

**“A PRE-EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF PSYCHOEDUCATION ON LEVELS OF
PERCEIVED STRESS AND COPING AMONG WIVES OF
ALCOHOLICS AT ANAICUT BLOCK,VELLORE.”**

**M.Sc (NURSING) DEGREE EXAMINATION
BRANCH-V MENTAL HEALTH NURSING**



**A Dissertation submitted to
THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,
CHENNAI-600 032.**

**In partial fulfillment of the requirement for the degree of
MASTER OF SCIENCE IN NURSING.**

OCTOBER-2016.

CERTIFICATE

This is to certify that this dissertation titled “**A PRE- EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION ON LEVELS OF PERCEIVED STRESS AND COPING AMONG WIVES OF ALCOHOLICS AT ANAICUT BLOCK, VELLORE.**” is a bonafied research work done by **Ms. MALATHI.T**, M.Sc(N) Sri Narayani College of Nursing, Vellore-55, in partial fulfillment of the requirement for the degree of Master of Science in Nursing, Branch V- Mental Health Nursing, under my guidance and supervision during the academic year 2014-2016.

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MALATHI.T

ABSTRACT

INTRODUCTION:

Stress is found everyday from all directions. The impression is that the feeling of stress comes from outside sources when in reality it happens inside of us. When we feel as though we are under pressure, our bodies react the same way that we have trained them to do, with a rise in blood pressure, tightening of muscles and accelerated breathing. Alcoholism is chronic progressive and often fatal disease. It is a primary disorder and not a symptom of other diseases or emotional problems.

Wives develop different kinds of coping strategies to deal with the stress. An unhealthy coping style is likely to adversely affect the normal function. Hence, it is important to take care of the needs of the alcoholic wives.

STATEMENT OF THE PROBLEM:

A pre-experimental study to assess the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics at Anaicut block, Vellore.

OBJECTIVES:

- To assess the pretest levels of perceived stress and coping among wives of alcoholics.
- To evaluate the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics.
- To associate the post test levels of perceived stress and coping among wives of alcoholics with their selected demographic variables.

HYPOTHESES:

- H₁ -There will be a significant difference on levels of stress and coping before and after psycho education.
- H₂- There will be a significant association between the post test scores and selected demographic variables.

METHODS:

Quantitative research approach with pre experimental one group pre test post test design was used. Wives of alcoholics were selected by using purposive sampling technique, at Eariputhur village, Anaicut block, Vellore. The sample size was 40. The samples were assessed by using Cohen perceived stress scale and Oxford Guthrie's modified coping with drinking questionnaire. Demographic variables of the samples are collected. Psycho education was given for the wives by using flashcards for 45 minutes. Post test was conducted on the fifth day.

RESULTS AND INTERPRETATION:

The levels of stress during pretest, 12(30%) wives of alcoholics had severe stress, 20(50%) had moderate stress and 8(20%) had mild stress. After psycho education more than 25(62.5%) had moderate stress, 12(30%) had mild stress and 3(7.5%) had severe stress.

The levels of coping during pre test, 25(62.5%) had inadequate coping skills, 15 (37.5%) had moderate coping skills. After psycho education 21(52.5%) had developed moderate coping skills, 14(35%) had adequate coping skills and 5(12.5%) had inadequate coping skills.

The pretest mean score of stress is 18 and $SD \pm 4.40$, whereas after psycho education the mean score decreased to 16.15 and $SD \pm 3.06$. The calculated paired 't' test value 16.88 is greater than that of table value(3.551) which is significant at $p < 0.001$ level. There was decrease in the levels of stress scores among wives of alcoholics, which shows effectiveness of psycho education, Hence hypothesis 1 was accepted.

The pretest mean score of coping is 86 and $SD \pm 19.62$, whereas after psycho - education the mean score improved to 107 and $SD \pm 20.7$. The calculated paired' test value is 22.06 which is greater than that of the table value(3.55) which is significant at $P < 0.001$ level. There was improvement in the levels of coping among wives of alcoholics which shows effectiveness of psycho education, Hence hypotheses 1 was accepted.

The findings reveals that there is significant association between the scores of stress with the demographic variables such as age of the wife, family income, family history of alcoholism, habit of alcoholism, complications due to alcoholism are statistically significant at $P < 0.05$ level, whereas educational status, type of family, duration of alcoholism and history of domestic violence are not significant. Hence it is interpreted that difference in mean score of stress are true and hypotheses 2 was accepted.

The study findings reveals that there is significant association between the post test levels of coping with the demographic variables such as age of the wife, family income, type of family, family history of alcoholism are statistically significant at $p < 0.05$ level. Whereas educational status, habit of alcoholism, duration of alcoholism,

complications, history of domestic violence are not significant. Hence it is interpreted that difference in mean score of coping are true and hypotheses 2 was accepted.

CONCLUSION:

Wives of alcoholics face many problems like stress, difficulty in coping with day to day activities, meeting the needs of the children, financial difficulties, marital conflicts, low self esteem. Teaching positive coping strategies, stress reduction techniques, problem solving methods can reduce the problems of the wife.

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LIST OF ABBREVIATIONS

AA	Alcohol Anonymous
AUDIT	Alcohol use disorders identification
LCECU	Low cost effective care unit
SPI	Satta Panchayat Iyakkam
TASMAC	Tamil Nadu State Marketing and Corporation outlet
WHO	World Health Organization

CHAPTER-I

INTRODUCTION

“Alcohol is a perfect solvent; It dissolves marriage, families and career”

Taylor Ostendorf

Stress is everyday from all directions. The impression is that the feeling of stress come from outside sources when in reality it happens inside of us. When we feel as though we are under pressure, our bodies react the same way that we have trained them to do with a rise in blood pressure, tightening of muscles and accelerated breathing.

Stress is defined as “ The reaction people may have when presented with demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope .“

World Health Organizaton

(2009)

The physical symptoms are generally referred to as “fight or flight” responses.

Stress is not a unique problem to the 21st century. Human kind has suffered stress since the dawn of human evolution. Modern society however has undergone more complex radical change in the span of a few years than in the whole of human evolution and this is partly why stress is more of a problem today.

People have different ways of reacting to stress, A situation that feels stressful to one person may in fact be motivating to another. Anxiety, sadness and anger are the

predominant emotions that wives experience, particularly with an alcoholic husband in the family.

Wives of alcoholics play a critical role in their ability to cope with the stressor and their coping. In terms of emotional reactions, wives often feel one or more of the following:

- Anxiety
- Guilt
- Depression
- Frustration
- Resentment
- Impatience and
- Fear.

Coping with these reactions is paramount to a healthy life. Wives often experience adverse consequences on their health and well-being. Wives of alcoholics suffer from higher levels of stress and frustration. The wives of alcoholics experiences considerable stress and burden, and needs help in coping with it.

Wives develop different kinds of coping strategies to deal with the stress. An unhealthy coping style is likely to adversely affect the normal function. Hence, it is important to take care of the needs of the alcoholic wives.

The Indian statistics says that among alcoholic wives 61% of them experience stress.

Unhealthy coping leads to problems like financial crisis, marital conflicts, disorganization of family, low self esteem, low socio economic status. Alcoholism is a significant problem in India.

A study was conducted by Premarajan [2013] on the marital dynamics among spouses of alcoholics in community settings at Punjab. The spouse of an alcoholic face many problems like financial problems, poor communication, fear, inability to meet the needs of children, arguement, decreased interest in sexual life. 50% of samples found there is problem in the marital life due to excessive drinking. This will have a deleterious effect on the behavior and may cause personality changes in a wife.

Alcoholism is chronic progressive and often fatal disease. It is a primary disorder and not a symptom of other diseases or emotional problems. The chemistry of alcohol affects every type of cell in the body, including those in the central nervous system.

Chronic alcoholism causes severe health problems like liver disorder, gastrointestinal problems, diabetes mellitus, skin, muscle, bone disorder and reproductive problem like infertility. Prolonged heavy use of alcohol can lead to addiction. Extensive alcohol intake is likely to produce withdrawal symptoms including severe anxiety, tremors, hallucinations and convulsions.

Moderate drinking is defined as equal to or less than two drinks a day for men and one drink a day for women. Hazardous drinking puts people at risk for adverse health events. People who are heavy drinkers consume more than 14 drinks per week.

Drinking is considered harmful when alcohol consumption has actually caused physical or psychological harm. People with alcohol abuse have one or more of the

alcohol-related problems over a period of 1 year like Failure to fulfill work or personal obligations, recurrent alcohol use in potentially dangerous situations.

When a person drinks alcohol, the alcohol is absorbed by the stomach cell, and then taken to the systemic circulation and goes to all the tissues. The effects of alcohol are dependent on a variety of factors, including a person's size, weight, age, and sex, as well as the amount of food and alcohol consumed. The effects of alcohol intake include dizziness and talkativeness; the immediate effect of a larger amount of alcohol includes slurred speech, disturbed sleep, nausea, and vomiting. Alcohol even at low doses may significantly have impairment in the judgment and coordination. Low to moderate doses of alcohol can also increase the incidence of variety of aggressive acts, including domestic violence and child abuse.

Traits of fundamental psychology is characterized by anxiety, depression, low self esteem and poor communication, apprehension, isolation, worry, jealousy have been reported in wives of alcoholics and attributed to the intense stress and trauma experienced by wives in the domestic environment. Increased levels of marital conflict and aggressions are documented in couples with an alcoholic spouse. As a result the member may develop dysfunctional coping behavior. Marital conflict and lack of coping mechanisms are more frequent in these families.

Alcoholism is usually recognized as a factor of family disaggregation. It can have adverse effects not only on the individual physical and mental health but also on social wellbeing .Alcohol abuse is associated with an increasing risk of committing criminal offences against one's family members including domestic violence, marital conflicts, divorce, assault, child neglect and abuse

with subsequent lasting damage to the emotional development of alcoholic children.

According to World Health Organization[Global status report on alcohol and health-2015]

- 38.3% of world's population consume alcohol regularly.
- Individual consumption of alcohol per year 6.2 litres
- 30% of Indian population consume alcohol regularly.
- In that 4-13% includes daily consumers of alcohol.
- Upto 50% fall under category of hazardous drinking.
- Average Indian consumes 4.3 litres of alcohol per year.
- Rural Indian consumes 11.4 litres of alcohol per year.
- 11% of Indians are moderate to heavy drinkers.

According to Economic cooperation and development[May 2015]report

- Alcoholism increase about 55% between 1992 and 2012. It is rising concern among the youth of India.
- 3.3million deaths in World are due to alcoholism every year.
- Apart from health concerns chronic alcoholism is one of the greatest cause for poverty in the India.
- Primary bread earners are 10 times more likely to report alcohol abuse in the India.

- The regular consumption of alcohol is also inversely proportional to the family income this means that consumption of alcohol is increasing significantly with diminishing incomes.

In 2015, Tamil Nadu reported that 94 deaths are due to consumption of toxic liquor.

Socio economic effects of consumption of alcohol in Tamil Nadu released by researchers of Satta Panchayat Iyakkam[SPI] by Jayaram Venkatesan on August 15 2015 . They conducted survey in 15 villages and towns across 5 districts of Cuddalore, Tiruchirapalli, Kanchipuram, Dindugal and Chennai.

More than 1 in 2 alcoholics consume liquor on daily basis, two thirds of women feel their families have become poorer due to their drunkard husband and there is a rise in number of patients admitted to the Government hospitals for alcohol related ailments.

52% of women said their spouses have been drinking on a daily basis for the last ten years and 83% said frequency of drinking increased during the last decade.

- 1.32 alcoholics in Tamil Nadu, of whom 70 lakhs take alcohol everyday.
- The average expenditure of alcoholics on liquor per month was stated as 4,312 rupees for an individual which has shot upto 6,552 rupees in case of daily drinkers.

- Wage loss due to alcoholism and costs on health care calculated that 67,444 crore per year was lost due to alcoholism in India.
- 70% of alcoholics live in a distance of one kilometer of a Tamil Nadu State Marketing and Corporation [TASMAC] outlet.
- More than 50% of men who drink everyday subject their wives to physical violence in Tamil Nadu.

According to data from the Union Ministry of road transport and highways of India [2015]

- More than 700 lives are killed due to drunken driving everyday and it increases by 200 lives every year.
- 1500 cases of drunken driving in Tamil Nadu, whereas 150 cases in Chennai on daily basis.
- One third of all traffic injuries related to alcohol abuse in Tamil Nadu.

Families who issues with alcohol addiction often have problems like

- ✓ Partial or complete lack of effective communication
- ✓ Poor parenting skills
- ✓ Poorly managed homes
- ✓ Ineffective role models for children
- ✓ More conflict in the homes including arguing, fighting, physical abuse and isolation

- ✓ Financial issues and struggles that lead to a more stressful life.

NEED FOR THE STUDY:

Alcoholism puts strains on marriage. Long-term alcohol abuse can have dangerous physical and emotional effects. Alcoholism can also put financial strains on family. The money being spent on alcohol may cause problems and the strains among wives of alcoholics.

These are the obvious problems alcoholism causes, but there are many other issues that are faced and must be dealt with, by the women who are the wives of alcoholics. For example, some women may blame themselves for their family member drinking. They may worry they haven't done enough to make their family members happy or that something they've done led to their family member drinking. These feeling of guilt may cause wife to feel stressed, anxious, or depressed. Other people may also blame a wife for her husband's drinking, which feeds into the feelings of guilt she already has.

Every year in India the third-leading lifestyle-related cause of death is due to alcoholism, excessive drinking accounts for 75,000 deaths each year. Increased number of death due to alcoholism have raised awareness about the ill effects of excessive drinking. Treatment for alcohol dependence and abuse become more common in today's medical practice.

Wives of alcoholics are essential partners in the delivery of complex health care services. As wives of alcoholics experiences stress it will lead to change in the psychological and behavioral patterns which contributes to the

physiological effects like risk of developing heart disease, and may lead to early death.

Worldwide census in 2015 alcohol statistics shows that

- ✓ 100,000 people die each year from alcohol related causes like drunken and driving crashes, falls, suicides.
- ✓ 3.9 million people worldwide receive treatment for alcohol abuse.

The census of [LCECU] Low cost effective care unit of Christian medical college in 2013 at rural areas of Vellore which shows

- ✓ 46.1% consume alcohol regularly
- ✓ 31.4% are hazardous drinkers
- ✓ 22.5% are alcohol dependents

A study was conducted by Ganesh kumar [2013] on prevalence and pattern of alcohol consumption at rural areas of Vellore using [AUDIT] Alcohol use disorders Identification test among 75 alcoholics, it showed that

- 29.2% were hazardous drinkers
- 33.7% were alcohol dependence
- 37.3% had experienced harmful effects of taking alcohol

Alcoholism has become a major problem nowadays, wives with alcoholic husband has an increased level of stress and face many problems in meeting the needs of the family, isolation, fear, concern for health of their husband, worry, difficulty in bringing up their child. Psycho education can be given to wives of

alcoholics which reduces the stress, frustration, worry and improvement in coping strategies among wives of alcoholics. It can develop positive thinking, confidence and adopt to the situation, to solve problem, to take responsibility of the family and meet the needs of the children.

A comparative study was done by Samuel [2012] to assess the wives perceived levels of stress due to alcoholism in de-addiction centre, Canada. Ninety-seven wives (97women,) were interviewed by using perceived stress scale. More than 68% of women experience increased stress and frustration. Women face financial crisis and burden in leading the family responsibilities which increases the level of frustration and leads to stress. Effective coping strategies are necessary for the wives to cope with chronic alcoholism and to meet the needs of their family and children, Psycho educational package was used as an intervention to reduce the stress and improve coping of wives of alcoholics.

Quantitative study was done by S. Padma [2013] using pre experimental research design on the level of perceived stress and coping among wives of alcoholics at selected area Mangalore. Wives of alcoholics were assessed by using coping with drinking questionnaire and stress assessment scale. Purposive sampling technique was used to select the samples. Caregivers of individuals with alcoholism are at risk of being subjected to mental health consequences such as depression, anxiety and stress. Community-based studies proved that 18-47% of wives land in stress. Psycho education program was conducted and post test scores of stress and coping were assessed, it showed that at p level <0.005 it is significant and there is reduction in the stress level and improvement in the level of coping after intervention.

Quantitative study was conducted by Mandalliene (2014) to assess the level of stress among wives of alcoholics by using one group pre test post test design at community areas of Punjab. Perceived level of stress scale questionnaire was used to assess the stress. 65% of wives were affected with moderate level of stress, 20% of wives were affected with severe levels of stress and 15% were affected with mild level of stress during the pre test. Psycho education regarding stress management and coping strategies were taught to wives of alcoholic, during the post test the scores has a mean difference and significant at the p level < 0.005 . Stress management has shown decrease in the stress level and improvement in the coping strategies.

A pre experimental study was done by Amaranathan (2014) to assess the stress level among wives of alcoholics and their level of coping at rural areas of West Bengal . Perceived stress scale was used to assess the level of stress among wives and their level of coping with drinking Among the family members 55% of them were affected with moderate level of stress, whereas 30% were affected with severe level of stress, and 15% were affected with mild level of stress during the pre test. The study concluded that low economic status and financial need of the family is the reason for stress, more money is spend daily on alcoholism. During post test 60% has moderate level of stress and 40% has mild level of stress. It is statistically significant at the p level < 0.001 . Effective coping strategies has been taught to the family members and the mean difference has shown an improvement in the coping level and decrease level of stress

Investigator herself had a personal experience of increased stress and inadequate coping among wives of her own relatives with chronic alcoholism, the financial difficulties faced by the family to meet the needs and children of alcoholic father with low self confidence and isolation. Effective coping strategies and stress

management techniques can reduce the level of stress. So the investigator was interested to find a solution for the stress of wives with alcoholic husband as alcoholism became an third leading cause of death the investigator felt the need for testing the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics at selected areas of Anaicut block, Vellore.

STATEMENT OF THE PROBLEM:

- A pre-experimental study to assess the effectiveness of psychoeducation on levels of perceived stress and coping among wives of alcoholics at Anaicut block, Vellore.

OBJECTIVES:

- To assess the pretest levels of perceived stress and coping among wives of alcoholics.
- To evaluate the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics.
- To associate the post test levels of perceived stress and coping among wives of alcoholics with their selected demographic variables.

OPERATIONAL DEFINITIONS:

Effectiveness:

It refers to the outcome of psycho education in reducing the levels of perceived stress and improving the levels of coping by the difference in the mean of the post test scores obtained using perceived stress scale and coping with drinking questionnaire.

Psycho education:

It refers to the education offered to individuals with a psychological problems like stress, fear, sad mood, inadequate coping skills and their families to help empower them and deal with their stress, and emotional problems in an optimal way.

The components of psycho education are meaning of alcoholism, causes, effects of alcohol in the body, early signs, late signs, warning signs, physical effects, psychological effects, social, occupational, and legal effects of alcohol, alcohol withdrawal symptoms, management, effects of alcohol on family, coping strategies and stress management of wives of alcoholics.

Stress:

It refers to the tension faced by an women to solve the problems of the family which is caused due to a alcoholic husband as measured by Cohen perceived stress scale.

Coping

It refers to the ways adopted by an women to solve the problems due to an alcoholic husband as measured by Oxford Guthrie's modified coping with drinking questionnaire.

Wives of alcoholic:

It refers to a person who is married to the alcoholic and provides direct care to the spouse.

HYPOTHESES:

- H₁ -There will be a significant difference on levels of stress and coping before and after psycho education.
- H₂- There will be a significant association between the post test scores and selected demographic variable.

DELIMITATIONS:

The study is limited to

- Wives of alcoholics
- Wives in selected Anaicut block, Vellore

CONCEPTUAL FRAMEWORK

The conceptual framework is a theoretical approach to the study of problems that are scientifically based and emphasizes the selection , arrangement and classification of the concepts such as person, health, environment and nursing.

Potter and Perry

[2014]

The conceptual framework for the present study was based on general system theory. The general systems model of Nursing was proposed by “Ludwig Von Bertalanffy “ in 1968. The model focuses on the concepts

- Person-In this study person refers to the wives of alcoholics
- Health-In this study health refers to the levels of perceived stress and coping skills.
- Environment-In this study environment refers to the habit of alcoholism.
- Nursing-In this study it refers to the psycho education given to reduce the level of stress and improve the coping skills.

Environment includes all the influences that affect the development and behavior of a person.

General system theory is useful in breaking the whole process into essential tasks to ensure goal realization. The number of parts of the system is totally dependent on what is needed to accomplish the goal, purpose or aim is necessary for system to function.

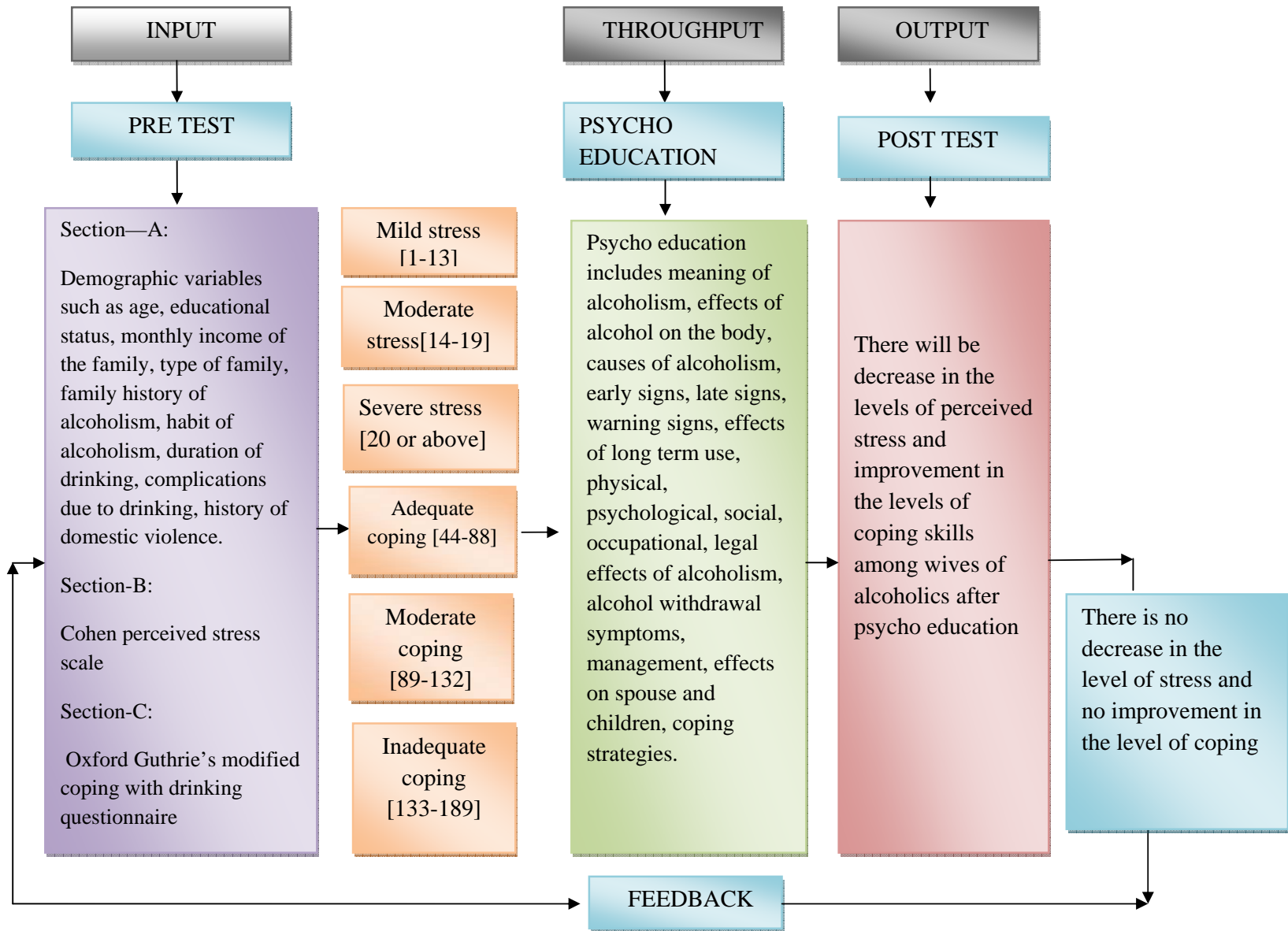


FIGURE 1 : GENERAL SYSTEM MODEL ----- LUDWIG VON BERTALANFY [1968]

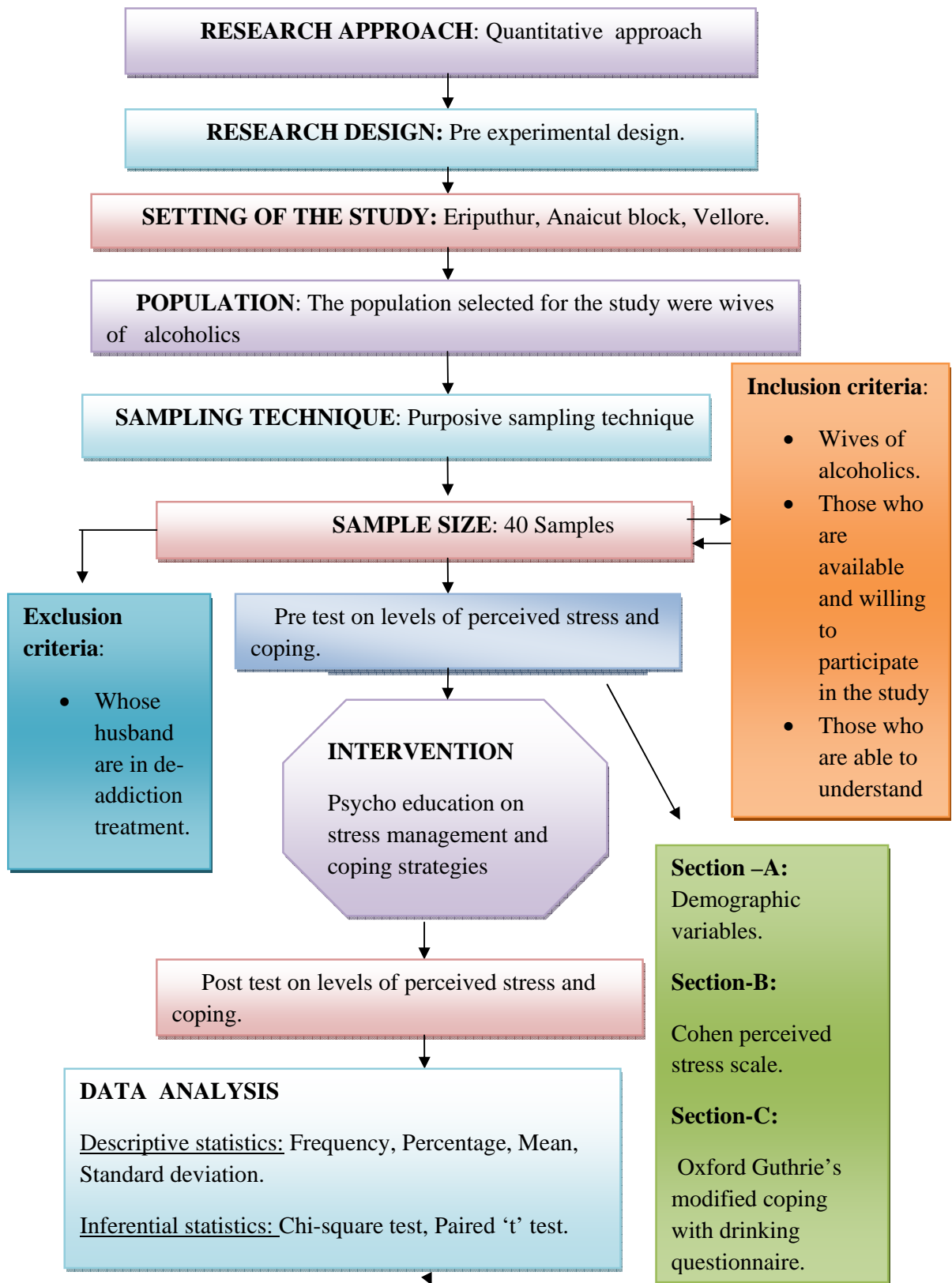


Figure-2:SCHEMATIC REPRESENTATION OF METHODOLOGY

Health is a process of becoming integrated as a whole person. Nursing is the promotion of adaption in each of the models, contributing to the person's health, quality of life and dying with dignity.

The aim of the study is to reduce the levels of stress and increase the coping among wives of alcoholics.

The system consists of four components

- Input
- Throughput
- Output
- Feedback

INPUT:

Input in any system energy, information, material or human that enters into the system through boundaries. In present study the input consists of 3 sections such as Demographic variables such as age, educational status, monthly income of the family, type of family, family history of alcoholism, habit of alcoholism, duration of drinking, complications due to alcoholism and history of domestic violence, stress assessment by Cohen perceived stress scale, Guthire's modified Coping with drinking questionnaire.

THROUGHPUT:

Throughput is the process that occurs at some point between input and output which enables the input to be transferred in such a way it can be readily used by the system. In this throughput refers to psycho education.

OUTPUT:

Output is an energy or material transferred to environment. In this study output is assessed by evaluating scores using perceived stress scale and coping with drinking.

FEEDBACK:

Feedback is the process by which information is received at each stage of the system and is feedback as input to guided direct in its evaluation.

CHAPTER-II

REVIEW OF LITERATURE

A literature review is a body of text that aims to review the critical points of knowledge on a particular topic of research.

(ANA-2000)

Review of literature is an essential part of the research study. It determines the extent to which the topic has been investigated and thus help the researcher to determine the extent to which the topic has to be dealt.

Review of literature in this study is arranged under the following sections.

SECTION-A:

Literature related to perceived stress and coping among wives of alcoholics.

SECTION-B:

Literature related to psycho education on perceived stress and coping among wives of alcoholics.

SECTION-A

LITERATURE RELATED TO PERCEIVED STRESS AND COPING AMONG WIVES OF ALCOHOLICS:

Manimaran (2011) conducted an cross sectional survey to assess the stress and coping among wives of alcoholics. 30 wives were selected who were visiting Masina hospital department of psychiatry at Mumbai. Demographic variables such as

age, religion, income, education and number of children were collected. The mean and standard deviation of stress among wives of alcoholics were 8.16 ± 3.14 and 5.23 ± 2.07 . The mean and standard deviation of coping among wives of alcoholics were 13.23 ± 4.15 and 17.10 ± 6.13 .

Devi. C. G,I, et.al (2011) conducted a study to assess the levels of stress and coping strategies among wives of alcoholics at Chennai. Descriptive correlation design was used, the sampling technique used was non probability convenience sampling, the sample size was 70 wives of alcoholics. The participants were administered Cohen perceived stress scale and coping scale. The study findings revealed that 30(42.86%) had moderate stress, 30(42.86%) had average coping and there was a positive correlation between the level of stress and coping strategies among wives of alcoholics, $r=0.312$ showed that there was a high statistical significant at $p < 0.01$ level. The study concluded that there was a relation between stress and coping among the wives of alcoholics.

Sherwood (2011) conducted a study to estimate the levels of stress and coping among wives of alcoholics at psychiatric units, Korea. Exploratory descriptive design was adopted, samples are selected by using non-probability sampling technique. They were assessed by using perceived stress scale and coping with drinking questionnaire. The results revealed that 53% had severe stress, 20% had moderate level of stress, 27% had mild stress, 60% have poor coping and other 40% have moderate level of coping. The mean score was 21 and $SD \pm 4.5$ in stress and the coping mean score was 18 and $SD \pm 3.96$.

Mithun Kumar B.P (2011) an epidemiological survey was conducted by the department of psychiatry, Government Medical College and Hospital, Chandigarh to estimate the pattern of alcohol and the stress of wives caused by the alcoholic husband. In this survey 68% of them were alcohol dependence. Majority of them reported having health related complications (85.71%) followed by family problems (77.31%). The wives majority of 65% were in stress due to alcoholic husband. The mean score was 20.89 and $SD \pm 5.31$. The study concluded that the presented data added to the growing evidence that alcoholism can have serious consequences on the family.

Chandrasekaran (2012) conducted a study on coping behaviors of wives of alcoholics, 100 alcoholic wives were selected from the de-addiction centre attached to JIPMER Pondicherry. Each wife was administered Oxford Guthrie's coping with drinking questionnaire. 80% of wives used the avoidance as coping measure and other 20% of wives used coping styles like assertion, sexual withdrawal. Marital breakdown is also used by the wives as coping skills. The study concluded that majority of wives have adopted coping strategies to manage with the problems faced because of the alcoholic husband.

Revathi .S (2012) conducted a cross sectional study. A descriptive design was used to assess the ways of coping among wives of alcoholics who were staying with their husbands during de-addiction treatment. Convenience sampling was done to select 200 wives of alcoholics in Chennai, TT Ranganathan clinical research foundation and de-addiction ward of Sri Ramachandra Hospital. Majority of the wives of alcoholics used reappraisal (83.5%) planned problem solving coping (82.5%) escaping avoidance (74.5%) accepting responsibility of the family (58.5%). These are

the coping styles used by the wives to cope with the problems created by an alcoholic husband.

Nanjundaswamy.M (2012) conducted a study to assess the stress, violence and coping strategies in wives of alcohol dependent individuals. An exploratory descriptive design was adopted among 75 wives of alcohol dependents admitted in the de-addiction centre of National Institute of Mental Health and Neuro science, Bangalore. Data was collected by using socio demographic schedule, Cohen perceived stress scale and modified Guthire's coping with drinking questionnaire. 52% of wives are with severe stress, 30% of wives are with moderate stress and 18% of wives are with mild stress. Domestic violence was experienced by 90% women. 50% of wives used coping styles like avoidance, discord, fearful withdrawal. There is a need for substance abuse treatment providers to be trained on the issue.

Aruloli. B (2013) conducted a study to explore the problems experienced by wives of alcohol dependent individuals at de-addiction centre in NIMHANS, Bangalore. More than 60% of alcoholic wife experience severe level of stress. Wives with higher level of domestic violence showed higher level of stress. The major coping styles adopted were avoidance (53%), discord (51.5%), fearful withdrawal (40.4%) and sexual withdrawal (25.8%).

Charles PE (2013) conducted a study to evaluate the levels of stress among wives of alcoholics at community settings of Jaipur. Quantitative research approach with pre-experimental design was used. 75 wives were assessed by using stress assessment questionnaire. The result showed 48% have moderate stress, 32% have severe stress and 20% have mild level of stress. The mean score during stress was 24

and SD ± 4.46 , during post test the mean score was 21 and SD ± 2.35 which is significant at level $p < 0.001$.

S. Prescila Sharon (2013) conducted a comparative study on quality of life among wives of alcoholics and non-alcoholics at selected areas of Pune. A total sample of 150 respondents from each group was selected and the data was collected using self prepared questionnaire. A high percentage of respondents have expressed that their husbands drinking had generated problem with neighbours (76.7%) with relatives (79.3%) and problems in workplace (68.7%). Regarding the overall perceived quality of life, majority (66.7%) of the wives of alcoholics reported that they have low levels of perceived quality of life whereas majority (66%) of the wives of non-alcoholics reported that they have high levels of perceived quality of life.

K. R. Ramya, Lisa Paul (2013) conducted a quantitative descriptive survey method. Samples are selected by convenience sampling technique admitted in selected hospitals. A four point rating scale containing 16 items to assess psychosocial problems of wives. Majority of wives of alcoholics had severe psychological problems (33.3%) and social problems (46.4%). The study concluded that awareness regarding the psychosocial problems to be given for wives managing their partner's unhealthy habit and their coping strategies.

Sreedevi .M (2013) conducted a study to explore the problems of stress and coping experienced by wives of alcoholics. The study was carried out in the deaddiction centre at NIMHANS, Bangalore. High levels of stress were seen in wives of alcoholics. Wives with higher level of domestic violence shows higher level of stress. The major coping styles adopted were avoidance (53%) discord (51.5%) fearful withdrawal (40.4%) and sexual withdrawal (25.9%).

Nagesh V.A (2015) conducted a study to assess the stress and coping among the wives of alcoholics admitted in selected deaddiction centre of Mysore district. A descriptive survey design was used, non-probability convenience sampling technique was adopted for data collection from 60 wives of alcoholics. Assessment was done with the help of Cohen perceived stress scale and Oxford Guthrie's coping scale. The study findings showed that 100% of the wives of alcoholics were having moderate level of stress, whereas in ways of coping 98.33% of them were having avoidance, discord, withdrawal as major coping styles. Nearly 1.66% were able to cope effectively. The mean of stress was 27.38, median was 28 with $SD\pm 2.961$. The mean for coping was 102.5% and $SD\pm 15.188$.

SECTION-B:

LITERATURE RELATED TO PSYCHOEDUCATION ON LEVELS OF STRESS AND COPING AMONG WIVES OF ALCOHOLICS.

Sarathamani (2011) conducted a study on effectiveness of psycho educational package on stress among wives of alcoholics at community deaddiction centre. An evaluatory approach with pre experimental one group pre test post test design was used. 30 wives were selected by using purposive sampling technique. During pretest 63.3% wives of alcoholics had severe stress, 36.7% had moderate stress. The findings after psycho education was 90% of wives have moderate stress and 10% had mild stress. The mean percentage stress score was 46.6%. The data presented shows significant difference between pre test and post test.

Shaunak Ajinkya (2012) to evaluate the levels of stress among wives of alcoholics at Pune. During pretest the mean score of stress was 22.8 and $SD\pm 5.4$ whereas after demonstrating the stress management techniques, during post test the

mean score was 19.7 and $SD \pm 2.8$. The calculated paired 't' test value is 13.65 greater than that of table value which is significant at the level of $P < 0.005$.

Ricou B. Merlani. P (2012) conducted a study to assess the levels of stress among wives of alcoholics at a selected de-addiction centre in Calicut. Quantitative research approach with one group pre test post test design was used. 60 wives of alcoholics selected by purposive sampling technique. Samples were assessed by using stress scale. The results showed that 42% have severe stress, 35% have moderate stress and 25% have mild stress, and after the stress management techniques were employed during post test 60% have moderate stress and 40% have mild stress. The mean score was 15 and $SD \pm 3.24$ during pre test and the mean score during post test was 10 and $SD \pm 2.3\%$. The study concluded that there is reduction in the stress level after adopting stress management techniques.

H. M Gangadharaiah (2013) conducted a study to assess the effectiveness of health education on levels of coping behavior among wives of alcoholics at community settings of Pune. Quantitative approach with pre experimental research design was used. 50 wives were selected by using purposive sampling technique. Assessment of the overall level of coping in pre test showed that 86.7% have poor coping, 10% had average coping and 3.3% have good coping level. During post test 96.7% had adequate coping skills. The mean percentage of overall coping scores was 30.4%. The conclusion was health education regarding coping strategies is effective.

Rabiul Karim (2013) conducted a study regarding effectiveness of planned teaching program on levels of perceived stress at Parbattipur, West Bengal. 50 wives were selected by using purposive sampling technique. The data was collected by using Cohen perceived stress scale. The result showed that study samples 30(60%)

had severe stress which was reduced after planned teaching program. The result of post test showed that the level of stress was reduced to 45% and planned teaching program was effective and highly significant at $p < 0.01$ level.

Christopher (2013) conducted a study to explore the effectiveness of teaching program in reduction of stress and psychosocial problems among wives of alcoholics in the de-addiction centre of cuddalore . The major coping styles adopted by 50% of wives were avoidance, discord, fearful withdrawal. Most of the samples were affected with psychosocial problems after structured teaching program, the coping skills have been improved and decreased in psychosocial problems like low self esteem, so structured teaching program was found to be effective and it is significant at the p level < 0.005 .

Kahler CW (2013) conducted a study to assess the effectiveness of structured teaching program on levels of stress among wives of alcoholics at a community centre of Salem. 100 wives were selected by using purposive sampling technique. Each wife was administered coping with drinking questionnaire and Eysenk's personality questionnaire. 80% of samples have used avoidance as coping measure many times. Structured teaching program was given regarding the coping skills. During post test many alcoholic wives have utilized healthy coping skills and coping was improved. The mean score during pre test was $19.75 \text{ SD} \pm 5.4$ and post test $20.89 \text{ SD} \pm 5.31$.

Darpan Kumar (2013) conducted a study to explore the problems of stress experienced by the wives of alcoholics and effectiveness of counseling program at de-addiction centre of Mangalore. 100 wives were selected by using non probability convenience sampling technique. Cohen perceived stress scale was used, during pre test. 69% have moderate stress and 27.4% have severe stress. During post test the

stress level reduced 41.6% have moderate stress and 25.8% have mild stress. The counseling program was effective in reduction of stress.

Davidson (2013) conducted a study to evaluate the levels of stress among wives of alcoholics by conducting health education program. Quantitative research approach with pre experimental design was used. The stress level of wives are assessed by stress scale. 60 wives are selected by judgemental sampling technique. The result showed majority of samples 60% had severe stress and 40% have moderate stress. After planned health education program there is reduction in the level of stress which shows 45% had mild stress and 55% had moderate stress. The mean score was 21 SD ± 5.65 , which is significant at level $p < 0.05$.

Alex Copello (2014) conducted a study to evaluate the levels of stress and coping among wives of alcoholics those who are attending de-addiction centre in China. The pre test stress was more than 62% had severe stress and poor coping. The study proved that there is reduction in the levels of stress and improvement in the coping level followed by a planned counseling program. The mean difference between the pretest and post test was 47.5%.

Nisha (2014) conducted a study on effectiveness of psycho education on levels of stress among wives of alcoholics in Pimpri Chinchwad municipal cooperation area at Kasarwadi, Maharashtra. 100 wives of alcoholics were selected using non-probability purposive sampling techniques. The result revealed that majority 88% had severe stress, 10% had moderate stress and 2% had mild stress. The median score was 57%. The overall findings of the study revealed that there was a highly significant decrease in the stress following the administration of psycho education package.

Vaibhav (2014) conducted a study on effectiveness of planned teaching program on knowledge regarding ill effects of alcohol consumption for the spouse. Evaluative research approach with pre experimental design was used, non probability convenience sampling in Vadadora district, Gujarat. The result of the study shows that in pre test 43.43% have inadequate knowledge and mean score was 12.43 ± 2.645 and in post test knowledge 65.33% had adequate knowledge. The mean score was 19.60 ± 2.599 which is significant at $P < 0.05$.

Jim Oxford (2014) conducted a study to assess the effectiveness of planned teaching program on stress, coping among wives of alcoholics at community settings of Mexico City. 60 samples of spouses were selected based on purposive sampling technique. During pre test majority of samples 69% had severe stress, 31% had moderate stress. Planned teaching program was conducted and it showed reduction in stress level 45% showed moderate stress and 55% had mild stress. Coping had improved in the wives of alcoholics. Planned teaching program was effective for the wives of alcoholics to reduce the stress and to improve coping.

CHAPTER-III

METHODOLOGY

This chapter describes the research approach, research design, and variables in the study, setting of the study, population, sample size, sampling techniques, and criteria for sample selection, description of the tool, content validity, pilot study, reliability, data collection method and plan for analysis.

RESEARCH APPROACH:

Research approach for the study was quantitative research approach

RESEARCH DESIGN:

The research design used for the study was Pre-Experimental ,one group pretest –posttest design.

The research design is represented as follows

O1 X O2

O1-Pretest to assess the levels of perceived stress and coping among wives of alcoholics by using perceived stress scale and coping with drinking questionnaire.

X-Psycho education

O2- Post test to assess the levels of perceived stress and coping among wives of alcoholics, by using perceived stress scale and coping with drinking after psychoeducation.

VARIABLES:

Variables included in the study are

(Dependent variable)

Levels of perceived stress and coping among wives of alcoholics

(Independent variable)

Psycho education

SETTING OF THE STUDY:

The study is conducted at Anaicut block, Vellore district. The total population is 42,752 in which males are 21,219 and females are 21,533, which is at a distance of 13 Kms from Sri Narayani College of Nursing. People access health facilities in Anaicut primary health centre at Vellore district. The selection of this setting for the present study is on basis of geographical proximity, feasibility of the study and sample availability.

STUDY POPULATION:

The target population includes wives of alcoholics. The population for the study is wives of alcoholics at selected Anaicut block, Vellore. The accessible population is wives of alcoholics at Eariputhur village, Vellore.

SAMPLE SIZE:

Samples for the study include 40 wives of alcoholics, at Eariputhur village, Anaicut block, Vellore.

SAMPLING TECHNIQUE:

Purposive sampling technique is adopted for this study which is done based on inclusion and exclusion criteria.

CRITERIA FOR SAMPLE SELECTION:

INCLUSION CRITERIA:

Wives of alcoholics

- Who are available and willing to participate in the study
- Who are able to understand tamil or English

EXCLUSION CRITERIA:

- Whose husbands are in de-addiction treatment.

DESCRIPTION OF THE INSTRUMENT:

The instrument consists of 3 sections.

SECTION-I

Demographic variables

It comprised of demographic variable of wives of alcoholics such as age, educational status, family monthly income, type of family, habit of alcoholism, duration of alcoholism, family history of alcoholism, complications due to alcoholism, history of domestic violence in the family.

SECTION-II

Cohen perceived stress scale:

It consist of 10 items. Each item has a maximum score of 4 and minimum score of 0. All the items were scored like 0,1,2,3,4 respectively.

Score Interpretation:

- 1 to 13-Mild stress
- 14 to 19-Moderate stress
- 20 or above-Severe stress

SECTION-III

Oxford Guthire's modified coping with drinking questionnaire:

It consists of 30 items. Each item has a maximum score of 3 and minimum score of 0. All items were scored like 0,1,2,3 respectively.

Score Interpretations:

- 44 to 88-Inadequate coping
- 89 to 132-Moderate coping
- 133 to 189-Adequate coping

VALIDITY:

Validity is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure.

Polit and Beck[2013]

The content validity of the tool was obtained from experts in the field of Mental Health Nursing and Bio-statistics. Questionnaire with demographic variables, Cohen perceived stress scale and Oxford Guthrie's modified coping with drinking questionnaire were given for validity and got expert suggestions.

RELIABILITY:

Reliability is defined as the extent to which the instrument yield the same results on repeated measures, concerned with consistency, accuracy, stability and homogeneity.

Test and retest method was employed to obtain the reliability of the tool for perceived stress scale and coping with drinking questionnaire. As the co-efficient correlation was 1.00 the tool was found to be highly reliable.

PILOT STUDY PROCEDURE:

“A pilot study is the whole study operation in miniature” it reveals the investigator about the feasibility, weakness, practicability of carrying out the main study. It helps to confirm the duration and to familiarize with administration and scoring of tools.

[Barnum 2000]

- Duration of pilot study was from 15.6.16 to 20.6.16. Wives of alcoholics were selected by using purposive sampling technique. Sample size was 4.
- Confidentiality was assured among study participants. Pre test was done on first day, psycho education was given by researcher on one to one basis by using flash cards .

- During the pre test the samples have difficulty in managing the time given for assessment which is of 20 minutes.
- Post test was done using the same questionnaire on fifth day (20.6.16)
- The findings of the pilot study was pre test mean score of stress is 21 and SD ± 2.78 whereas after psycho education the mean score decreased to 16.25 and SD ± 2.38 . The calculated paired 't' test value is 3.33 which is greater than the table value psycho education is effective.
- Pre test mean score of coping is 66 and SD ± 13.24 whereas after psycho education, the mean score increased to 90.75 and SD ± 2.48 . The calculated paired 't' test value is 3.68 which is greater than the table value psycho education is effective.
- The study assessed and found the instrument was feasibility and practicability for the main study.

DATA COLLECTION:

- Ethical clearance was obtained from institution research committee members and written permission from director of health was obtained.
- The main study's data collection was conducted from (17.6.16 to 15.7.16)
- Wives of alcoholics were selected using inclusion criteria, were informed regarding the research study and obtained consent.
- 40 Samples were assessed by using Cohen perceived stress scale and Guthrie's modified coping with drinking questionnaire by interview method.

- Time given for assessment was increased to 35 minutes as the samples had difficulty in managing the time during pilot study, which was for 20 minutes.
- Psycho education was given by the researcher on one to one basis by using flash cards for 45 minutes.
- Post test was conducted on fifth day by using same questionnaires.

PLAN FOR DATA ANALYSIS:

- Distribution of demographic variables will be analyzed by descriptive statistics such as mean, standard deviation.
- To find out the effectiveness of psycho education, Inferential statistics paired 't' test will be used.
- To find out the association between post test scores with their selected demographic variables, 'chi square' will be used.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected with reference to the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics.

Analysis and interpretation was done with the help of descriptive and inferential statistics to meet the objectives of the study.

The findings are tabulated, analyzed and interpreted in this chapter.

OBJECTIVES:

- To assess the pre test levels of perceived stress and coping among wives of alcoholics.
- To evaluate the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics.
- To associate the post test levels of perceived stress and coping among wives of alcoholics with their selected demographic variables.

ORGANIZATION OF DATA:

SECTION-A

Description of variables such as age, educational status, monthly income, type of family, family history of alcoholism, complications due to alcoholism, habit of alcoholism, duration of alcoholism and history of domestic violence.

SECTION-B:

Assessment of levels of perceived stress and coping among wives of alcoholics.

SECTION-C:

Effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics.

SECTION-D:

Association between post test scores on levels of perceived stress and coping with their selected demographic variables.

SECTION-A

Distribution of demographic variables of wives of alcoholics.

Table-1 Frequency and percentage distribution of demographic variables of wives of alcoholics.

n=40

S. No	Demographic variables	No	Percentage
1.	Age of the wife		
	1.1]21-30 years	14	35%
	1.2]31-40 years	23	57.5%
	1.3]41-50 years	3	7.5%
	1.4]51 years and above	-	-
2.	Educational status		
	2.1]Graduate and above	-	-
	2.2]Higher secondary	5	12.5%
	2.3]High school	10	25%
	2.4]Primary school	17	42.5%
	2.5]Illiterate	8	20%
3.	Monthly income of the family		
	3.1]<1000 Rs	5	12.5%
	3.2]1001-2000 Rs	9	22.5%
	3.3]2001-3000 Rs	14	35%
	3.4]3001 Rs and above	12	30%
4.	Type of family		
	4.1]Nuclear family	24	60%
	4.2]Joint family	16	40%
	4.3]Extended family	-	-

5.	Family history of alcoholism		
	5.1] Yes	25	62.5%
	5.2] No	15	37.5%
6.	Habit of alcoholism		
	6.1]Daily	22	55%
	6.2]More than once a week	12	30%
	6.3]Occasionally	6	15%
7.	Duration of drinking		
	7.1]< 2 years	5	12.5%
	7.2] 2-4 years	8	20%
	7.3]5-7 years	10	10%
	7.4]> 7 years	17	17%
8.	Complications due to alcoholism		
	8.1] Yes	25	62.5%
	8.2] No	15	37.5%
9.	History of domestic violence		
	9.1] Yes	28	70%
	9.2] No	12	30%

Table-1 represents more than half of the wives 23(57.5%) were at the age group of 31-40 years, around 17(42.5%) samples studied till primary school. Nearly 14(35%) have family income of Rs. 2001-3000, more than 24(60%) belongs to nuclear family, around 25(62.5%) has family history of alcoholism, nearly 22(55%) has habit of taking alcohol daily, nearly 17(42.5%) have more than 7 years of duration of drinking, around 25(62.5%) had history of complications due to alcoholism in that 10 members have physical complications like headache, abdominal pain, 8 have psychological complications depression, anxiety and 7 have social complications financial difficulties. Nearly 28(70%) were subject to domestic violence among them 10 wives to physical abuse, 12 wives to verbal abuse, 6 wives subjected to economical abuse.

SECTION-B

Assessment of pre and post test levels of perceived stress among wives of alcoholics.

Figure-3: Frequency and percentage distribution of levels of stress among wives of alcoholics.

n=40

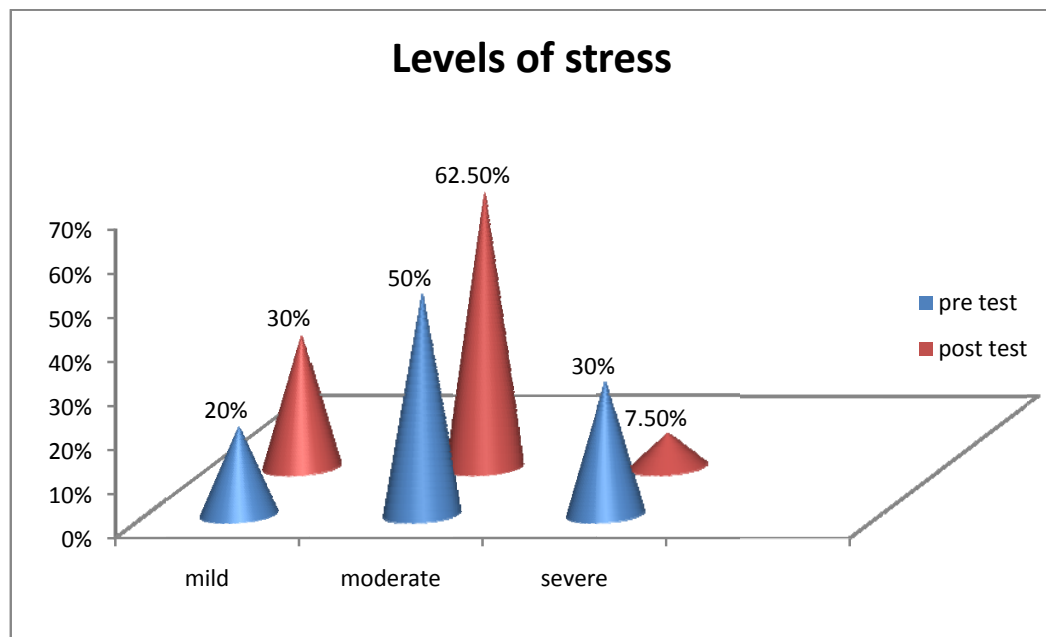


Figure-3: cone graph showing percentage distribution of levels of stress according to pre and post test assessment.

Figure-3: cone graph shows that in pre test stress score, 12(30%) had severe stress, 20(50%) had moderate stress and 8(20%) had mild stress after psycho education, nearly 25(62.5%) had moderate stress, 12(30%) had mild stress and 3(7.5%) had severe stress.

Assessment of pre and post test levels of coping among wives of alcoholics.

Figure-4: Frequency and percentage distribution of levels of coping among wives of alcoholics.

n=40

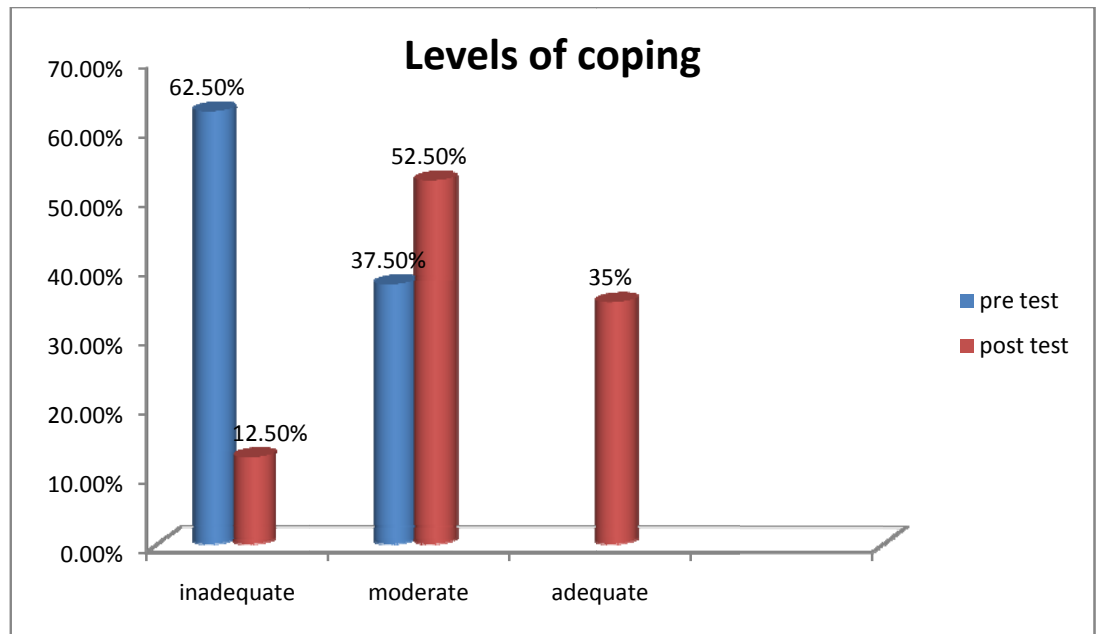


Figure-4: cylindrical graph showing percentage distribution of levels of coping according to pre and post test assessment of wives of alcoholics.

Figure-4: cylindrical graph shows that during pre test coping, 25(62.5%) had inadequate coping skills, 15(37.5%) had moderate coping skills. After psycho education 21(52.5%) had developed moderate coping skills, 14(35%) had adequate coping skills and 5(12.5%) had inadequate coping skills.

SECTION-C

Table-2: Effectiveness of psycho education on levels of perceived stress among wives of alcoholics.

n=40

Psycho education	Mean	Standard deviation	Mean difference	Paired 't' test
Pre test	18	4.40	1.85	16.88
Post test	16.15	3.06		

Statistically significant at $P < 0.001$

table value-(3.551)

Table 2 shows that pre test mean score is 18 and $SD \pm 4.40$, whereas after psycho education the mean score decreased to 16.15 and $SD \pm 3.06$. The calculated paired 't' test value 16.88 is greater than that of the table value(3.551) which is significant at $P < 0.001$ level.

There was decrease in the levels of stress scores among wives of alcoholics, which shows effectiveness of psycho education , Hence hypothesis 1 was accepted.

Table-3: Effectiveness of psycho education on levels of coping among wives of alcoholics.

n=40

Psycho education	Mean	Standard deviation	Mean difference	Paired 't' test
Pre test	86	19.62	21	22.06
Post test	107	20.7		

Statistically significant at $P < 0.001$.

table value-(3.55)

Table 3 shows that pre test mean score is 86 and $SD \pm 19.62$, whereas after psycho education the mean score improved to 107 and $SD \pm 20.7$. The calculated paired 't' test value is 22.06 which is greater than that of the table value(3.55) which is significant at 'P' level < 0.001 . There was improvement in the levels of coping among wives of alcoholics which shows effectiveness of psycho education, hence hypothesis 1 was accepted.

SECTION-D

Association between post test scores on levels of stress with their selected demographic variables.

n=40

Demographic variables	No	%	Levels of stress						Chi square χ^2 value
			Mild		Moderate		Severe		
			No	%	No	%	No	%	
1]Age of the wife									1.667 (S)
1.1]21-30 years	14	35	7	7.5	7	7.5	-	-	
1.2]31-40 years	23	57	8	20	15	37.5	-	-	
1.3]41-50 years	3	7.5	2	5	1	2.5	-	-	
1.4]50 years and above	-	-	-	-	-	-	-	-	
2]Educational status									23.145 (NS)
2.1]Graduate and above									
2.2]Higher secondary	5	12.5	2	5	3	7.5	-	5	
2.3]High school	10	25	2	5	6	15	2		
2.4]Primary school	17	42.5	6	15	2	5	-	-	
2.5]Illiterate	8	20	2	5	5	12.5	1	1.5	
3]Family monthly income									6.568 (S)
3.1]<1000 Rs	5	12.5	-	-	5	12.5	-	-	
3.2]1001-2000 Rs	9	22.5	2	5	6	15	1	2.5	
3.3]2001-3000 Rs	14	35	4	10	8	20	2	5	
3.4]3001 Rs and above	12	30	6	15	6	15	-	-	

Demographic variables	No	%	Levels of stress						Chi square X ² value
			Mild		Moderate		Severe		
			No	%	No	%	No	%	
4]Type of family									10.487 (NS)
4.1]Nuclear family	24	60	7	7.5	13	32.5	3	7.5	
4.2]Joint family	16	40	4	10	12	30	-	-	
4.3]Extended family									
5]Family history of alcoholism									1.955 (S)
5.1]yes	25	62.5	7	7.5	15	37.5	3	7.5	
5.2]No	15	37.5	5	12.5	10	25	-	-	
6]Habit of alcoholism									3.895 (S)
6.1]]Daily	22	55	6	15	13	32.5	3	7.5	
6.2]More than once a week	12	30	3	7.5	9	25	-	-	
6.3]occasionally	6	15	3	7.5	3	7.5	-	-	
7]Duration of alcoholism									22.334 (NS)
7.1]<2 years	5	12.5	2	5	2	5	1	2.5	
7.2]2-4 years	8	20	1	2.5	6	15	1	2.5	
7.3]5-7 years	10	25	3	7.5	7	7.5	-	-	
7.4]7 years	17	42.5	6	15	10	25	-	-	

Demographic variables	No	%	Levels of stress						Chi square X ² value
			Mild		Moderate		Severe		
			No	%	No	%	No	%	
8]Complications									0.134 (S)
8.1]yes	25	62.5	7	17.5	16	40	2	5	
8.2]No	15	37.5	5	12.5	9	22.5	1	2.5	
9]History of domestic violence								7.5	7.998 (NS)
9.1]Yes	28	70	6	15	19	47.5	3		
9.2]No	12	30	6	15	6	15	-	-	

Note: S=Significant, NS= Not Significant. P<0.05

Table 4 results reveals that age of the wife, family income, family history of alcoholism, habit of alcoholism, complications due to alcoholism are statistically significant at level $p < 0.05$, whereas educational status, type of family, duration of alcoholism and history of domestic violence are not significant. Hence it is interpreted that difference in mean score values are true and the hypothesis 2 was accepted.

Table-5: Association between post test scores on levels of coping with their selected demographic variables.

n=40

Demographic variables			Levels of coping						Chi Square
			Inadequate		moderate		Adequate		
	No	%	no	%	no	%	no	%	X value
1]Age of the wife									
1.1]21-30 years	14	35	2	5	4	10	6	15	5.71 (S)
1.2]31-40 years	23	57.5	4	10	16	40	5	12.5	
1.3]41-50 years	3	7.5	-	-	1	2.5	2	5	
1.4]50 years and above	-	-	-	-	-	-	-	-	
2]Educational status									
2.1]Graduate and above	-	-	-	-	-	-	-	-	51.27 (NS)
2.2]Higher secondary	5	12.5	1	3	2	5	2	5	
2.3]High school	10	25	1	3	6	15	3	8	
2.4]Primary school	17	42.5	2	5	8	20	7	17.5	
2.5]Illiterate	8	20	1	3	5	12.5	2	5	

Demographic variables			Levels of coping						Chi square x ² value
			Inadequate		Moderate		Adequate		
3]Family income	No	%	No	%	No	%	No	%	
3.1]<1000 Rs									9.93 (S)
3.2]1001-2000 Rs									
3.3]2001-3000 Rs	14	35	2	5	7	18	5	13	
3.4]3001 Rs and above	12	30	-	-	5	13	7	17.5	
4]Type of family									0.961 (S)
4.1]Nuclear family	24	60	2	5	13	32.5	9	22.5	
4.2]Joint family	16	40	3	8	8	20	5	12.5	
4.3]Extended family									
5]Family history of alcoholism									4.537 (S)
5.1]yes	25	62.5	1	2.5	15	37.5	9	22.5	
5.2]No	15	37.5	4	10	6	15	5	12.5	
6]Habit of alcoholism									10.356 (NS)
6.1]]Daily	22	55	-	-	15	37.5	7	17.5	
6.2]More than once a week	12	30	4	10	3	8	5	12.5	
6.3]occasionally	6	15	1	2.5	3	7.5	2	5	

Demographic variables			Levels of coping						Chi square x ² value	
			Inadequate		Moderate		Adequate			
	No	%	No	%	No	%	No	%		
7]Duration of alcoholism									5.31 (NS)	
7.1]	<2 years	5	12.5	-	-	4	10	1		2.5
7.2]	2-4 years	8	20	1	2.5	5	13	2		5
7.3]	5-7 years	10	25	1	2.5	3	7.5	6		15
7.4]	7 years	17	42.5	3	8	9	23	5	12.5	
8]Complication									16.31 (NS)	
8.1]	yes	25	62.5	-	-	14	35	11		27.5
8.2]	No	15	37.5	5	12.5	7	17.5	3	7.5	
9]History of domestic violence									10.813 (NS)	
9.1]	Yes	28	70	1	3	17	42.5	10		25
9.2]	No	12	30	4	10	4	10	4	10	

Note: S=Significant, NS= Not Significant. P<0.05

Table 5 results reveals that age of the wife, family income, type of family, family history of alcoholism are statistically significant at level 'p'<0.05, whereas educational status, habit of alcoholism, duration of alcoholism, complications, history of domestic violence are not significant. Hence it is interpreted that difference in mean score values of coping are true and hypothesis 2 was accepted.

CHAPTER-V

DISCUSSION

This chapter concentrates on the results derived from the statistical analysis and its pertinence to the objectives set for the study. This study assessed the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics at Anaicut block, Vellore.

Quantitative research approach with pre-experimental one group pre test and post test design was used. 40 wives of alcoholics were identified and selected for the study using purposive sampling technique. Levels of stress and coping were assessed by using Cohen perceived stress scale and Oxford Guthrie's modified coping with drinking questionnaire.

Objectives of the study were:

- To assess the pre test levels of perceived stress and coping among wives of alcoholics.
- To evaluate the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics.
- To associate the post test levels of perceived stress and coping among wives of alcoholics with their selected demographic variables.

Psycho education was conducted to reduce the stress and to improve the coping skills among wives of alcoholics. Pre and post test was administered with same questionnaire.

The demographic variables were assessed, 23(57.5%) wives of alcoholics were at the age of 31-40 years, around 17(42.5%) samples studied up to primary

school. Around 14(35%) have family income of Rs.2001-3000 and more than 24(60%) belong to nuclear family. Around 25(62.5%) has family history of alcoholism, 22(55%) of husbands has habit of taking alcohol daily and nearly 17(42.5%) husbands had more than 7 years of duration of drinking alcohol, around 25(62.5%) husbands had history of complications due to alcoholism in that 10 members have physical complications, 8 members have psychological complications and 7 have social complications. Nearly 28(70%) were subjected to domestic violence in that 10 wives were subjected to physical abuse, 12 wives to verbal abuse, 6 wives to economical abuse.

The first objective of the study was to assess the pretest levels of perceived stress and coping among wives of alcoholics.

In this study during pretest scores of stress, 12(30%) wives of alcoholics had severe stress, 20(50%) had moderate stress and 8(20%) had mild stress. After psycho education, 25(62.5%) had moderate stress, 12(30%) had mild stress and 3(7.5%) had severe stress.

In levels of coping during pre test, 25(62.5%) had inadequate coping skills, 15 (37.5%) had moderate coping skills. After psycho education 21(52.5%) had developed moderate coping skills, 14(35%) had adequate coping skills and 5(12.5%) had inadequate coping skills.

The findings are supported by a study done by **Albert (2012)** to estimate the levels of stress and coping among wives of alcoholics at deaddiction centre of Manipal. Wives were assessed by the Cohen perceived stress scale and Guthrie's modified coping with drinking questionnaire. The findings of the study are 49% had severe stress, 41% had moderate stress and 10% had mild stress. In coping nearly

50% have poor coping skills. The mean score of stress was 6.34 ± 3.45 and coping the mean score was 12.30 ± 5.32 .

Kenley (2013) conducted a study to assess the levels of stress among wives of alcoholics at community health centre of Pondicherry. 50 samples were selected by using purposive sampling technique. Cohen perceived stress scale was used to assess. The stress score was 30% had severe stress, 40% had moderate stress and 30% had mild stress. The mean score was 6.12 and $SD \pm 2.34$.

The second objective of the study was to evaluate the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics.

In this study during pretest the mean score of stress is 18 and $SD \pm 4.40$, whereas after psycho education the mean score decreased to 16.15 and $SD \pm 3.06$. The calculated paired 't' test value 16.88 is greater than that of table value(3.551) which is significant at $p < 0.001$ level. There was decrease in the levels of stress scores among wives of alcoholics, after psycho education which shows effectiveness. Hence Hypothesis 1 is accepted.

In levels of coping, during pretest mean score is 86 and $SD \pm 19.62$, whereas after psychoeducation the mean score improved to 107 and $SD \pm 20.7$. The calculated paired 't' test value is 22.06 which is greater than that of the table value(3.55) which is significant at $p \text{ level} < 0.001$. There was improvement in the levels of coping among wives of alcoholics after psycho education which shows effectiveness, Hence hypotheses 1 is accepted.

The findings are supported by a study done by **Richard Velleman et.al (2013)** to estimate the levels of stress and coping among wives of alcoholics at community

centre of Rajasthan. Wives were assessed by the Cohen perceived stress scale and Oxford Guthrie's modified coping with drinking questionnaire. The findings of the study are 69% have severe stress, 21% have moderate stress and 20% have mild stress. After structured teaching program there is reduction in the level of stress 45% have moderate stress, 50% have mild stress and 5% have severe stress. In coping nearly 60% have poor coping skills. During post test the score, majority of the samples 50% had moderate level of coping.

The findings are supported by a study done by **Naved Iqbal (2013)** to estimate the levels of coping among wives of alcoholics those who are attending the de-addiction clinic at Manipal. The mean score of coping during pretest was 31.62 and SD ± 5.66 , whereas after structured teaching program, there was improvement in the levels of coping. The mean score of coping during post test was 38.2 and SD ± 6.42 . The calculated paired 't' test value is 17.65 which is significant at p level < 0.001 .

The third objective of the study is to associate the post test levels of perceived stress and coping among wives of alcoholics with their selected demographic variables.

The chi-square test was used to find out the association between post test levels of stress and coping among wives of alcoholics and selected demographic variables. In relation to stress demographic variables such as age of the wife, family income, family history of alcoholism, habit of alcoholism, complications due to alcoholism are statistically significant at level $p < 0.05$, whereas educational status, type of family, duration of alcoholism and history of domestic violence are not significant. Hence it is interpreted that difference in mean score values are true and hypotheses 2 was accepted.

In the levels of coping, results revealed that age of the wife, family income, type of family, family history of alcoholism are statistically significant at level $p < 0.05$, whereas educational status, habit of alcoholism, duration of alcoholism, complications, history of domestic violence are not significant. Hence it is interpreted that difference in mean score values are true and hypotheses 2 was accepted.

The findings are supported by the study done by **Mahfouz Ahmed** (2013) to assess the stress and coping among wives of alcoholics at selected de-addiction centre, Mysore. Chi-square was computed to find the association between the variables such as age, occupation of wife are significant in stress at $p < 0.05$ level. The association for coping and the variables such as age, type of family, duration of alcoholism are significant at the ' $p < 0.05$ level.

The study done by **B. Viswanath** (2013) to estimate the levels of stress and coping among spouses of alcoholics, at selected areas of Kerala, 'chi'- square was computed to find the association between the post test scores of stress variables like age, duration of alcoholism, family income are significant at level 0.05. The variables such as family income, educational status are not significant, which is similar to the study findings done by the researcher

CHAPTER-VI

SUMMARY, FINDINGS AND IMPLICATIONS OF THE STUDY

This chapter presents a brief account of summary of the study, major findings of the study, implications and recommendations.

SUMMARY:

The study was undertaken to assess the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics at Anaicut block, Vellore. Quantitative approach with pre experimental one group pre and post test design was used. The data was collected by purposive sampling technique. The sample consisted of 40 wives of alcoholics.

SECTION-A:

Demographic variables such as age, educational status, family monthly income, type of family, family history of alcoholism, duration of alcoholism, complications due to alcoholism, habit of alcoholism, history of domestic violence were included.

SECTION-B:

Cohen perceived stress scale.

SECTION-C:

Oxford Guthrie's modified coping with drinking questionnaire.

OBJECTIVES:

- To assess the pretest levels of perceived stress and coping among wives of alcoholics.

- To evaluate the effectiveness of psycho education on levels of perceived stress and coping among wives of alcoholics.
- To associate post test levels of perceived stress and coping among wives of alcoholics with their selected demographic variables.

HYPOTHESES:

- H₁-There will be significant difference on levels of perceived stress and coping before and after psycho education.
- H₂-There will be significant association between the post test scores with their selected demographic variables.

MAJOR FINDINGS OF THE STUDY:

The demographic variables were assessed, 23(57.5%) wives were at the age of 31-40 years, around 17(42.5%) samples studied till primary school. Around 14(35%) have family income of Rs.2001-3000 and 24(60%) wives belong to nuclear family, around 25(62.5%) has family history of alcoholism, more than 22(55%) husbands has habit of taking alcohol daily and 17(42.5%) husbands have more than 7 years of duration of drinking alcohol, around 25(62.5%) husbands had history of complications due to alcoholism in that 10 members have physical complications, 8 members have psychological complications and 7 have social complications. 28(70%) were subject to domestic violence in that 10 wives to physical abuse, 12 wives to verbal abuse, 6 wives subjected to economical abuse.

The levels of stress during pretest, 12(30%) wives of alcoholics had severe stress, 20(50%) had moderate stress and 8(20%) had mild stress. After psycho education nearly 25(62.5%) had moderate stress, 12(30%) had mild stress and 3(7.5%) had severe stress.

The levels of coping during pre test, 25(62.5%) wives of alcoholics had inadequate coping skills, 15 (37.5%) had moderate coping skills. After psycho education 21(52.5%) had developed moderate coping skills, 14(35%) had adequate coping skills and 5(12.5%) had inadequate coping skills.

The pretest the mean score of stress is 18 and $SD \pm 4.40$, whereas after psycho education the mean score decreased to 16.15 and $SD \pm 3.06$. The calculated paired 't' test value 16.88 is greater than that of table value(3.551) which is significant at $p < 0.001$ level. There was decrease in the levels of stress scores among wives of alcoholics, which shows effectiveness of psycho education Hence Hypothesis 1 was accepted.

The pretest mean score of coping is 86 and $SD \pm 19.62$, whereas after psycho education the mean score improved to 107 and $SD \pm 20.7$. The calculated paired 't' test value is 22.06 which is greater than that of the table value(3.55) which is significant at p level < 0.001 . There was improvement in the levels of coping among wives of alcoholics which shows effectiveness of psycho education Hence Hypotheses 1 was accepted.

The findings reveals that there is significant association between the scores of stress with the demographic variables such as age of the wife, family income, family history of alcoholism, habit of alcoholism, complications due to alcoholism are statistically significant at level $p < 0.05$, whereas educational status, type of family, duration of alcoholism and history of domestic violence are not significant. Hence it is interpreted that difference in mean score of stress are true, Hence Hypotheses 2 was accepted.

The study findings reveals that there is significant association between the post test levels of coping with the demographic variables such as age of the wife, family income, type of family, family history of alcoholism are statistically significant at level $p < 0.05$, whereas educational status, habit of alcoholism, duration of alcoholism, complications, history of domestic violence are not significant. Hence it is interpreted that difference in mean score of coping are true, Hence Hypotheses 2 was accepted.

IMPLICATIONS OF THE STUDY:

The findings of the present study have important implications for hospital, community, nursing education, nursing administration and nursing research.

NURSING PRACTICE:

- Nurses working in Deaddiction centre can involve wives of alcoholics in conducting teaching program related to management of individuals with alcohol and incidental teaching.
- Nurses can conduct regular health education program in hospitals and community to provide information related to causes, problems related to alcoholism, techniques to prevent relapse and other medical and psychosocial management of alcoholism.
- Nurses can organize group meetings in community to the wives of alcoholics and also their husband to resolve their psychosocial problems.
- Nurses can incorporate behavior modification techniques with deaddiction treatment.

- Nurses can prepare teaching modules regarding alcoholism and learning materials like pamphlets, handouts regarding stress and coping for the wives of alcoholics.
- Nurses can provide individual guidance and counseling for the wives regarding management of stress and coping strategies.
- Nurses can provide information related to rehabilitation services like Alcohol Anonymous and encourage the alcoholics to participate in the service.
- Group counseling sessions can be conducted in the deaddiction clinic for the wives of alcoholics regarding stress and coping strategies on a regular basis.

NURSING EDUCATION:

- Nurses can give valuable suggestions for curriculum development so that various problems in the management of individuals with alcoholism can be incorporated.
- Nurses can involve in organization of workshops on alcohol and substance use management for alcoholics.
- Planning in service education program and continuing nursing education program for nurses regarding rehabilitation services to create awareness of effects of alcoholism among the people in hospital and community setting.
- Nurses can develop teaching modules for caregivers in the management of alcoholism.
- Plan and organize educational program for nursing personnel and motivating them in conducting educational program on stress management.

NURSING ADMINISTRATION:

- Nurse administrator should take active role in providing training regarding stress management for wives of alcoholics and coping strategies among students and nursing staffs.
- Nurse administrator should take initiative in organizing programs regarding stress management and coping strategies for wives of alcoholics at hospitals and community settings.
- Appropriate teaching-learning materials regarding stress management techniques and coping strategies need to be prepared and make them available for nurses in hospital and community settings.

NURSING RESEARCH:

- Providing opportunity for the nurses working at deaddiction centre to participate and present scientific paper in workshops and conferences on alcohol related issues.
- Research studies can be conducted on effectiveness of psycho education among spouses of alcoholics at various settings like deaddiction centre, mental health hospitals.
- There is an important need for extensive research in the area of stress and coping among wives of alcoholics in order to expand the scope of nursing practice to an important evidence based practice in the clinical and community areas.

RECOMMENDATION :

- A similar study could be replicated to a large sample in order to generalize the findings.
- Comparative study to assess the stress and coping among wives of alcohol dependence and wives of other substances abusers.
- Comparative study to assess the levels of stress, coping and domestic violence in wives of alcoholics and non alcoholics.

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CERTIFICATE OF CONTENT VALIDITY

This is to certify that questionnaire for demographic variables for the research study by Ms. Malathi.T II year M.Sc Nursing student of Sri Narayani College of Nursing,“ **A PRE-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHO EDUCATION ON LEVELS OF PERCEIVED STRESS AND COPING AMONG WIVES OF ALCOHOLICS AT ANAICUT BLOCK, VELLORE**” , has been validated by me.

Name:

Designation:

Date:

Institution:

Seal and signature

LETTER REQUESTING PARTICIPATION IN THE STUDY

Dear participant,

I, Ms. Malathi.T II year M.Sc Nursing student of Sri Narayani College of Nursing, am conducting “A pre-experimental study to assess the effectiveness of psychoeducation on levels of perceived stress and coping among wives of alcoholics,at Anaicut block, Vellore,as a partial fulfillment of my Masters degree. In this regard I would like to assess levels of stress and coping by collecting the demographic variables of the samples, by using Cohen perceived stress scale and Oxford Guthrie’s modified coping with drinking questionnaire and teach you regarding stress management and coping strategies. I assure you that the information obtained from you will be strictly confidential and will be used for the study purpose only. I need your whole hearted cooperation in this study and I will be grateful to you for the same.

Thanking you in anticipation,

Yours sincerely,

Ms.Malathi.T

CONSENT

I have been informed the purpose of the study and agree to participate in the same.

Date:

Place:

Signature:

LIST OF EXPERTS FOR TOOL VALIDATION

- 1] Dr. Lakshmanan,
MBBS., MD.,
Psychiatrist,
Sri Narayani Hospital and Research centre,
Thirumalaikodi, Vellore.
- 2] Dr. Ashokan,
Assitant professor,
Voorhees College,
Vellore.
- 3] Mr. Muthurathinam,
Biostatistician,
Sri Narayani College of Nursing,
Vellore.

CERTIFICATE OF ENGLISH EDITING

To whomsoever it may concern

This is to certify that, Ms. Malathi.T, II year M.Sc Nursing, has undertaken a dissertation for the partial fulfillment of M.Sc (N) degree course on **“A pre-experimental study to assess the effectiveness of psychoeducation on levels of perceived stress and coping among wives of alcoholics at Anaicut block, Vellore”**. The demographic variables and lesson plan on stress and coping among wives of alcoholics prepared by her are edited by me in English language and found to be satisfactory.

Signature

CERTIFICATE OF TAMIL EDITING

To whomsoever it may concern

This is to certify that, Ms. Malathi.T, II year M.Sc Nursing, has undertaken a dissertation for the partial fulfillment of M.Sc Nursing degree course on “**A pre-experimental study to assess the effectiveness of psychoeducation on levels of perceived stress and coping among wives of alcoholics at Anaicut block, Vellore**”. The demographic variables and lesson plan on stress and coping among wives of alcoholics prepared by her are edited by me in Tamil language and found to be satisfactory.

Signature

SECTION-A

DEMOGRAPHIC VARIABLES

1] Age in years

1.1] 21-30 years

1.2] 31-40 years

1.3] 41-50 years

1.4] 51 and above

2] Educational Status

2.1] Graduate/Post graduate

2.2] Higher secondary

2.3] High school education

2.4] Primary school education

2.5] Illiterate

3] Family monthly income

3.1] <1000

3.2] 1001-2000

3.3] 2001-3000

3.4] Above 3001

4] Type of family

4.1] Nuclear family

4.2] Joint family

4.3]Extended family

5]Family history of alcoholism

5.1]Yes

5.2]No

If yes, ----First degree relative

----Second degree relative

----Third degree relative

6]Habit of drinking for husbands

6.1]Daily

6.2]More than three times a weak

6.3]Occasionally

7]Duration of drinking of husbands

7.1]Less than two years

7.2]2-4 years

7.3]5-7years

7.4]More than 7 years

8]Complications of drinking

8.1]Yes

8.2]No

If yes,--physical

--psychological

--Social

9]History of domestic violence

9.1]Yes

9.2]No

If yes,--verbal abuse

--physical abuse

--economic abuse

--sexual abuse

SECTION-B

COHEN PERCEIVED STRESS SCALE

The following questions ask about your feelings and thoughts during past months.

S. No	Statement	Never	Almost Never	Sometimes	Fairly often	Very often
1.	How often have you been upset because of something that happened unexpectedly.					
2.	How often have you felt unable to control the important things in your life.					
3.	How often have you felt nervous or stressed.					
4.	How often have you felt confident about your ability to handle personal problems.					
5.	How often have you felt that things were going your way.					
6.	How often have you found that you could not cope with all the things you had to do					
7.	How often have you been able to control irritations in your life.					
8.	How often have you felt that you were on top of things.					

S. No	Statement	Never	Almost Never	Sometimes	Fairly often	Very often
9.	How often have you been angry because of things that happened were outside of your control.					
10.	How often have you felt that difficulties were piling up so high that you could not overcome them.					

SCORE INTERPRETATION:

- 1 to 13-Mild stress
- 14 to 19-Moderate stress
- 20 or above-Severe stress

SECTION-B

OXFORD GUTHIRE'S MODIFIED COPING WITH DRINKING QUESTIONNAIRE.

Read the items carefully and put a tick mark below.

S. No	Statements	Never	Once or twice	Sometimes	Often
1.	Refused to lend him money or to help him out financial in other ways.				
2.	Put the interest of other members of the family before him				
3.	Put yourself out of him, for example by getting him to bed or by clearing up mess after he had been drinking.				
4.	Given him money even when you thought it would be spent on drink.				
5.	Sat down together with him and talked frankly about what could be done about his drinking.				
6.	Started an argument with him about his drinking				
7.	Pleaded with him about his consumption of alcohol				

S. No	Statement	Never	Once or twice	Sometimes	Often
8.	When he was under the influence of drink, left him alone to look after himself or kept out of his way.				
9.	Made it quite clear to him that his drinking was causing you upset and that it had got to change.				
10.	Felt too frightened to do anything.				
11.	Tried to limit his drinking by making some rule about it, for example forbidding drinking in the house or stopping him bringing drinking friends home.				
12.	Pursued your own interest or got more involved in a political, church, sports or other organization.				
13.	Encouraged him to take an oath or promise not to drink.				
14.	Felt too hopeless to do anything				
15.	Avoided him as much as possible because of his drinking.				

S. No	Statement	Never	Once or twice	Sometimes	Often
16.	Got moody or emotional with him.				
17.	Watched his every move or checked up on him or kept a close eye on him.				
18.	Got on with your own things or acted as if he wasn't there.				
19.	Made it clear that you won't accept his reason for drinking.				
20.	Made threats that you didn't really mean to carry out.				
21.	Made clear to him your expectations of what he should do to contribute to the family.				
22.	Struck up for him or stood by him when others were criticizing him.				
23.	Got in a state where you didn't or couldn't make any decision.				
24.	Accepted the situation as a part of life that couldn't be changed.				
25.	Accused him of not loving you, or of letting you down.				

S. No	Statement	Never	Once or twice	Sometimes	Often
26.	Sat down with him to help him sort out the financial situation.				
27.	When things have happened as a result of his drinking, made excuses for him, or taken the blame yourself.				
28.	Searched for his drink or hidden or disposed of it yourself				
29.	Sometimes put yourself first by looking after yourself or giving yourself treats.				
30.	Tried to keep things looking normal, pretended all was well when it wasn't or hidden the extent of his drinking.				

Interpretation:

44-88—Inadequate coping

89-132—Moderate coping

133-189—Adequate coping

SECTION-A

DEMOGRAPHIC VARIABLES

1] Age in years

1.1] 21-30 years

1.2] 31-40 years

1.3] 41-50 years

1.4] 51 and above

2] Educational Status

2.1] Graduate/Post graduate

2.2] Higher secondary

2.3] High school education

2.4] Primary school education

2.5] Illiterate

3] Family monthly income

3.1]<1000 Rs

3.2]1001-2000 Rs

3.3]2001-3000 Rs

3.4] Above 3001Rs

4] Type of family

4.1] Nuclear family

4.2] Joint family

4.3] Extended family

5] Family history of alcoholism

5.1] Yes

5.2] No

If yes, ----First degree relative (parents, siblings)

----Second degree relative (grandparent)

----Third degree relative (great grandparent, uncle, nephew)

6] Husband habit of drinking

6.1] Daily

6.2] More than once a week

6.3] Occasionally

7] Husband duration of alcoholism

7.1] Less than two years

7.2] 2-4 years

7.3] 5-7 years

7.4] More than 7 years

8] Complications of drinking

8.1] Yes

8.2] No

If yes,--physical (vomiting, abdominal pain, abdomen distension, burning sensation

abdomen)

--psychological (fear, sadness, unable to take decision, loss of memory)

--Social (loss of job, killing others, firing bus, throwing objects on others)

9] History of domestic violence

9.1] Yes

9.2] No

If yes,--verbal abuse (continuous criticizing, insult)

--physical abuse (slapping, punching, kicking, injuring with blunt objects)

--economic abuse (not giving money, withholding money for meeting needs)

--sexual abuse (forced sex after beating, injuring sexual body parts)

S. No	Specific objective	Content	Teacher and learner activity	Teaching aid	Evaluation
1 min		<p>Introduction:</p> <p>Alcoholism also known as alcohol use disorder(AUD) is a broad term for any drinking of alcohol that results in problems. Alcoholism is said to exist when two or more of the following conditions is present.</p> <ul style="list-style-type: none"> ➤ A person drinks large amounts over a long time period. ➤ Has difficulty in stopping. ➤ Not fulfilling responsibility ➤ Drinking alcohol takes up a great deal of time. 			
2 min	Meaning of alcohol	<p>Meaning of alcohol:</p> <p>A colourless volatile flammable liquid which is the intoxicating constituent of urine, beer, spirits and other drinks and also used as an industrial solvent and as fuel.</p>	Meaning of alcohol	Flash cards	What is the meaning of alcohol

		<p>Chemicals released in specific brain locations after drinking produce feelings of pleasure and reward it is referred to as “pleasure centre”.</p> <p>Endorphin release in two regions of the brain, the nucleus and orbitofrontal cortex in response to drinking.</p>			
7 min	List down the causes of alcoholism	<p>Causes of alcoholism:</p> <p>Environmental factors and familial transmission are associated with alcoholism.</p> <p>➤ Environmental factors:</p> <ul style="list-style-type: none"> ✓ Inexpensive easily accessible alcohol. ✓ Attitudes <p>When a person sees other persons either involving in or gaining in some way through alcohol consumption.</p> <ul style="list-style-type: none"> ✓ Advertising <p>The alcohol industry spends close to \$ 4 billion every year promoting alcohol use. Most of these ads present drinking and overdrinking as normal and by seeing movies where their favorite person drinks</p>	List down the causes of alcoholism	Flash cards	What are the causes of alcoholism

		<p>alcohol.</p> <ul style="list-style-type: none"> ✓ To have feeling of celebration at special occasions such as weddings, birthdays and anniversaries. ✓ Wine is used as a part of some religious ceremonies. ✓ High stress levels ✓ Anxiety ✓ Unemployment ✓ In a hope to forget life's struggles and problems. ✓ Depression. ✓ Teenagers more vulnerable to peer pressure. 			
		<p>Genetic factors(familial transmission)</p> <p>Studies done by the National Institute on alcohol and abuse.</p> <p>As there is possibility of familial transmission.</p> <p>It occurs in families with a history of alcoholism.</p>			

2 min	Describe the effects of alcohol on the body.	<p>Effects of alcohol in the body:</p> <p>When you take a drink, about 20 % is absorbed in your stomach, the remaining 80% is absorbed in small intestine.</p> <p>After the alcohol is absorbed, it enters your blood stream and carried throughout your body. As alcohol acts upon body, the kidneys and lungs remove about 10% of alcohol in urine and breath which is breathalyzer test can be used to measure a persons blood alcohol level. The liver breaks down the rest of the alcohol into acetic acid.</p>	Describe the effects of alcohol on the body.	Flash cards	What are the effects of alcohol on the body.
3 min		<p>Early signs:</p> <p>The risk of alcohol dependence that is unable to control its use, even if it affects the normal functioning.</p> <p>They started to drink at low levels of drinking and increases directly with both volume of alcohol consumed and a pattern of drinking larger amounts on occasion, young adults are particularly at risk.</p>			

		<p>Long term misuse:</p> <p>Alcoholism is characterized by an physical dependence on alcohol, affecting an individuals ability to control consumption.</p> <p>Alcoholism can have effects on mental health problems like fear, unable to perform any activities, sad, loss of memory, inability to take decision, think and behaving aggressively such as beating others, scolding, throwing the objects. In this case the person feels lonely and he thinks that there is no use in living so the risk of suicide is high in this persons.</p>			
5 min		<p>Warning signs:</p> <p>Warning signs of alcoholism includes the</p> <ul style="list-style-type: none"> ✓ Consumption of increasing amounts of alcohol. ✓ Frequent physical and emotional state of dullness. ✓ Always the person thinks about drinking and not perform any other activities. ✓ Promises to quit and failure to keep them. 			

		<ul style="list-style-type: none"> ✓ Inability to remember what was said or done while drinking. ✓ Do not accept or making excuses for drinking. ✓ Refuse to stop excessive drinking. ✓ Unable to do their work ✓ The loss of interest in personal appearance or hygiene. ✓ Misunderstanding and poor communication between partners. ✓ Unable to meet the needs of the family. ✓ Poor health loss of appetite and fear. 			
5 min	Discuss the physical effects of alcohol	<p>Physical effects:</p> <ul style="list-style-type: none"> ➤ Short term effects <ul style="list-style-type: none"> • The person feels happy mood • Increased self confidence • Able to communicate with other people • Decreased fear • Unable to take decision • Dullness • Sleeping mood 	Discuss the physical effects of alcoholism	Flash cards	What are the physical effects of alcoholism

		<ul style="list-style-type: none"> • Vision is not clear • Unable to stand or walk properly • Confusion • Inability to speak properly • Walking without balance • Dizziness • Vomiting • Giddiness • Unconsciousness • Loss of memory • Coma • Increased risk of accidents <p>Long term effects:</p> <ul style="list-style-type: none"> ➤ Risk of heart diseases : <p>Symptoms includes increased pulse, dyspnoea, difficulty in breathing, edema, high blood pressure.</p> <ul style="list-style-type: none"> ➤ Nutritional deficiencies: <p>Anaemia, thiamine deficiency, malabsorption, malnutrition.</p>			
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		<ul style="list-style-type: none"> ➤ Risk of liver damage: Symptoms includes nausea, vomiting, abdominal pain, jaundice, edema. ➤ Damage to pancreas: Symptoms include epigastric pain, nausea, vomiting, abdominal distention, weight loss. <ul style="list-style-type: none"> • Seizures • Loss of memory • Sexual dysfunction • Burning sensation of the Stomach ➤ Damage to the brain: Symptoms includes inability to perform any work, drowsiness. ➤ Damage to the nervous system: Pain, burning sensations in upper and lower limbs. 			
10 min	Enlist the psychiatric, social, occupational	<p>Psychiatric problems:</p> <p>Long term misuse of alcohol can cause a wide range of mental health problems.</p> <ul style="list-style-type: none"> • Lack of concentration. 	Enlist the psychiatric, social, occupational and legal problems of alcoholism.	Flash cards	What are the psychiatric, social, occupational and legal problems of

	<p>and legal problems of alcoholism.</p>	<ul style="list-style-type: none"> • Inability to take decision or think. • Inability to understand happiness. • Fear • Sadness • Confusion • Loss of memory • Fighting, beating others, throwing objects and harm others. 			<p>alcoholism.</p>
		<p>Social effects:</p> <ul style="list-style-type: none"> ✓ Increased risk of committing criminal offences like trying to kill or harm others, destroying things, firing bus. ✓ Neglecting or not showing interest on the child, beating the child and punishing. ✓ Domestic violence like physically and emotionally harming the family members. ✓ Assault like rape. ✓ Loss of job. ✓ Difficulty to make money to meet the needs of the family. 			

		<ul style="list-style-type: none"> ✓ Isolation from family and friends. ✓ Not communicating in the family. ✓ Divorce or separated from family. 			
		<p>Occupational problems:</p> <ul style="list-style-type: none"> ✓ Frequent absence from work. ✓ Fight with colleagues. ✓ Accidents while working with heavy machines. ✓ Sleeping at work. ✓ Angry and fighting with others and harming physically or verbally. 			
		<p>Legal and financial problems:</p> <ul style="list-style-type: none"> ✓ Getting arrest due to killing others, destroying the things, firing, involved in taking or transporting other drugs like (ganja) involving in assault like rape. ✓ The amount of money spent on alcohol ✓ For a day 180 ml--90 Rs. 			

		<ul style="list-style-type: none"> ✓ For a week---630 Rs ✓ For a month---2700 Rs ✓ For a year---32400 Rs. ✓ The minimum range of 180 ml of alcohol is 90---200 Rs. ✓ As more money is spend for alcohol financial crisis occurs in the family and difficulty in meeting the needs. ✓ Money spend on admission to the hospital due to health problems like abdominal pain, vomiting, loss of appetite, accident due to drink and driving. 			
	List down the alcohol withdrawal symptoms.	<p>Alcohol withdrawal symptoms:</p> <p>If a person physically and psychologically stops to take alcohol, it should be treated properly if not it can lead to death.</p> <ul style="list-style-type: none"> • Increased fear • Seizures • Tremens 	List down the alcohol withdrawal symptoms	Flash cards	What are the alcohol withdrawal symptoms.

		<ul style="list-style-type: none"> • Person always in sad mood and lonely • Sleep disturbances • Tension • Dizziness and feeling tired. 			
		<p>Investigation of alcohol use:</p> <p>Urine and blood test. The level of alcohol in the blood can be used to test the actual use of alcohol.</p> <p>Breath analyzer test can be done to know the level of alcohol in the blood.</p>			
3 min	Enumerate the management of alcoholism.	<p>Management:</p> <ul style="list-style-type: none"> • Detoxification <p>It is the physiological or medicinal removal of toxic substances.</p> <p>Disulfiram (antabuse ---a drug which prevents to take alcohol. When a person takes alcohol while taking the tablet he feels uneasy and vomiting is produced.</p>	Enumerate the management of alcoholism	Flash cards	What are the management of alcoholism.

		<p>De-addiction centres:</p> <p>A service centre for stopping the habit of alcohol. Here the individuals will get support from other persons to stop taking alcohol.</p> <p>The de-addictions centres are:</p> <ul style="list-style-type: none"> ❖ <u>Nesam seva foundation:</u> Addiction treatment centre Plot no-18,vasantham Nagar II, Sri Saibaba temple back side, Ariyur ,ph.no-9626121416. ❖ <u>Pasam foundation addiction and alcohol rehabilitation.</u> No-650/2 IOB Nagar, Maniyampet road, sipcot Ranipet , ph.no-09965505333 ❖ <u>Carewell rehabilitation trust</u> 4/535,41st street ,phase-II, 			
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		<p>Near king mobile(court backside) Sathuvachari Ph.no-09965505333.</p> <p>❖ <u>Chennai de-addiction centre</u> Drug addiction treatment centre, No-86/2A, 14/4C 1st floor, Kannaiamman Nagar, main road, Madhuravayil, Erikarai bus stop service road, Vanagaram. Ph.no-09940004145</p> <p>❖ <u>Dr.A.J Doss hospital</u> Hospital no 116-A, Annai Indra nagar, Valasaravakkam Ph.no-9710174812</p> <p>❖ <u>Vazhikatti mental health centre and research institute.</u> Hospital 1/486/2</p>			
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		Poyampalayam pirivu road, Thirumirthy Nagar 2 nd street, Near Abirami theatre, Chennai Ph.no—04212481314.			
2 min	Describe the effects of alcoholism on family.	Effects of alcoholism on family: <ul style="list-style-type: none"> ❖ Children <ul style="list-style-type: none"> ✓ Lack of confidence. ✓ Feeling of shame ✓ Loneliness and fear ✓ Sad mood for long period of time ✓ High level of stress ✓ Frequently cry, wet their beds, fear of evil dreams ✓ Difficulty in going to school and maintaining friendship. ✓ Angry ❖ Spouse or partners <ul style="list-style-type: none"> ✓ Poor communication ✓ Increased anger and tension ✓ Reduced interest in sexual life ✓ Physical and verbal abuse towards partner. 	Describe the effects of alcoholism on family.	Flash cards	What are the effects of alcoholism on family.

5 min		<p>Coping strategies for caregivers with alcohol addict:</p> <ul style="list-style-type: none"> ❖ Educate yourself ❖ Attend family support group therapy ❖ Attend individual counseling session ❖ Maintain open communication ❖ Maintain normal family activities. ❖ Take care of yourself. <p>➤ To reduce family burden:</p> <ul style="list-style-type: none"> ❖ Get help from others. ❖ Try to solve the problems. ❖ Relaxation. ❖ Regular exercise. ❖ Adjusting with what is available. ❖ Self blame. 			
		<p>For social isolation:</p> <ul style="list-style-type: none"> ❖ Get busy with your routine activities. ❖ Know you're not alone. ❖ Boost your confidence. ❖ Identify your own interest. 			

		<ul style="list-style-type: none"> ❖ Enjoy with the person who is with you. ❖ Try not to worry. ❖ Take care of yourself. 			
		<p>For financial burden.</p> <ul style="list-style-type: none"> ❖ Stay positive. ❖ Stick to a budget. ❖ Try to face your demands and fulfill. ❖ Keep active. ❖ Get support. 			
		<p>Stress management and adaptive coping strategies:</p> <ul style="list-style-type: none"> ❖ Creating awareness: To become aware of the stress factors. ❖ Relaxation: Such as sports, jogging and physical exercise. ❖ Meditation: Practiced 20 minutes once or twice a day, by closing the eyes, concentrating on one specific thing. 			

		<ul style="list-style-type: none"> ❖ Maintaining interpersonal communication. ❖ Problem solving. ❖ Pet therapy. <p>It is an physical act of having a dog or cat, to relax the mind from tension.</p> <ul style="list-style-type: none"> ❖ Music therapy: <p>Music can reduce the stress and sadness and bring changes in mood and general activity.</p>			
		<p>Conclusion:</p> <p>Alcoholism is the greater issue which causes family burden and other health problems which must be managed properly.</p>			
		<p>Bibliography:</p> <ul style="list-style-type: none"> ➤ Mary Townsend, "Textbook of psychiatric Nursing", sixth edition, Jay pee publications. ➤ Mary and Boynd, "Textbook of psychiatric Nursing", Jay pee publications. ➤ D. Elakkuvana Bhaskara Raj , "Textbook of psychiatric Nursing", First edition, EMMESS publications. 			

		<ul style="list-style-type: none">➤ K.P. Neeraja, "Textbook of psychiatric Nursing", Volume-II, Jay pee publications.➤ Sreevani, R "A Guide to Mental health nursing", third edition, jay pee publications.➤ Stuart .W," Principles and practice of psychiatric nursing", eighth edition, jay pee publications.			
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Name of the student teacher : Malathi . T
Course : M.Sc Nursing II Year
Topic : Stress and coping among wives of alcoholics
Place : Eariputhur village, anaicut block, Vellore.
Method of teaching : Lecture cum discussion
Language : Tamil
A.V Aids : Flash cards
Duration : 45 minutes.
Guided by : Prof. Prabhu T.S, M.Sc(N).,
HOD of Mental Health Nursing,
Mrs. Revathy. N, M.Sc(N).,
Associate Professor.
Mental Health Nursing Department

PSYCHOEDUCATION

ON

STRESS AND COPING AMONG WIVES OF

ALCOHOLICS

பகுதி - அ

தகவலாரின் விவரங்கள்

1. வயது (வருடங்களில்)

- 1.1. 21லிருந்து 30வயது வரை
- 1.2. 31லிருந்து 40வயது வரை
- 1.3. 41லிருந்து 50வயது வரை
- 1.4. 51வயதிற்கு மேல்

2. கல்வி தகுதி

- 2.1. பட்டபடிப்பு அதற்கு மேல்படிப்பு
- 2.2. உயர்நிலைக் கல்வி
- 2.3. உயர்க் கல்வி
- 2.4. தொடக்க கல்வி
- 2.5. கல்வி தகுதி இல்லை

3. மாத குடும்ப வருமானம்

- 3.1. 1000த்துக்கும் கீழ்
- 3.2. 1001 லிருந்து 2000 வரை
- 3.3. 2001 லிருந்து 3000 வரை
- 3.4. 3001 க்கும் மேல்

4. எந்த வகையான குடும்பத்தை சேர்ந்தவர்கள்

4.1 தனிக் குடும்பம்

4.2 கூட்டுக் குடும்பம்

4.3 மிகப்பெரிய குடும்பம்

5. இதுவரை குடும்ப ரீதியாக யாருக்காவது குடிப்பழக்கம் உள்ளதா?

5.1 ஆம்

5.2 இல்லை

ஆம் என்றால் நெருங்கிய உறவு முறை (அப்பா, உடன் பிறந்த சகோதரர்)

இரண்டாம் நிலை உறவு முறை (தாத்தா, மாமா)

தூரத்து உறவு முறை (அத்தை கணவர், சித்தப்பா)

6. உங்கள் கணவருக்கு எப்பொழுது குடிக்கும் பழக்கம் உள்ளது

6.1 தினமும்

6.2 ஒரு வாரத்தில் மூன்று முறைக்கு மேல்

6.3 எப்பொழுதாவது

7. உங்கள் கணவருக்கு எவ்வளவு காலமாக குடிப்பழக்கம் உள்ளது?

7.1 2வருடத்திற்கு கீழ்

7.2 2லிருந்து - 4வருடங்கள் வரை

7.3 5லிருந்து -7வருடங்கள் வரை

7.4 7வருடத்திற்கு மேல்

8. குடிப்பழக்கத்தால் ஏற்பட்ட விளைவுகள்

8.1 ஆம்

8.2 இல்லை

ஆம் என்றால்

உடல் ரீதியாக (வயிற்று வலி, வயிறு எரிச்சல், வாந்தி)

மன ரீதியாக (பயம், மறதி, முடிவு எடுக்க முடியாத சூழ்நிலை)

சமூக ரீதியாக (குற்ற செயல்களில் ஈடுபடுவது)

எதுவும் இல்லை

9. வீட்டில் வன்முறை சம்பவம் ஏதேனும் நடந்துள்ளதா?

9.1 ஆம்

9.2 இல்லை

ஆம் என்றால்

சொற்களால் (மிகவும் தாழ்வாக பேசுவது)

உடல் ரீதியாக (அடிப்பது, உதைப்பது, கூர்மையான

பொருட்களால் அடிப்பது)

பொருளாதார ரீதியாக (பணம் கொடுக்க மறுப்பது)

பாலியல் ரீதியாக (துன்புறுத்தி உறவு கொள்வது)

பகுதி - ஆ

மனதால் உணரப்படும் மன அழுத்தத்தின் அளவு

கடந்த மாதங்களில்

கேள்விகள்	இல்லை	எப்பொழுதும் இல்லை	எப்பொழுது தாவது	அடிக்கடி	மிகவும் அடிக்கடி
நீங்கள் எதிர்பாராத விதமாக நடந்த ஏதோ ஒரு சம்பவத்திற்கு அடிக்கடி வருத்தப்பட்டுள்ளீர்களா?					
உங்கள் வாழ்க்கையில் முக்கியமான விஷயங்களை கட்டுப்படுத்த முடியவில்லை என்று உணர்ந்துள்ளீர்களா?					
நீங்கள் அடிக்கடி பதட்டப்பட்டுள்ளீர்களா?					
நீங்கள் அடிக்கடி உங்கள் தனிப்பட்ட பிரச்சனைகளை கையாள உங்களிடம் திறமை உள்ளது என்று நம்பிக்கை கொண்டுள்ளீர்களா?					
நீங்கள் அடிக்கடி எல்லாம் விஷயங்களும் உங்கள்					

வழியில் செல்வதாக உணர்ந்துள்ளீர்களா?					
நீங்கள் அடிக்கடி உங்கள் வாழ்க்கையில் நடக்கும் விஷயங்களை கட்டுப்படுத்த முடியாமல் எரிச்சல் அடைந்துள்ளீர்களா?					
உங்கள் வாழ்க்கையில் நடக்கும் விஷயங்களை உங்கள் கட்டுப்பாட்டை மீறி நடப்பதாக அடிக்கடி கோபப்பட்டுள்ளீர்களா?					
உங்கள் வாழ்க்கையில் சிரமங்கள் அதிகமாக குவித்து வைக்கப்பட்டதாகவும் அதை கடக்க இயலவில்லை என்றும் அடிக்கடி உணர்ந்துள்ளீர்களா ?					

மன அழுத்தின் அளவு :-

1-13 லோசான மன அழுத்தம்

14-19 மிதமான மன அழுத்தம்

20 (அ) கடுமையான மன அழுத்தம்

பகுதி - இ

குடிப்பழக்கத்தை சமாளிக்கும் கேள்விகள்

கேள்விகள்	இல்லை	ஒருமுறை அல்லது இருமுறை	சில நேரங்களில்	அடிக்கடி
குடிப்பதற்கு பணம் கொடுக்க மறுத்து உள்ளீர்களா? அல்லது வேறு வழிகளில் பணம் கொடுக்க உதவி செய்வீர்களா?				
மற்ற குடும்ப உறுப்பினர்களின் ஆர்வத்தை அவர் முன் வைத்துள்ளீர்களா?				
உங்களை அவருக்காக மாற்றிகொண்டு உள்ளீர்களா, அதாவது குடித்த பிறகு அவரை படுக்க வைப்பது அல்லது குடித்த இடத்தை சுத்தப்படுத்துவது?				
குடிப்பதற்கு என தெரிந்தும் நீங்கள் பணம் கொடுத்து உள்ளீர்களா?				
அவருடன் அமர்ந்து				

<p>குடிப்பழக்கத்தை நிறுத்துவது பற்றி வெளிப்படையாக பேசியது உண்டா?</p>				
<p>குடிப்பழக்கத்திற்காக நீங்கள் சண்டை போட தொடங்கி உள்ளீர்களா?</p>				
<p>அவரது குடிப்பழக்கத்தை ஒப்புக்கொண்டது உண்டா?</p>				
<p>அவர் குடிப்போதையில் உள்ள பொழுது அவரது வேலையை தானே செய்ய வைத்து உள்ளீர்களா?</p>				
<p>அவரது குடிப்பழக்கம் உங்களுக்கு மனவருத்தம் தருவதாகவும், அதனைமாற்ற வேண்டும் என்று தெளிவாக சொன்னது உண்டா?</p>				
<p>ஏதாவது ஒன்று செய்ய நீங்கள் மிகவும் பயந்து உள்ளீர்களா?</p>				
<p>அவரது குடிப்பழக்கத்தை குறைப்பதற்கு நீங்கள் ஏதாவது முயற்சி செய்துள்ளீர்களா (அதாவது வீட்டில் குடிப்பததை தடுப்பது மற்றும் அவரது</p>				

குடிப்பழக்க நண்பர்களை வீட்டில் அனுமதிக்காமல் இருப்பது)				
நீங்கள் உங்கள் ஆர்வத்தை வேறு வழியில் செலுத்தியுள்ளீர்களா? (அதாவது வேலை, கோயில், விளையாட்டில் ஆர்வம் காட்டுவது)				
குடிப்பழக்கத்தை நிறுத்த அவரிடம் உறுதிமொழி பெற ஊக்கப்படுத்திள்ளீர்களா?				
எதுவும் செய்ய மிகவும் நம்பிக்கையற்றதாக உணர்ந்துள்ளீர்களா?				
குடிப்பழக்கத்தினால் முடிந்தவரை அவரை தவிர்த்தது உண்டா?				
அவரிடம் உணர்ச்சி வசப்பட்டது உண்டா?				
அவரது ஒவ்வொரு நடவடிக்கையும் கண்காணித்து உண்டா?				
உங்கள் சொந்த விஷயங்கள் மீது கவனம் செலுத்துவது உண்டா? அல்லது அவர் அங்கு இல்லாதது				

போல நடித்துள்ளீர்களா?				
அவர் குடிப்பதற்கான காரணத்தை ஏற்க முடியாது என்று தெளிவாக சொன்னது உண்டா?				
நீங்கள் தற்கொலை செய்து கொள்ள போவதாக அவரை மிரட்டி உள்ளீர்களா?				
அவரின் குடும்ப பங்களிப்பு மற்றும் உங்களின் எதிர்பார்ப்புகளை தெளிவாக சொன்னது உண்டா?				
மற்றவர்கள் அவரை குறை சொன்ன பொழுது நீங்கள் அவருக்காக ஆதரித்தது உண்டா?				
முடிவு எடுக்க முடியாத சூழ்நிலையில் இருந்துள்ளீர்களா?				
வாழ்க்கையில் இது மாற்ற முடியாத நிலைமை என்று ஏற்றுக்கொண்டீர்களா?				
அவர் உங்களிடம் அன்பாக இல்லை என்று குறை சொன்னது உண்டா?				

பணப்பிரச்சனையை தீர்ப்பதற்கு அவரோடு சேர்ந்து ஆலோசித்தது உண்டா?				
குடிப்பழக்கத்தினால் ஏற்பட்ட ஏதாவது ஒரு சம்பவத்திற்கு நீங்கள் பொறுப்பு ஏற்று உள்ளீர்களா?				
அவர் குடிப்பதை மறைத்து வைத்தது உண்டா அல்லது எடுத்து வெளியே எரிந்தது உண்டா?				
எப்பொழுதாவது உங்கள் தேவைகளை முதலில் கவனித்தது உண்டா?				
அவர் குடித்தாலும் குடும்பத்தில் எந்த கஷ்டங்களும் இல்லாத மாதிரி காண்பித்தது உண்டா?				

குடிக்கு ஆட்பட்டவரின்

மனைவியின் மன

அழுத்தம் மற்றும் அதனை சமாளிக்கும்

வழிமுறைகள்

குறிப்பிட்ட நோக்கம் :-

- ❖ மது என்றால் என்ன?
- ❖ குடிப்பழக்கத்திற்கு காரணங்களை வரிசைப்படுத்தவும்.
- ❖ மதுப்பழக்கத்தினால் உடலில் ஏற்படும் விளைவுகள் விவரி.
- ❖ உடல் ரீதியான பாதிப்புகளை விவாதி
- ❖ உளவியல், சமூகரீதியான, பொருளாதார பிரச்சனைகளை வரிசைப்படுத்தவும்.
- ❖ மதுபழக்கத்தை நிறுத்துவதால் ஏற்படும் பிரச்சனைகளை வரிசைப்படுத்துக.
- ❖ சிகிச்சை வழிமுறைகள் மற்றும் போதை மறுவாழ்வு மையம் குறித்து விவரி.
- ❖ மது அருந்துவதால் குடும்பத்தில் ஏற்படும் விளைவுகள்.

முன்னுரை

குடிப்பழக்கம் மது பயன்பாடு கோளாறு
என்றும்
அழைக்கப்படும் இது குடிப்பழக்கத்தின்
விளைவாக ஏற்படும் பிரச்சினைகள்,
குடிப்பழக்கம் கீழ்க்கண்டுள்ள இரண்டிற்கும்
மேற்பட்ட காரணத்தினால் அவ்வாறு
அழைக்கப்படும்.

- ஒரு நபர் நீண்ட காலமான அளவுக்கு
அதிகமாக குடிப்பது
- குடிப்பழக்கத்தை நிறுத்த சிரமப்படுவது
- குடிப்பது கடுமையாக பிடித்து இருப்பது.

	<p>மது என்றால் என்ன?</p>	<ul style="list-style-type: none"> ❖ குடும்ப பொறுப்புகளை சரிவர கவனிக்காமல் இருப்பது ❖ குடிப்பதற்கு அதிகம் நேரம் செலவு செய்வது <p><u>மது என்றால் என்ன?</u></p> <ul style="list-style-type: none"> ❖ மது ஒரு நிறமற்ற எளிதில் ஏரியக்கூடிய ஆவியாகிற ஒரு போதை பொருள் ❖ மதுவால் வெளியேறும் ரசாயனங்கள் மூளையின் குறிப்பிட்ட பகுதிகளில் ஒரு இன்ப உணர்ச்சியை ஏற்படுத்தும். அது இன்ப உணர்ச்சி ஏற்படுத்தும். 	<p>மது என்றால் என்ன?</p>		<p>மது என்றால் என்ன?</p>	
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	<p>குடிப் பழக்கத்திற்கு காரணங்களை வரிசைப் படுத்தவும்</p>	<p>பகுதி என்று அழைக்கப்படும் “என்டார்வின்” மூளையில் இரண்டு பகுதிகளில் வெளியேறும் குடிப்பழக்கத்திற்கான காரணங்கள் குடிப்பழக்கம் சுற்றுச்சூழல் மற்றும் பரம்பரையாக வரகூடிய பழக்கம். சுற்றுச்சூழல் காரணங்கள்: மிகவும் எளிதாக கிடைப்பதில்லை மற்ற நபர்களை பார்த்து தானும் குடிக்கவேண்டும் என்ற எண்ணம். விளம்பரங்கள் மூலமாக குடிக்கும் எண்ணம்.</p>	<p>குடிப் பழக்கத்திற்கு காரணங்களை வரிசைப் படுத்தவும்</p>		<p>குடிப் பழக்கத்திற்கு காரணங்களை வரிசைப் படுத்தவும்</p>	
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மது தயாரிக்கும் தொழிற்சாலை அதன் விளம்பரத்திற்காக ஒரு வருடத்திற்கு நான்கு பில்லியன் செலவு செய்கின்றது. அதன் விளம்பரங்கள் குடிப்பதும், அளவுக்கு அதிகமாக குடிப்பது சாதாரண விஷயங்கள் என்று காண்பித்து, திரைப்படகலைஞர்கள் மது அருந்துவது போல காண்பிப்பதும் மற்றவரை குடிக்க தூண்டும்.

திருமணம் மற்றும் பிறந்தநாள் விழாக்களில் குடிப்பது

அதிக மன அழுத்தம்

பயம்

❖ வேலையின்மை

❖ வாழ்க்கையின் சிரமங்கள் மற்றும்
பிரச்சனைகளை மறப்பதற்கு

❖ தன் நண்பர்களின் தூண்டுதலால்
குடிப்பது

குடும்பம் மற்றும் பரம்பரையாக வரும்
காரணங்கள்

தேசிய அளிவினால் ஆனா மது மற்றும்
மதுவுக்கு அடிமை நிறுவனத்தின்
ஆராய்ச்சியில் மதுபழக்கம் பரம்பரையாக
வருவதாக கண்டுபிடிக்கப்பட்டுள்ளது.

குடும்ப ரீதியாக மதுப்பழக்கம்
உள்ளவர்களிடம் இது கண்டுபிடிக்கப்பட்டது.

	<p>மதுப்பழக்க த்தினால் உடலில் ஏற்படும் விளைவுகள் விவரி</p>	<p>மதுப்பழக்கத்தினால் உடலில் ஏற்படும் விளைவுகள்:</p> <p>மதுகுடிப்பதால் அது இருபது சதவீதம் வயிறு பகுதியில் உட்கொள்ளப்படுகிறது மற்றும் 80 சதவீதம் சிறு குடல் மூலமாக உட்கொள்ளப்படுகிறது.</p> <p>மது உட்கொள்ளப்பட்ட பிறகு அது இரத்த ஒட்டத்தில் கலந்து உடல் முழுவதும் பரவுகின்றது பிறகு சிறுநீரகம் மற்றும் நுரையீரல் மூலமாக 10 சதவீதம் சிறுநீர் மற்றும் மூச்சு வழியாக வெளியேறுகின்றது.</p>	<p>மதுப்பழக்க த்தினால் உடலில் ஏற்படும் விளைவுகள் விவரி</p>		<p>மதுப்பழக்க த்தினால் உடலில் ஏற்படும் விளைவுகள் விவரி</p>	
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கல்லீரல் அமிலமாக மதுவை முறிக்கின்றது

**மதுவிற்கு அடிமையான ஆரம்ப நிலை
அடையாளங்கள்:-**

மதுவிற்கு அடிமையாவது ஆபத்தான ஒன்று,
அது ஒருவரின் சாதாரணசெயல்பாட்டை
பாதிப்படையசெய்யும்.

ஒருவர் மிக சிறிய அளவில் குடிக்க
ஆரம்பித்து பிறகு மது அருந்தும் அளவை
அதிகப்படுத்துவார்கள். எப்பொழுதாவது
குடிப்பவர் அதிக அளவு மது அருந்தும்
பொழுது முக்கியமாக இளைஞர்கள் அதிக
பாதிப்புக்கு ஆளாகின்றனர்.

நீண்ட காலமாக மது அருந்துபவர்

மதுப்பழக்கம் உள்ளவர்கள் நீண்ட காலமாக பயன்படுத்தும்பொழுது மது அருந்தும் பழக்கத்தை கட்டுப்படுத்த முடியாது.

மதுப்பழக்கம் உள்ளவர்கள் மனரீதியான, பிரச்சனைகளுக்கு ஆளாகின்றன அவை பயம், எந்த வேலையிலும் கவனம் செலுத்த முடியாமல் இருப்பது, வருத்தம், மறதி, முடிவு எடுக்க முடியாத சூழ்நிலை.

மற்றவர்களை அடிப்பது, திட்டுவது,
பொருள்களை தூக்கி எறிவது, தனிமையாக
இருப்பது, வாழ்வதற்கு எந்த அர்த்தமும்
இல்லை என்று நினைப்பது, தற்கொலை
செய்து கொள்ளும் எண்ணம் ஏற்படும்.

எச்சரிக்கை அறிகுறிகள்:-

மதுப்பழக்கத்தின் எச்சரிக்கை அறிகுறிகள்:-

அளவுக்கு அதிகமாக மது அருந்துவது.

அடிக்கடி உடல் ரீதியாகவும், மனரீதியாகவும்
சோர்வு அடைவது.

எப்பொழுதும் மது அருந்துவது பற்றிய
எண்ணம், மற்ற செயல்களில் ஈடுபாடு
இல்லாத இருப்பது.

மதுப்பழக்கத்தை விடுவதாக பொய்யான
வாக்குறிதிகளை கொடுப்பது.

குடிக்கும் பொழுது பேசியதை மறைப்பது

மதுப்பழக்கத்திற்கான காரணங்களை
கூறுவது.

அளவுக்கு அதிகமாக குடிப்பதை நிறுத்த
மறுப்பது

அவரின் வேலைகளை செய்வதில் இயலாமை

		<p>ஒருவர் சுகாதாரத்தில் கவனம் இல்லாமல் இருப்பது.</p> <p>தவறான புரிதல் மற்றும் உடன் இருப்பவரிடம் பேசாமல் இருப்பது.</p> <p>குடும்பத்தின் தேவைகளை பூர்த்தி செய்ய இயலாமை</p> <p>உடல் நிலைகுறைபாடு பசியின்மை. பயம்</p> <p>உடல் ரீதியான பாதிப்புகள்:-</p> <p>குறுகிய கால விளைவுகள்</p> <p>சந்தோஷமான மனநிலை</p> <p>அதிகபடியான தன்னம்பிக்கை</p>				
	<p>உடல் ரீதியான பாதிப்புகளை விவாதி</p>		<p>உடல் ரீதியான பாதிப்புகளை விவாதி</p>	<p>ஃபிளான் அட்டை</p>	<p>உடல் ரீதியான பாதிப்புகளை விவாதி</p>	

○ மற்ற நபர்களுடன் பேசுவது

○ சிறிய பயம்

○ முடிவு எடுக்க முடியாத

சூழ்நிலை

○ சோர்வு

○ தூக்கம்

○ பார்வை கோளாறுகள்

○ தள்ளாடும் நடை

○ குழப்பம்

○ உளறல் பேச்சு

○ மயக்கம்

○ வாந்தி

- மயக்கம்
- சுயநினைவு இல்லாமல் இருப்பது
- அதிகப்படியான விபத்து

நீண்ட கால பாதிப்புகள்

- அதிகரித்துள்ள இதய துடிப்பு
- மூச்சு திணறல்
- உடலில் வீக்கம்
- உயர் இரத்த அழுத்தம்
- ஊட்டச்சத்து குறைபாடு
- இரத்த சோகை
- தயாமின் குறைபாடு

- வன்முறை மற்றும் விபத்து ஒரு

வருடத்தில் 3.3 மில்லியன் உயிரிழப்பு
நடைபெறுகின்றது (அதில் 5.9மூ
சதவீதம் மரணம் குடிப்பழக்கத்தால்)

- கல்லீரல் பாதிப்புகள் வாந்தி,
பசியின்மை, எடை குறைவு, குமட்டல்,
வயிற்றுவலி, மஞ்சள் காமாலை, வீக்கம்.
- கணையம் பாதிப்புகள் இரைப்பை
மேற்பகுதி வலி, குமட்டல், வாந்தி, எடை
குறைவு
- வலிப்பு

	<p>மனரீதியான சமூக ரிதியான பொருளாதார பிரச்சனை வரிசைப் படுத்தவும்</p>	<p>முறதி பாலியல் குறைபாடு வயிற்று எரிச்சல் மூளை குறைபாடுகள் எந்த வேலையும் செய்ய இயலாமை மயக்கம், நரம்பு மண்டலத்தில் பாதிப்பு, வலி, கை மற்றும் கால்களில் எரிச்சல் உணர்வு.</p> <p>மனரீதியான பிரச்சனைகள்</p> <p>நீண்டகாலமாக மது அருந்தும் பழக்கம் உடையவர்கள் உளவியல் ரீதியான பிரச்சனைகளுக்கு ஆளாகின்றனர்</p>	<p>மனரீதியான சமூக ரிதியான பொருளாதார பிரச்சனை வரிசைப் படுத்தவும்</p>	<p>ஃபிளான் அட்டை</p>	<p>மனரீதியான சமூக ரிதியான பொருளாதார பிரச்சனை வரிசைப் படுத்தவும்</p>	
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வேலைகளில் கவனம்யின்மை
எந்த ஒரு விஷயத்திலும் முடிவு எடுக்
முடியாத சூழ்நிலை.
சந்தோஷ மனநிலைமை புரிந்து கொள்ள
முடியாத இயலாமை

- பயம்
- வருத்தம்
- குழப்பம்
- ஞாபகமறதி
- மற்றவர்களை அடிப்பது,
சண்டையிடுவது, பொருள்களை
மேலே எரிவது.

சமூக ரீதியான பாதிப்புகள்:-

- குற்றவியல் குற்றங்கள் செய்வது (கொலை, கொள்ளை) மற்றவர்களை துன்புறுத்துவது, மற்ற பொருள்களை அழிப்பது, பேருந்து ளரிப்பது.
- குழந்தைகளுக்கு தண்டனை கொடுப்பது அல்லது அலட்சியப்படுத்துவது
- வீட்டில் வன்முறை சம்பவங்கள் நடைபெறுவது (மனைவியை அடிப்பது, கடும் சொற்களால் திட்டுவது, பாலியல் ரீதியாக, தொந்தரவு கொடுப்பது).
- வேலையின்மை
- பொருளாதார சிக்கல்களை தீர்ப்பதற்கு சிரமப்படுவது.

சமூக ரீதியான பாதிப்புகள்:-

- குற்றவியல் குற்றங்கள் செய்வது (கொலை, கொள்ளை) மற்றவர்களை துன்புறுத்துவது, மற்ற பொருள்களை அழிப்பது, பேருந்து ளரிப்பது.
- குழந்தைகளுக்கு தண்டனை கொடுப்பது அல்லது அலட்சியப்படுத்துவது
- வீட்டில் வன்முறை சம்பவங்கள் நடைபெறுவது (மனைவியை அடிப்பது, கடும் சொற்களால் திட்டுவது, பாலியல் ரீதியாக, தொந்தரவு கொடுப்பது).
- வேலையின்மை
- பொருளாதார சிக்கல்களை தீர்ப்பதற்கு சிரமபடுவது.

		<ul style="list-style-type: none">○ யாருடனும் பேசாமல் இருப்பது.○ விவாகரத்து தொழில் ரீதியான பிரச்சனைகள்:○ வேலைக்கு அடிக்கடி செல்லாமல் இருப்பது○ மற்றவர்களிடம் சண்டை போடுவது○ விபத்து○ வேலை நேரத்தில் தூங்குவது				
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- கோபம்
- மனோதீயாக சொற்காளால் திட்டுவது.

சட்டம் மற்றும் நீதி வழியாக வரும்
பிரச்சனைகள்.

சண்டையிடுவது, மற்றவர் பொருள்களை
உடைப்பது, குற்றம் செய்த காரணத்தால்
கைதி ஆகுவது.

மது அருந்துவதால் ஒரு நாளைக்கு ஆகும்
செலவுகள்.

- ஒரு நாளைக்கு 180மிலி - 90ரூபாய்.
- ஒரு வாரத்திற்கு 630ரூபாய்.
- ஒரு மாதத்திற்கு 2700ரூபாய்.

- ஒரு வருடத்திற்கு 32,400 ரூபாய் ஒரு மது பாட்டிலின் விலை 90 ரூபாய் முதல் 200 ரூபாய் வரை மாறுபடும்
- உடல் நலக்கோளாறுகளால் மருத்துவமனையில் அனுமதி பெற்று சிகிச்சை பெற பணம் செலவு செய்வது.
- வயிற்றுவலி
- வாந்தி
- பசியின்மை
- விபத்து

ஆகிய பிரச்சனைகள் மதுபழக்கத்தால் ஏற்படும்.

	<p>மதுபழக்கத்தை நிறுத்துவதால் ஏற்படும் பிரச்சனைகள் வரிசைப்படுத்துக</p>	<p>மதுபழக்கத்தை நிறுத்துவதால் ஏற்படும் பிரச்சனைகள்:-</p> <p>ஒரு நபர் உடல்நீதியாகவும், மனநீதியாகவும், மது அருந்துவதை நிறுத்துவதால், சிகிச்சை ஒழுங்காக எடுக்கவில்லை, என்றால் அது அவரை மரணம் வரை கொண்டு செல்லும்.</p> <ul style="list-style-type: none"> ○ அதிகப்படியான பயம், ○ வலிப்பு ○ வருத்தம், தனிமை ○ தூக்கமின்மை ○ பதற்றம் 	<p>மதுபழக்கத்தை நிறுத்துவதால் ஏற்படும் பிரச்சனைகள் வரிசைப்படுத்துக</p>	<p>ஃபிளான் அட்டை</p>	<p>மதுபழக்கத்தை நிறுத்துவதால் ஏற்படும் பிரச்சனைகள் வரிசைப்படுத்துக</p>	
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	<p>சிகிச்சை வழிமுறைகள் மற்றும் போதை மறுவாழ்வு மையம் குறித்து விவரி</p>	<p>○ மயக்கம், சோர்வாக காண்பது</p> <p>சிகிச்சை வழிமுறைகள்</p> <p>நச்சுத்தன்மை அகற்றுதல்:-</p> <p>○மது அருந்துவது நிறுத்த மருந்துகள் மூலம் சிகிச்சை அளிக்கப்படுகின்றது</p> <p>○ டைசல்பியூரம் (அன்டப்யூசைப்) என்ற மருந்து மது அருந்தாமல் இருப்பதற்கு உதவி செய்யும்.</p> <p>○ இந்த மருந்து உட்கொள்ளும் பொழுது மது அருந்தினால் வாந்தி மற்றும் உடல் நல குறைவு ஏற்படும்.</p>	<p>சிகிச்சை வழிமுறைகள் மற்றும் போதை மறுவாழ்வு மையம் குறித்து விவரி</p>	<p>ஃபிளான் அட்டை</p>	<p>சிகிச்சை வழிமுறைகள் மற்றும் போதை மறுவாழ்வு மையம் குறித்து விவரி</p>	
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போதை மறுவாழ்வு மையம்:-

- மது அருந்துவதை தடுப்பதற்கான சேவை மையம்

இங்கு குடிப்பழக்கம் உள்ளவர்கள் மற்றவரின் ஆலோசனை மற்றும் உதவியால் அப்பழகத்தில் இருந்து வெளியேற முடியும்.

போதை மறுவாழ்வு மையங்கள் நேசம் சேவா மையம்

போதை பழக்கத்திற்கு அடிமையானவர்களின் சிகிச்சை மையம்.

எண் 18. வசந்தம் நகர், II
ஸ்ரீ சாய்பாபா கோவில் பின்புறம்,
அரியூர், செல் : 962 612 1416

2. பாசம் போதை மறுவாழ்வு மையம்
மற்றும் மது புனர்வாழ்வு மையம்:-
650/2, ஐஓபி நகர்,
மணியம்பட்டி, தெரு, சாலை, சிப்காட்,
ராணிப்பேட்டை,
போன் நம்பர் : 04172 245524

3. கேர்வல் புனர்வாழ்வு மையம்
4/535,41 ஆம் தெரு, பேஸ் -2,
கிங் மொபைல் அருகில், (நீதிமன்றம்
பின்புறம்,) சத்துவாச்சாரி, வேலூர்-9.
போன் நம்பர் : 996 550 5333

4. சென்னை போதை மறுவாழ்வு மையம்
போதை மருந்து மறுவாழ்வு மையம்,
86/2ஏ, 14/14சி,

முதல் தளம், கண்ணை அம்மன் நகர்,
முதன்மைசாலை, மதுரைவாயல்,ஏரிக்கரை,
பஸ் ஸ்டாப்,சேவை சாலை, வானகரம்,
போன் நம்பர் - 099 40004145

5. டாக்டர் ஏ.ஜே. தாஸ் மருத்துவமனை
மருத்துவமனை நம்பர் 116, ஏ
அன்னை இந்திரா நகர்,
வலசரவாக்கம்,
போன் நம்பர் 971 017 4812

	<p>மது அருந்துவதால் குடும்பத்தில் ஏற்படும் விளைவுகள்</p>	<p>6. வழிகாட்டி மனநலம் சேவை மற்றும் வழிகாட்டி நிறுவனம். மருத்துவமனை, 1/486/2, போயம்பாளையம் பிரிவு சாலை, திருமர்தி நகர், அருகில், சென்னை</p> <p>போன் நம்பர் 041212481314</p> <p>மது அருந்துவதால் குடும்பத்தில் ஏற்படும் விளைவுகள் :</p> <p>குழந்தைகள் நம்பிக்கையற்ற தன்மை அவமானம் அடைவது தனிமை மற்றும் பயம்</p>	<p>மது அருந்துவதால் குடும்பத்தில் ஏற்படும் விளைவுகள்</p>	<p>ஃபிளான் அட்டை</p>	<p>மது அருந்துவதால் குடும்பத்தில் ஏற்படும் விளைவுகள்</p>	
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- நீண்ட நேரமாக வருத்ததுடன் இருப்பது.
- அதிகமான மன அழுத்தம்
- அடிக்கடி அழுவது, படுக்கையில் சிறுநீர் கழிப்பது
- தீய கனவுகளை கண்டு அச்சம் அடைவது.
- பள்ளிக்கு செல்வதில் சிரமம்
- நண்பர்கள் மற்றும் நட்பு பரமரிப்பாமல் இருப்பது
- கோபம்

மனைவி

- பேசாமல் இருப்பது

		<p>அதிகமான கோபம் மற்றும் பதற்றம்</p> <p>உடல் ரீதியாக மற்றும் சொற்களால் துன்புறுத்துவது.</p> <p>மதுவுக்கு அடிமையானவரின் மனைவியின் மன அழுத்தம் மற்றும் அதனை சமாளிக்கும் உத்திகள்:-</p> <p>குடும்ப ஆதரவு மற்றும் குழு சிகிச்சை பெறுவது</p> <p>தனிப்பட்ட முறையில் ஆலோசனை பெறுவது</p> <p>எல்லோருடன் மனம்விட்டு பேசுவது</p>				
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		<ul style="list-style-type: none">○ குடும்ப நடவடிக்கைகளை பின்பற்றுவது.○ உங்களை பாதுகாத்து கொள்வது. <p>குடும்ப சமையை குறைப்பது</p> <ul style="list-style-type: none">○ மற்றவர்களிடம் உதவி பெறுவது.○ பிரச்சனைகளை தீர்ப்பதற்கு முயற்சி செய்ய வேண்டும்.○ தளர்வு சிகிச்சை○ தினமும் உடற்பயிற்சி○ இருப்பதை வைத்து வாழ்வது.				
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தனிமையை குறைக்கும் வழிமுறைகள்:-

- உங்களின் தினசரி செயல்களை கவனிப்பது.
- நீங்கள் தனியாக இல்லை என்று தெரிந்து கொள்வது.
- நம்பிக்கையை உயர்த்தி கொள்வது.
- உங்களின் சொந்த ஆர்வங்களை அடையாளம் காண வேண்டும்.
- நீங்கள் இருப்பவருடன் மகிச்சியாக இருப்பது
- கவலைப்படாதீர்கள்.

பொருளாதார சமைகளை குறைப்பது.

நற்சித்தனையுடன் இருப்பது

வரவு செலவு திட்டத்துடன் இருப்பது.

உங்கள் தேவைகளை மற்றும்

கோரிக்கைகளை பூர்த்தி செய்ய முயற்சி

செய்ய வேண்டும்.

உங்களை செயல்பாட்டில்

வைத்துக்கொள்ளுங்கள்.

மற்றவரின் ஆதரவை பெறவேண்டும்.

பொதுவான உத்திகள் :-

விழிப்புணர்வுடன் இருப்பது

		<p>உடற்பயிற்சி, விளையாட்டு போன்ற தளர்வு சிகிச்சைகளில் ஈடுபடுவது.</p> <p>தினமும் ஒன்று அல்லது இரண்டு முறை தியானம் செய்ய வேண்டும்.</p> <p>மற்றவருடன் மனம்விட்டு பேசுவது</p> <p>பிரச்சனைகளை தீர்ப்பதற்கு முயற்சி செய்ய வேண்டும்.</p> <p>பிடித்த பிராணிகளை வளர்ப்பது இசைப்பயிற்சி</p> <p>மன அழுத்தம், வருத்தம் ஆகியவை குறைக்கப்படும்.</p>				
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முடிவுரை :-

மதுவிற்கு அடிமையானவர்களை
முறையான சிகிச்சை மற்றும் ஆலோசனை
மூலம் சரியான நேரத்தில் கவனிக்க
வேண்டும். இதனால் குடும்ப
பிரச்சனைகள் மற்றும் உடல் நலக்
குறைவால் பாதிக்காமல் இருக்க முடியும்.

விவரத் தொகுப்பு:

மோரி டவுன்சேன், "உளவியல் பாடநூல்,
ஆறாவது பதிப்பு, ஜேபி வெளியீடு.

மேரி பாயன்ட், "உளவியல் பாடநூல் , ஜேபி
வெளியீடு.

டி.இலக்குவன பாஸ்கார ராஜ், உளவியல்
பாடநூல், முதல் பதிப்பு,
இ எம் எம் வெளியீடு

கே.பி நிரஜா, உளவியல் பாடநூல் பாகம்
இரண்டு ஜே பி வெளியீடு.