\chi^2=4.48$, df=1) at $p<0.05$ and the level of self-esteem. However there was no significant association between other selected clinical variables and the level of self-esteem ($p > 0.05$).

Discussion

In the experimental group, most of the alcoholic patients had normal level of self-esteem before AST (70%). However, after the administration of AST majority of them had normal level of self-esteem (76.67%) in the experimental group of alcoholic patients respectively. Twenty percent of them had high self- esteem after AST. This can be ascribed to the effectiveness of AST. These results are similar to another study which indicated that the group of alcoholic addicts are characterized by low self-esteem, higher levels of tension, anxiety, sensitivity to criticism, insecurity and indecisiveness compared to the non-clinical population[6].

In the present study it was observed that the mean posttest self-esteem score in the control group (17.37±3.06) was significantly lower than the mean post test score of the experimental group (21.9±3.54) which was significant at $p<0.001$ level. These findings are in line with a study which explored the level of self-esteem within a group of 12 samples from community assertiveness training classes for adults and 30 samples from a psychiatric hospital's assertiveness training workshops to determine the effect of assertiveness training on self-esteem. Self-esteem was measured before and after the training and at several months follow-up, using a 30-item self-report questionnaire. For most samples, highly significant improvements in self-esteem were noted both at the end of the courses and at follow-up[7].

There was no significant association between selected demographic variables and the level of self-esteem. The findings indicate that self-esteem was low among patients who consumed alcohol for a period of $\leq$ 10 years compared to their counterparts. This perhaps reflects the guilt and inadequacy associated with excessive drinking for a prolonged period of time. Similar findings are reported in a prospective study of self-esteem and alcohol use disorders in early adulthood. The results indicated that women who had an alcohol use disorder for 3-4 years showed relatively low levels of self-esteem[8]. It was found that there was no significant association between other selected clinical variables and the level of self-esteem in the control and experimental group of alcoholic patients.

Conclusion

Assertiveness training which is a behavioural therapy intervention can be effectively utilised to help alcoholic clients achieve a greater degree of self-esteem and emotional freedom.

Conflict of Interest: Nil

Source of Funding: Self

References

1. Center, R. The Neurological Nature of Addiction & Alcoholism - Recovery First Treatment Center. [online] Recovery First Treatment Center. 2017. Available at: http://www.recoveryfirst.org/the-neurological-nature-of-addiction-alcoholism/ [Accessed 20 Jul. 2017].

2. Global status report on alcohol and health [Internet]. [cited 21 July 2017]. Available from:
3. http://www.who.int/substance_abuse/publications/global_alcohol_report/msb_gsr_2014_1.pdf?ua=1. 2014
4. Mohan D, Sethi H. Incidence estimates of substance use disorders in a cohort from Delhi, India. Indian Journal of Medical Research. 2002 ; (115):128-135.
5. Gururaj G, Murthy P, Rao G, Benegal V. Alcohol related harm: Implications for public health and policy in India [Internet]. NIMHANS, Bangalore, India; 2011 [cited 21 July 2017]. Available from: http://nimhans.ac.in/cam/sites/default/files/Publications/39.pdf
6. Nathan P, Marlatt A, Loberg T. Alcoholism: new directions in behavioral research and treatment New York and London: Plenum Press; 2017.
7. Mitrovic, M., Hadzi-Pesic, M., Stojanovic, D., & Milicevic, N. (2014). Personality traits and global self-esteem of alcohol addicts. *Procedia - Social and Behavioral Sciences,*(127), 255-259. Retrieved October/ November, 2018, from https://pdfs.semanticscholar.org/8efd/bb3a7e5f3e8f4220bb9b0a317d91090f56.pdf
8. Temple, Sylvia & Robson, Philip. The Effect of Assertiveness Training on Self-Esteem. The British Journal of Occupational Therapy. 1991
9. Walitzer. K. S., & Sher. K. J. A prospective study of self-esteem and alcohol use disorders in early adulthood: Evidence for gender differences. Alcoholism: Clinical and experimental research,1997; 20(1) :1118–1124.