

## **Selected Psychological and Social Factors Contributing to Relapse among Relapsed Alcoholics of Asumbi and Jorgs ark Rehabilitation Centres in Kenya**

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**ABSTRACT:** *Drug abuse is a major global problem and in Kenya there has been increasing drug and alcohol abuse with serious negative effects. Treatment and rehabilitation of alcoholism is expensive and non-conclusive due to consequent relapse. This study sought to find out selected psychological and social factors contributing to relapse among recovering alcoholics of Asumbi and Jorgs Ark rehabilitation centres in Kenya. This study adopted the descriptive survey design. The population of the study comprised of all relapsed alcoholics and rehabilitation counsellors in Asumbi and Jorgs Ark rehabilitation centres in Kenya. A sample of 67 recovering alcoholics and 13 counsellors was drawn from the two purposively selected rehabilitation centres and used in the study. The study used two sets of questionnaires, one for relapsed alcoholics and another for rehabilitation counsellors. The questionnaires were piloted to validate and establish its reliability before the actual data collection. Data was collected through administration of two sets of questionnaires to the selected respondents. The data was then processed and analyzed using descriptive statistics including frequencies and percentages with the aid of Statistical Package for Social Sciences (SPSS) version 20.0 for windows. The key findings of this study indicated that the selected psychological factor that mostly contributed to relapse was dwelling on resentment that causes anger and frustration due to unresolved conflict. The social factor that mostly contributed to relapse was hanging around old drinking friends. The key conclusion was that in view of selected factors dwelling on resentment that causes anger and frustration due to unresolved conflict was the major contributor to relapse. The research findings may benefit NACADA, Ministry of Public Health, mental health agencies, psychologists, counsellors, Non-Governmental organizations, policy makers, researchers, drug abusers and alcoholics in Kenya to better understand factors contributing to relapse and devise ways and means of reducing relapse. Based on the major findings of this study, it is recommended that all stakeholders undertake measures aimed at providing a solution to continued relapse of alcoholics by improvement of rehabilitation and follow-up programmes.*

**Keywords:** *Psychological factors, relapsed alcoholics, and relapse*

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### **I. INTRODUCTION**

Alcoholism is a disease characterized by the repetitive and compulsive ingestion of alcohol in such a way as to result in interference with some aspect of the interpersonal relationships or other required societal adaptations. In this study relapse refers to going back to drinking after treatment for alcoholism in a rehabilitation center. According to the United Nations Office of Drug Abuse and Crime (UNODC, 2006), drug abuse is on the increase and causes adverse social, health and economic implications. World Health Organization's global status report on alcohol and health published in 2011, hazardous and harmful use of alcohol is a major global contributing factor to death, disease and injury. It affects the drinker through serious negative effects such as alcohol dependence, liver cirrhosis, cancers and injuries and to the others through the dangerous actions of intoxicated people such as drunk driving and violence. The harmful use of alcohol results in 2.5 million deaths each year globally (WHO, 2011).

Although reports on alcoholism in Africa in general are committed to giving a broad picture on health issues relating to alcohol, there is an underlying impression that relapse rates are still high in these areas. In Kenya the National Campaign against Drug Abuse Authority (NACADA) has shown that relapse rates are very high, however it is more committed at providing statistics of areas dominated by drug use and the drug of choice in such areas (NACADA 2011). Some available data for four outpatient rehabilitation programs in Kenya from 2007 to the first quarter of 2010 estimated the overall abstinence rates for three drugs: cannabis, alcohol, and heroine as 42%, while that for alcohol and cannabis alone was 46% of users (Deveau, Tengia, Mutua, Njoroge, Dajoh and Singer, 2010). However, there are no reports on alcohol relapse on its own both regionally or in Kenya.

According to Brown and Tapert (2004), excessive drinking accounted for substantial cognitive impairment, many of them irreversible. Apart from such health consequences, alcohol consumption was also been linked with various negative social and economic outcomes. Alcohol consumption was associated with gender-based violence, crime, poverty, child abuse and neglect. Alcohol abuse was regarded as a threat to

family stability as it makes violent situations worse. According to Barlow (2000), alcohol was a threat to family life and to harmonious interpersonal relations. Jellinek (1969) observed that once a person becomes alcoholic, he or she no longer chooses how much to drink, and cannot predict the outcome because of an overwhelming compulsion to drink regardless of financial state and health condition in the family. According to Emmite and Swierzewski, (2008), alcohol consumption and abuse is influenced by multiple factors including gender, family history and parental influence. Men are more likely to use alcohol with some estimates indicating a ratio of 5:1. Men are also at high risk of heavy drinking and intoxication (Gmel, Rehm, and Kuntsche, 2003). However the number of women who drink, abuse, and become dependent on alcohol is rising.

Relapse is a formidable challenge in the treatment of all behaviour disorders (Witkiewitz and Marlatt, 2004). To explain this challenge several authors have described relapse as complex, dynamic and unpredictable (Buhringer, 2000; Donovan, 1996 and Marlatt, 1996). Rasmussen (2000) noted that relapse occurs because of the building up of additional crisis including looking trivially on a certain problem, stress, weak or failed forecast, the pessimistic thinking that all issues cannot be resolved and immature actions. Relapsed addicts are also confused and overreact due to the inability to think clearly, unable to manage feelings and emotions, the difficulty to remember things, unable to control their feelings and easily angered. Moos (2007) contended that psychological factors contribute to relapse among drug addicts after abstinence. Another relapse promoting factor is self-efficacy, defined as a degree to which an individual feels confident and capable of performing a certain behavior in a specific situational context (Bandura, 1977).

In the study by Kuria (2012), the association between alcohol dependence and depression before and after treatment for alcohol dependence. There was a high prevalence rate (63.8%) of major depression among the alcohol-dependent persons. This was close to a higher limit (68%) of the estimated prevalence of co occurrence of depression and alcohol dependence. Halikas, Herzog, Mirassou and Lyttle, (1981). According to Witkiewitz and Marlatt, (2004), few studies on relapse prevention focused on the individual factors, most studies, including research done by Copello, Velleman and Templeton, (2005) and Saatcioglu, Erim and Cakmak, (2006) recognized that the social context in which the alcoholic lived and recognized its significance to whether they remained abstinent from alcohol drinking or relapsed after treatment.

Arteaga, Chen and Reynolds, (2010) identify that fear of social isolation and peer rejection has a significant influence on drug and alcohol use by young people especially in circumstances where substance misuse is normative within youth culture. According to Reece (2007) research showed that contextual factors, such as occupational activities were relevant when considering relapse risk and substance use among individuals with substance use disorders. Lader (1995) referred to social factors as social rejection, social isolation and major life events such as unemployment and poverty.

The purpose of this study was to determine selected psychological factors contributing to relapse among relapsed alcoholics of Asumbi and Jorgs Ark rehabilitation centres in Kenya. The objectives of the study were to: (a) determine the following selected psychological factors contributing to relapse among relapsed alcoholics in rehabilitation centers in Kenya, (i) Dwelling on resentments that provoke anger and frustrations due to unresolved conflict. (ii) Loss of a loved one. (iii) Belief that alcohol gives relief for stress. (iv) Feeling overwhelmed, confused and useless.

## **II. RESEARCH METHODOLOGY**

This study used the descriptive survey design in which opinions of relapsed alcoholics and rehabilitation counselors were collected. Questionnaires were used to solicit the desired information related to selected psychological factors contributing to relapse among relapsed alcoholics of Asumbi and Jorgs Ark Rehabilitation centres. The target population comprised of all 80 relapsed alcoholics and 13 rehabilitation counsellors in Asumbi and Jorgs Ark rehabilitation centres in Kenya

The study adopted the formula

$$n = \frac{N}{1 + N(e)^2}$$

To obtain sample size where  $n$  is the sample size  $N$  is the population size, and  $e$  the desired precision. The sample value for recovering alcoholics was 67 and because of the manageable number of counselors, all 13 were purposively selected. Sampling was done using proportionate stratified sampling to ensure that the sample was proportionately and adequately distributed among the two centres according to the population of each centre.

This study used questionnaires (Appendix A and B) had sections I and II. Section I had the relapsees and counsellors personal details, section II had items on Psychological influence, The items were closed ended with 5 options on the Likert scale. The options were SA: Strongly agree; A: Agree; U: Undecided; D: Disagree; SD: Strongly disagree. Each option was assigned a value for scoring ranging from SA=5 to SD=1. Items with no response was scored zero. The statistical package for social sciences (SPSS) was used to analyse the data obtained from respondents.

**III.**

**RESULTS AND DISCUSSIONS**

In order to determine selected psychological factors contributing to relapse among relapsed alcoholics in rehabilitation centers in Kenya, four psychological factors were considered; Anger and frustration due to unresolved conflict, Loss of a loved one, Alcohol as a stress reliever and Feeling overwhelmed, confused and useless. The views of both the relapsed alcoholics and the rehabilitations counsellors were collected. This study examined the influence of each of these psychological factors separately and cumulatively. The research question aimed at determining selected psychological factors contributing to relapse among relapsed alcoholics in Asumbi and Jorgs Ark rehabilitation centres in Kenya.

**Table 1:** Means and Standard Deviations of Relapsed Alcoholics and Counsellors Responses on Psychological Factors Contributing to Relapse Generated from Statistical Package for Social Sciences.

Factors	Mean	Std. Deviation
Dwelling on resentments that provoke anger frustrations due to unresolved conflict	3.77	0.439
Loss of a loved one	3.08	0.760
Belief that alcohol gives relief for stress	2.69	1.494
Feeling overwhelmed, confused and useless	3.46	0.660

The means and standard deviations were used in analysis and discussions of all relapsed alcoholics and counsellors responses on psychological factors contributing to relapse.

**Table 2:** Relapsed Alcoholics and Counsellors Responses on Dwelling on Resentments that Provoke Anger and Frustrations Due to Unresolved Conflicts Contributing to Relapse

Response	Relapsed Alcoholics		Counsellors	
	Frequency	Percentage	Frequency	Percentage
Strongly Agree	23	34.3	10	76.9
Agree	30	44.8	3	23.1
Uncertain	5	7.5	0	0
Disagree	4	6.0	0	0
Strongly Disagree	5	7.5	0	0
<b>Total</b>	<b>67</b>	<b>100</b>	<b>13</b>	<b>100</b>

Table 2: shows that most relapsed alcoholics and counsellors, 53(79.1%) and 13(100%) respectively, agreed that dwelling on resentment that cause anger and frustration due to unresolved conflict contributed to relapse. The computed mean (3.77) therefore shows that most recovering alcoholics and counsellors agreed that dwelling on resentment that cause anger and frustration due to unresolved conflict contributed to relapse. This concurs with research by Snyder and Whisman, (2007) which found out that interpersonal problems were expected to have an indirect contribution to increased substance use because such problems could facilitate psychological distress.

**Table 3:** Relapsed Alcoholics and Counsellors Responses on Loss of a Loved One Contributing to Relapse

Response	Relapsed Alcoholics		Counsellors	
	Frequency	Percentage	Frequency	Percentage
Strongly Agree	14	20.9	4	30.8
Agree	18	26.9	6	46.2
Uncertain	10	14.9	3	23.1
Disagree	16	23.9	0	0
Strongly Disagree	9	13.4	0	0
<b>Total</b>	<b>67</b>	<b>100</b>	<b>13</b>	<b>100</b>

Table 3: indicates that 32 (47.8%) of relapsed alcoholics and 10 (77%) of the counsellors agreed that loss of a loved one contributed to relapse. 3(23%) of the counsellors were uncertain because they may have not known about grief affecting their clients. The computed mean (3.08) in table 13 indicates that most recovering alcoholics and counsellors agreed that loss of a loved one contributed to relapse this concurs with a study by Connors and Franklin (2000) that the establishment of adaptive coping strategies for life events such as grief was important in maintaining sobriety. Another study by Wallace as cited in Connors, Donovan and DiClemente(2001) also found that painful emotional states were a precursor to relapse.

**Table 4:** Relapsed Alcoholics and Counsellors Responses on Belief that Alcohol gives Relief for Stress Contributing to Relapse

Response	Relapsed Alcoholics		Counsellors	
	Frequency	Percentage	Frequency	Percentage
Strongly Agree	10	14.9	5	38.5
Agree	21	31.3	4	30.8
Uncertain	8	11.9	1	7.7
Disagree	16	23.9	1	7.7
Strongly Disagree	12	17.9	2	15.4
<b>Total</b>	<b>67</b>	<b>100</b>	<b>13</b>	<b>100</b>

The question on belief that alcohol gives relief for stress was used in the study because it contributes to relapse. Table 16 shows that 9 (69.3%) counsellors agreed that relapsed alcoholics believe that alcohol gives relief for stress. The computed mean (2.69) in table 13 indicates that most recovering alcoholics and counsellors agree that belief that alcohol gives relief for stress contributed to relapse. This is in agreement with studies by Kendler, Heath, Neale, Kessler and Eaves (1993) and Harrington, Fudge, Rutter, Pickles and Hill (1990) that stress leads to depression and that there is evidence of a persistent association between alcohol use disorders and major depression.

**Table 5:** Relapsed Alcoholics and Counsellors Responses on Feeling Overwhelmed, Confused and Useless Contributing to Relapse

Response	Relapsed Alcoholics		Counsellors	
	Frequency	Percentage	Frequency	Percentage
Strongly Agree	23	34.3	7	53.8
Agree	26	38.8	5	38.5
Uncertain	5	7.5	1	7.7
Disagree	6	9.0	0	0
Strongly Disagree	7	10.4	0	0
<b>Total</b>	<b>67</b>	<b>100</b>	<b>13</b>	<b>100</b>

It is evident in the data in Table 5 that 49 (73.1%) recovering alcoholics and 12(92.3%) counsellors agreed that feeling overwhelmed, confused and useless contributed to relapse. The computed mean (3.46) in table 13 therefore indicates that most recovering alcoholics and counsellors agree that feeling overwhelmed, confused and useless contributed to relapse. This concurs with studies by Goldenberg and Goldenberg (2013) that autonomy helps individuals in pursuing their life goals that they believe in. It assists in reducing confusion and feeling useless and is a very important tool for any person to overcome behavioural problems.

#### IV. CONCLUSIONS AND RECOMMENDATIONS

In view of selected psychological factors, respondents indicated that dwelling on anger and frustration due to unresolved conflict seemed to contribute more to relapse among relapsed alcoholics of Asumbi and Jorgs Ark rehabilitation centres.

Most relapsed alcoholics should be trained on how to deal with anger and frustration due to unresolved conflict because it was a major reason for relapse. Rehabilitation centres are encouraged to strengthen individual counselling so as to solve this problem. There is need to undertake a nationwide research on selected psychological factors contributing to relapse covering all rehabilitation centres.

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