

Role of Self-help Group in Substance Addiction Recovery

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Abstract – Background: The Narcotics Anonymous (NA)/Alcoholic Anonymous(AA) is based on the philosophy of self-help, where the former addicts and recovering addicts share experiences, provide emotional support and do active monitoring through mentoring. In mentoring, a former addict with longer duration of drug-free life acts as a guide to the newly recovering addict. **Objective:** The objective was to study the effect of involvement in self help group upon addict's level of depression, functional social support, and anxiety. **Method:** The size of the sample was 60. 30 addicts were taken from rehabilitation centre and 30 were taken from self-help groups. ANOVA was used to analyze the result. **Result:** In all the criteria it was found that there exists a significant impact of Self-help group. **Conclusion:** Self-help group provide clients with a social network of individuals with similar problems and experiences, since most of these individuals may be isolated from society due to the social stigma attached to their addictions. The transition from being help recipients to being helpers enables recovering addicts to build their self-confidence and feelings of being wanted and desired in society, which facilitates their self-confidence and positive self-esteem.

Key Words: Self-help group, recovering addicts, social network, self-confidence, self-esteem

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1 INTRODUCTION

Two major recovery processes are available in Odisha. One is recovery process available in through the NA/AA groups and the other one is the recovery process which is available in the various Drug De-addiction-cum-Rehabilitation Centre. In Odisha there exists a mutual dependence in the approaches. It is realized by the counselors in the centre that two months time is not enough for the full recovery where there is no alternative for them. So even though there is a difference in approach in explaining the recovery process, the drug de-addiction centers de-

pend on the NA/AA approach for sustainability as well as monitoring and follow-up of the recovery process.

The NA/AA (Self Help Group) Approach

The Narcotics Anonymous (NA)/Alcoholic Anonymous(AA) is based on the philosophy of self-help, where the former addicts and recovering addicts share experiences, provide emotional support and do active monitoring through mentoring. In mentoring, a former addict with longer duration of drug-free life acts as a guide to the new-

ly recovering addict. Even though self-help group, in the realm of economic independence speaks of a group trying to make a profit through common economic ventures, in this case, the self-help group implies that the support they get is restricted strictly to the former addicts. They do not accept any help from outside the affected persons. More than the economic support for holding the meetings, it is the voluntary support system where they share the pain, denigration and denial together and help each other to go forward defines the nature of the self-help group as envisaged in the NA/AA Approach. The support group has been seen to be an invaluable source of guidance, assistance and encouragement in various rehabilitation centers of Bhubaneswar. Self-help groups are very helpful not only in maintaining sobriety, but also as a safe place to get support and discuss challenges. Connection with self-help group helps in reducing feelings of isolation, fear and hopelessness.

The NA is the most well known and widely available self-help groups for drug addicts in treatment and recovery. It uses fellowship and a set of guided principles-the 12 steps-to help members achieve and maintain sobriety. The twelve recovery steps include admitting powerlessness over the addiction and surrounding to a "higher power". A key part of 12 step program is choosing a sponsor. A sponsor is a former addict who has time and experience remaining sober and can provide support when the addict while dealing with the urge to use drug.

NA members attend group meetings facilitated by other members-all recovering drug addicts. Self-help groups (mutual support) groups are an important part of recovery from substance use disorders, Mutual support groups exist both for persons with an SUD and for their families or significant others and are one of the choices an individual has during the recovery process.

Although mutual support groups do not provide formal treatment, they are one part of a recovery-oriented systems-of-care approach to substance abuse recovery. By providing social, emotional and informational support for persons through out the recovery process, mutual support groups help individuals take responsibility for their alcohol and drug problems and for their sustained health, wellness, and recovery.

Twelve step groups emphasize abstinence and have 12 core developmental "steps" to recovering from dependence. Other elements of 12 step groups include taking responsibilities for recovery, helping others, and recognizing and incorporating into daily life the existence of a higher power. Alcoholic anonymous (AA) is the oldest and best known 12-step mutual support group. The AA model has been adapted for the people with dependence on drugs and for their family members.

Recovery process in drug de-addiction centre has three phases namely Detoxification Stage, De-addiction Stage, and Follow up Stage. In detoxification stage the cli-

ent is relieve of his withdrawal symptoms which normally last for 7 to 10 days. Here the addict's other health problems are also taken care off. In this phase motivational counseling is usually provided to the clients about the benefit of the treatment course. In the phase of detoxification old clients plays a very important role.

In De-addiction stage the clients are given classes on life skills and moral value of life which was completing missing during his drug addiction period. In this stage the client assess themselves for self realization. He slowly realizes himself which he never thought off when he was abusing drug. In this stage in terms of individual counseling the clients are helped to explore and overcome their problems within their own limitations. In group counseling sessions in group according to their common interest and topic and share amongst themselves problems and helping to find solutions together. Relapse prevention planning is playing a very important role in the second phase. The client attends classes on the causes of relapse and given an opportunity to plan how to prevent it so that he can attain whole person recovery. Family counseling in this stage is given to the family members in order to recognize the relapse warning signs and symptoms.

In the third stage the client visits the treatment centre even after the allotted treatment period to extend them counseling support and assess their recovery. The discharged client invited for a get-together to celebrate

their successful recovery, encourage them to become role models for those who currently under going treatment. Clients usually attend recovery-based self-help groups meetings like NA/AA to strengthen their recovery through sharing of experiences and attain sustainability of their recovery.

Objective

To study the effect of involvement in self help group upon addict's level of depression, functional social support and anxiety.

METHOD

Sample

The size of the sample was 60. 30 inmates (addicts) were taken from rehabilitation centre and 30 recovering addicts were taken from self-help groups.

Tools

The following questionnaires were used for data collection.

1. *Beck Depression Inventory*: The Beck Depression Inventory (BDI-II) is a 21-item self-report instrument intended to assess the existence and severity of symptoms of depression as listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV; 1994). There is a four-point scale for each item ranging from 0 to 3. On two items (16 and 18) there are seven options to indicate either an increase or decrease of appetite and sleep. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe. The test retest reliability was 0.82. In addition to the ade-

quate face and content validity, BDI has very good internal consistency 0.96, high convergent validity $r = 0.72$.

2. *Duke-UNC Functional Social Support Questionnaire*: The purpose of functional social support is to measure an individual's perception of the amount and type of personal social support. It was developed by (Broadhead & et.al., 1988). Test-retest reliability was evaluated over a 2-week time periods and a correlation coefficient of 0.66 was found. The instrumental support items had the protest internal consistency. The item response options are on a 5-point scale ranging from 1(much less than I would like) to 5 (as much as I would like). Scales scores are generated by summing the scores of all items and range from 10 to 50. Higher scores reflect higher perceived social support.

3. *Trait Anxiety Questionnaire*: The concept of trait anxiety was first introduced by Cattell (1966) and has been elaborated by Spielberger (1966). The questionnaire consists of 20 items. Each item is given a weighted score of 1 to 4. A rating of 4 indicates the presence of a high level of anxiety for eleven Trait Anxiety items. A high rating indicates the absence of anxiety for the remaining nine Trait Anxiety items. The scoring weights for the anxiety-absent items are reversed, i.e., responses marked 1, 2, 3, and 4 are scored 4, 3, 2, and 1, respectively. The anxiety-absent items for which the scoring weights are reversed on the Trait Anxiety are: 21,23,26,27,30,33,34,36,39.

Procedure

The data was collected from 60 addicts by using five ques-

tionnaires such as Trait Anxiety Questionnaire, Duke-UNC Functional Social Support Questionnaire, and Beck Depression Inventory. The independent variable in the process of data collection was category of subjects which is divided into two categories namely, inmates inside the rehabilitation centre and recovering addicts in self-help group. All data were collected during 6 months. Data were collected from the rehabilitation centre and from self-help group meetings from each participant on the dimension of anxiety, functional social support and depression. All were males as the limitation of women addicts do not come to the drug de-addiction centre. Since the facilities available for female addicts are very low, the drug de-addiction centre had not taken any females as inmates. Therefore all subjects in this sample were males.

RESULT

Table-1 .Descriptive Statistics for Category of Subjects

Variable	Name	Inmates in Rehabilitation Centre		Recovering Addicts in SHG	
		Mean	SD	Mean	SD
V1	Depression	40.16	13.96	13.5	36.10
V2	Functional Social Support	24.33	7.98	40.63	4.94
V3	Anxiety	38.33	14.89	49.0	8.07

The above table shows that recovering addicts in self help group shows low level of depression, high functional social support and high anxiety. Addicts in rehabilitation centers shows high level of depression, low functional social support, and low level of anxiety.

Table-2 One-way ANOVA showing the effect of Category

of Subjects on Anxiety, Functional Social Support and Depression.

ANOVA

	Source	Sum of Squares	df	Mean Square	F	Sig.
DEPRESSION	Between Groups	10640.017	1	10640.017	101.506	.000
	Within Groups	6079.633	58	104.821		
	Total	16719.650	59			
FUNCTIONAL SOCIAL SUPPORT	Between Groups	5023.350	1	5023.350	142.43	.000
	Within Groups	2045.633	58	35.270		
	Total	7068.983	59			
ANXIETY	Between Groups	1706.667	1	1706.667	12.75	.001
	Within Groups	7764.667	58	133.874		
	Total	9471.333	59			

There is a significant effect of category of subjects upon Functional Social Support. Inmates in rehabilitation centre scored significantly higher (M=40.16) in the level of depression than recovering addicts in self-help groups (M=13.50), $F(1, 58) = 12.75, p = .00$. The mean difference between recovering addicts in SHG and inmates with regard to depression is significant which means recovering addicts in SHG experience less depression as compared to inmates. Recovering addicts in SHG lives in the present and accept life in life terms as compared to inmates.

There is a significant effect of category of subjects upon depression. Inmates in rehabilitation centre scored significantly lower (M=38.33) in the level of Anxiety than recovering addicts in self-help groups (M=40.63), $F(1, 58) = 142.43, p = .00$. The mean difference between recovering addicts in SHG and inmates with regard to functional social support is significant which means recovering addicts in

SHG have more functional social support as compared to inmates. Recovering addicts are showing more functional social support due to their active involvement in Self Help Groups.

There is a significant effect of category of subjects upon Anxiety. Inmates in rehabilitation centre scored significantly lower (M=38.33) in the level of anxiety than recovering addicts in self-help groups (M=49.0), $F(1, 58) = 12.75, p = .00$. The mean difference between recovering addicts in SHG and inmates with regard to anxiety is significant which means recovering addicts in SHG shows high level of anxiety as compared to inmates. Recovering addicts are showing high level of anxiety due to the fact that since they are handling the responsibilities of their life and others they are little more apprehensive regarding their future as compared to inmates in rehabilitation centre, those who are taking any kind of responsibility.

Discussion

The aim of the research was to find out the effect of self help group upon depression, functional social support and anxiety. It was found that recovering addicts are showing high level of functional social support and low level of depression. Addicts in self-help group were more socially healthy as compared to inmates in rehabilitation centre. Recovering addicts in self help group are less depressed as compared to inmates inside the rehabilitation centers. Recovering addicts in self-help group were showing high level of anxiety since they are handling responsibility of their own

and their family. They were also managing relapse warning signs and temporary cravings. Since they were handling responsibilities and managing relapse warning signs simultaneously, it is quite obvious that they would experience more stress as compared to inmates inside the rehabilitation centre.

Recovering addicts in NA/AA (self help groups) and inmates inside the rehabilitation centre viewed that rehabilitation centre provides the first foundation for recovery. It is the only place of where an addict gets psychological support after the phase of alienation. Peer counseling inside the rehabilitation centre and interaction with the members of NA/AA (self help groups) helps in self realization leading to self acceptance and perception of reality. Inside the rehabilitation centre the addicts recognizes various relapse warning sign and powerlessness over addiction. Here the inmates get chance to resolve the past life issues. The positive experience inside the rehabilitation centre indicates the desire for recovery and negative experience warns the addict about relapse. Counseling during the time of detoxification is very important.

Conclusion

Self-help group provide clients with a social network of individuals with similar problems and experiences, since most of these individuals may be isolated from society due to the social stigma attached to their addictions. The transition from being help recipients to being helpers enables recovering addicts to build their self-confidence and feelings of being wanted and desired in society, which facilitates their self-

confidence and positive self-esteem.

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