THE INFLUENCE OF SOCIAL SUPPORT ON THE OCCURRENCE OF THE WITHDRAWAL SYNDROME IN ALCOHOL ABUSED PATIENTS

1Department of Psychology, Medical University of Silesia, Katowice, Poland; 2Alcohol Addiction Therapy Center, Parzymiechy, Częstochowska 1 St., Poland

The current investigation concerns the connection between social support given to alcohol abused patients and the occurrence of the withdrawal syndrome experienced by them, resulting from emotional and physical uneasiness. The independent variable, which was social support, has been formulated in a qualitative way, by referring to such subjective measures as: feeling of support, its perceived availability, and adequacy. The survey pattern was prepared on the basis of the claim of existence of the so-called main effect, i.e., direct relationship between social support and individual's psychophysical comfort. The investigated variables were measured using the following research tools: The Scale of Social Support and Clinical Institute Withdrawal Assessment for Alcohol-revised (CIWA-Ar). The results clearly show the dependence between the level of social support and the intensity of the withdrawal syndrome in alcohol abused patients. Apart from a cognitive value of the fact, it is worth paying attention to a possibility of its practical application.

Key words: alcohol abuse, social support, withdrawal syndrome

INTRODUCTION

The literature of the subject in question presents the abstinence syndrome, above all, in medical terms. The authors of the article decided to analyze whether psycho-sociological factors may also have impact upon the syndrome's course. Among this category of variables, social support was chosen to be examined for its scientifically proven significance for psycho-physical condition.

The role of social support has probably remained unchanged since times immemorial, yet since not long ago it has become a subject of scientific
researches. The reasons for interest in social support should be looked for in the observations made that people who are embraced with big families have many friends, belong to various organizations, enjoy better health, and can better handle difficult and stressful situations. To make social support the subject of scientific research, it was necessary to precisely define the notion. The definitions were set within two major trends of this issue. The first approach - quantitative - is based on the objective measurements of interpersonal relationships. The term - social net - used by studies representing this orientation, refers to various links which come to being as a result of contacts with other people belonging to different social groups. Thus, the fact of having a spouse, children, friends or belonging to various organizations becomes a determinant of social support. The second approach - qualitative - refers to subjective measurements like: sense of support, perceived availability of this support, value, and adequacy. For a researcher representing this trend, information about possessing a partner, friends etc. would not be enough. They would like to have more profound insights into the way of interpretation of existing relationships.

What composes social support are pieces of information giving a sense of being respected, belonging to the net of mutual obligations. Its enables us to function properly in a surrounding reality, despite the influence of omnipresent stress factors and encountered difficulties. Supportive persons help an individual in their mobilization of psychological potential, take part in carrying out of the tasks which bring about difficulties, and also help in getting some materials and skills (1-3). The attempts of evaluation of quantitative and qualitative aspects of support have shown that there exists a positive connection between health and qualitative aspects of support (4). Such a connection was not found in respect to quantitative measurements. Taking the above into consideration, the authors focused in their current research on the subjective sense of social support.

The types of social support are categorized in various ways. This notion often indicates support's substantive traits, describes the subject matter of exchange in the network of contacts and points at the spheres of life in which this exchange takes place. The most general categorization consists in distinguishing the socio-emotional function referring to the feelings of a liking, understanding, and acceptance shown by important persons to us as well as instrumental function including taking advice, information, help, lending money, etc. The majority of categorizations for social support found in the literature may be treated as developed versions of this basic division (4).

The issue of social support has also its own place in the studies carried out on the influence of psycho-social variables on health condition. Social support is treated as one of the factors which could contribute to health deterioration or the opposite - protect against illness. It was proved in numerous analyses that people with a low social support suffer from physical and mental illnesses (5-10).

In accordance with WHO ICD-10 alcohol addiction is a group of somatic, behavioral and cognitive symptoms, indicating that drinking alcohol has become a
Precedent activity with respect to other ones which used to be treated as important (11-13). Alcohol is an addictive substance, i.e., drunk in certain doses leads to the state of physical addiction. What is characteristic about it is the fact that when alcohol drinking decreases, there appear symptoms of typical withdrawal syndrome. It is thought that the basis of withdrawal syndrome (14) is alcohol's depressive influence over the central nervous system. By drinking large doses, the activities of the central nervous system are being suppressed in a long-term way. After starting the lasting abstinence, depressive effect of alcohol abuse gets removed. There appears then hyperactivity. Especially two spheres - controlling the level of waking state and the state of activity are subject to this effect. There arise: nervousness, irritation, excitement as the opposite of negative alcohol's influence.

The abstinence syndrome is a group of various symptoms with a changeable composition and intensity, coming up a few hours after quitting or significant limitation of drinking alcohol. The arising of symptoms and the course of abstinence syndrome are limited in time and depend on the proportion and time of alcohol abuse, health condition and individual constitutional features as far as physiology is concerned (14-16). Therefore, the exact course of the abstinence syndrome is not possible to be envisaged. Alcohol abstinence syndrome is regarded as a sign of addiction and such a diagnosis is to stress that at the particular moment of addiction it is a major clinical problem (11, 17). Diagnosis is based on the identification criteria as formulated by the World Health Organization or American Psychiatric Association.

MATERIAL AND METHODS

The study was conducted in accordance with the Declaration of Helsinki for Human Research and all the participants gave informed consent to study procedure.

In the research presented, the independent variable is made up by the factor of social support, the level of which is estimated with the application of Social Support Scale. The result arrived at is an independent variable coefficient. Dependant variables are: abstinence group view, i.e., the kind of abstinence symptoms and their intensity, examined with the application of CIWA-Ar scale. The score achieved in CIWA-Ar scale is a coefficient or dependent variable. Two examination tools were used in the research and they are described below.

(i) Social Support Scale. The author of this scale is K. Kmiecik-Baran (18). This is a tool which was published in 1995 in the magazine "Przegląd Psychologiczny" and it is based on Tardy's views (19). The scale is composed of 24 statements and it allows evaluating the level of general support and its specific kinds. It also enables to assess the support received from particular social groups. In the research presented these are: closest family, more distant relatives, and friends.

(ii) The Scale of Clinical Institute Withdrawal Assessment for Alcohol-revised (CIWA-Ar) by JT Sullivan, K Sykory, J Schneidermann, CA Naranjo, and EM Sellers (20) - applied to examine the structure and intensity of abstinence syndrome symptoms, is based on interview and observation of patients with the syndrome. This scale includes the following symptoms groups: feeling sick and vomiting, shaking, sweating, fear, excitement (agitation), distortion of sensation, distortion of hearing, distortion of perceiving, distortion of noticing, head pressures, headaches, distortion in orientation and in consciousness.
The study was carried out in the Alcohol Addiction Therapy Center in the city of Częstochowa. The Center is a branch of AATC in the town of Parzymiechy, functioning on the basis of an agreement with the National Health Fund. One of the structure elements of the Center is a ward for the treatment of alcohol abstinence syndrome, called also "detoxication".

The research group was made up of the patients in the ward, hospitalized since August to November 2005. The patients came for hospitalization on voluntary terms, were directed by the first contact doctor, and were sent from the dishabitation clinic or emergency department. They were sent for tests because of alcohol dependence syndrome F10.2 and abstinence syndrome, being the consequence of giving up alcohol abuse. Among the persons examined, men dominated - 85%; women made up 15% of the group in question (Fig. 1).

As it is shown in Figure 2 the largest group among the patients examined was made up by people being married - 56% (50 men, 6 women). The second largest group was made up by unmarried people - bachelors and unmarried women - 20% (18 men, 2 women). Third place belongs to divorced people - 16% (14 men, 2 women). The remaining part, i.e., 8% of the population examined was made up by the group of people in which we can distinguish: widows and widowers (5 women, 1 man), two persons in separation (1 woman and 1 man), and finally 1 man in cohabitation.

Fig. 1. Division of the population examined according to sex (n=100)

Fig. 2. Marital status of the population examined (n=100)
Data analysis shows that the biggest group of the patients examined has elementary education - 43%; men make up the majority (39 cases) (Fig. 3). Next biggest group are the respondents with secondary education - 30% (23 men, 7 women). Another group, as far as the largeness is concerned, has higher education - 14%, again men are the majority (13 cases).

Figure 4 shows the stratification according to age of the patients. The largest group was of middle age, from 41 to 50 yr - 42% (35 men, 7 women). The second largest - 27% was 51-60 (22 men, 5 women), and the third (23%, only men) was 31-40 years old. Among the patients, there also were three men advanced in years, from 71 to 80.

RESULTS

The results show a series of positive correlations. The level of social support correlated with the view of abstinence syndrome (the range of the experienced symptoms and their intensity; r=0.24; Fig. 5). Another correlation appeared between the social support received and intensity of the experienced symptoms (r=0.74; Fig. 6). Yet another correlation was between the social support received
from the closest family and intensity of the symptoms experienced \((r=0.75; \text{Fig. 7})\) as well as between the support received from more distant relatives and intensity of the symptoms experienced \((r=0.66, \text{Fig. 8})\).
DISCUSSION

The investigation into psychosocial functioning of alcohol abused patients has revealed numerous aspects of the general situation experienced by such people. One of them is social support, which is analysed in this paper, and its connection with the experienced abstinence symptoms.

Application of the statistical analysis based on the determination of the correlation level between an independent and depended variable made it possible to verify the research hypothesis. The results achieved showed that the influence of the general level of social support is considerably more significant for the intensity of the experienced symptoms than for their range. This means that people receiving a lot of social support experience unpleasant symptoms less intensively. However, the influence social support exerts on diversity of symptoms pertaining to the abstinence syndrome is insignificant. Interpretation of the achieved dependencies suggests that they result from the fact that the abstinence syndrome in question consists of two levels. The first level, i.e., diversity of the experienced symptoms, is associated rather with physiological conditions, and therefore social support modifies changes in this regard insignificantly. On the contrary, the other level, i.e., intensity of the experienced symptoms, has a large psychological component. A number of studies indicate that the psychical state affected, among other things, by social support, modifies intensity of the experienced symptoms. At this point, it is worth mentioning a work which sought a link between stress experienced by asthmatics, social support, and the dose of medicine required to control the symptoms of asthma (6). The greatest daily dose of adrenocorticosteroids was necessary for those patients who suffered severe stresses and received little social support. Another research (5) involving people who experienced a trauma shows that those who did not receive sufficient support and did not have a chance to express their emotions, suffered from more severe psychosomatic symptoms. What is more, a study

Fig. 8. Social support received from more distant relatives and friends vs. intensity of the experienced symptoms (r=0.66)
involving animals shows that social isolation reduces alcohol tolerance of the organism and intensifies its influence on behaviour (21). Further analysis of the present results indicates that intensity of the experienced symptoms pertaining to the abstinence syndrome is largely affected by support received from the closest family. A little less influence, though statistically also significant, is considered to be exerted by social support provided by more distant relatives and friends. Such result is expectable, since it is social support given by the closest ones that helps most in coping with stress connected with somatic illnesses (22, 23).

Summing up, it is possible to state that the present study shows diverse levels of social support experienced by the ill. Some of the patients may count on care and interest on the part of their closest ones, while others experience a deficit of social support, and the fact is that the level of received social support influences intensity of the experienced symptoms pertaining to the abstinence syndrome.

Apart from a cognitive value of the fact, it is worth paying attention to a possibility of its practical application. Being aware of the influence social support exerts on the picture of the abstinence syndrome, we are able to take steps aimed at reducing the physical and emotional uneasiness among patients.

There are two solutions, which in fact are complementary. The first one involves the presence of psychologists in various centers for alcohol abused patients. They could be an additional source of support, constructively assisting in relieving negative emotions and solving conflicts between the ill and their families or the personnel of the center, if necessary. The other solution is based on organizing groups of self-help and controlling their functioning. Such groups are made up of people affected by similar problems who together try to combat adversities. As has been observed, they can provide support to one another in an exceptionally efficient way - they understand one another perfectly well, they can share experiences and test ways of solving common problems, or show and receive acceptance which helps them to maintain their self-esteem, while those who succeeded in their efforts, support others.

REFERENCES


Author's address: K. Bargiel-Matuszewicz, Medyków 12 St., 40-752 Katowice, Poland; phone: +48 32 2088645, e-mail: k.matusiewicz@op.pl