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**The Impact of Chosen Psychological Variables on Backslide among
Recuperating Alcoholics in Rehabilitation Centers in Australia**

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Abstract

Purpose: The purpose of this study was to find out the impact of chosen psychological factors to backslide among recovering alcoholics of Australian rehabilitation centers.

Methodology: The study adopted a desktop methodology. Desk research refers to secondary data or that which can be collected without fieldwork. Desk research is basically involved in collecting data from existing resources hence it is often considered a low-cost technique as compared to field research, as the main cost is involved in executive's time, telephone charges and directories. Thus, the study relied on already published studies, reports and statistics. This secondary data was easily accessed through the online journals and library.

Results: The results revealed that there exist conceptual and contextual gaps relating to the study on psychological factors to backslide among recovering alcoholics of Australian rehabilitation centers. Preliminary empirical review reveals that the chosen psychological factor that mostly contributed to backslide was dwelling on resentment that causes anger due to unresolved conflict.

Unique Contribution to Theory, Practice and Policy: Psychoanalytic theory and social learning theory may be used to categorize the key work design factors which may relate to stress-related health issues. The results of this research will form the basis for further research to aid psychologists and counsellors to understand their critical role in the alcohol treatment and rehabilitation and make them more effective in the execution of their duties.

Keywords: *Psychological Variables, Recuperating Alcoholics, Rehabilitation Centers, Alcoholism, Social Factor.*

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INTRODUCTION

Alcoholism is a disease characterized by the repetitive and compulsive ingestion of alcohol in such a way as to result in interference with some aspect of the interpersonal relationships or other required societal adaptations. In this study backslide refers to going back to drinking after treatment for alcoholism in a rehabilitation center. Globally, the UNODC (2018) estimates that between 155 and 250 million people globally (3.5% - 5.7% of the population aged 15-64) used illicit substances. According to the United Nations Office of Drug Abuse and Crime (UNODC, 2015), drug abuse is on the increase and causes adverse social, health and economic implications. In 2012 alcohol consumption led to about 3.3 million or 5.9 percent of global deaths. NHS (2019), reports that alcohol abuse is a major global threat with serious consequences on people's security, economic status, health and cultural welfare. In many parts of the world backslide rates in addiction are still very high and addictions have continued to plague many drug users. For instance, the National Survey on Drug Use and Health (NSDUH, 2016) gives backslide rates at 50% 90% in America. Alcohol use has serious health and social effects making its prevention and control a public health priority. According to WHO (2022, 2015), alcohol causes 1.8 million deaths (3.2% of total) one third (600,000) of which result from unintentional injuries. It also causes a loss of which 40% are due to neuropsychiatric conditions.

Marlatt, Parks and Witkiewitz, (2022) explains that backslide to alcohol addiction is dependent on many factors, some are found within the individual and others found within the social milieu in which the individual lives. Treatment of addictive disorders in the recent years has focused on backslide prevention as an important component in recovery from such addictions. A supportive family is considered the strongest source of identity and social support among all contextual relationships (Beattie, 2021) and hence associated with better prognosis and successful reduction of drug use during treatment. Copello, Velleman and Templeton (2015) argue that the family plays an important role on alcohol abstinence maintenance or backslide and propose that to achieve effectiveness in alcohol treatment the alcoholics' family should be involved.

According to Pierce, Frone, Russell, Cooper and Mudar (2020) substance abuse and alcoholism are seen as symptoms of a dysfunctional family system, and hence the family is considered as part of the solution to the backslide problem without which the individual would not backslide. Saatcioglu, Erim and Cakmak (2016) explain that there is strong evidence to support the effectiveness of family interventions in treatment of alcoholism, which demonstrates that family therapy for alcoholics is effective in improving overall family relationships and functioning, and which in turn improves overall substance use outcomes, engagement, and retention in therapy. Family treatment also brings about marital satisfaction for alcoholics, improve communication, and improve positive couple functioning which in turn improve prognosis (Antoine, Christophe, & Nandrino, 2019). Family members' involvement in therapy greatly contributes to the individual alcoholic's motivation to change and maintain abstinence (Templeton, Velleman, & Russell, 2020). While involved in a treatment program, family members are a rich source of information about the real-life interactions and experiences of the addict that may have an impact to effective treatment planning and backslide prevention (Saatcioglu, *et al.*, 2016).

According to Emmite and Swierzewski, (2018), alcohol consumption and abuse is influenced by multiple factors including gender, family history and parental influence. Men are more likely to use alcohol with some estimates indicating a ratio of 5:1. Men are also at high risk of heavy drinking and intoxication (Gmel, Rehm, & Kuntsche, 2022). However, the number of women who drink, abuse, and become dependent on alcohol is rising.

Backslide is a formidable challenge in the treatment of all behaviour disorders (Witkiewitz & Marlatt, 2015). To explain this challenge several authors have described backslide as complex, dynamic and unpredictable (Buhringer, 2020; Donovan, 2016 & Marlatt, 2016). Rasmussen (2020) noted that backslide occurs because of the building up of additional crisis including looking trivially on a certain problem, stress, weak or failed forecast, the pessimistic thinking that all issues cannot be resolved and immature actions. Backslide addicts are also confused and overreact due to the inability to think clearly, unable to manage feelings and emotions, the difficulty to remember things, unable to control their feelings and easily angered. Moos (2017) contended that psychological factors contribute to backslide among drug addicts after abstinence. Another backslide promoting factor is self-efficacy, defined as a degree to which an individual feels confident and capable of performing a certain behavior in a specific situational context (Bandura, 2017).

According to World Health Organization's global status report on alcohol and health published in 2021, hazardous and harmful use of alcohol is a major global contributing factor to death, disease and injury. It affects the drinker through serious negative effects such as alcohol dependence, liver cirrhosis, cancers and injuries and to the others through the dangerous actions of intoxicated people such as drunk driving and violence. The harmful use of alcohol results in 2.5 million deaths each year globally (WHO, 2021). According to World Health Organization's global status report on alcohol and health published in 2021, hazardous and harmful use of alcohol is a major global contributing factor to death, disease and injury. It affects the drinker through serious negative effects such as alcohol dependence, liver cirrhosis, cancers and injuries and to the others through the dangerous actions of intoxicated people such as drunk driving and violence. The harmful use of alcohol results in 2.5 million deaths each year globally (WHO, 2021).

In works written by Mwenesi, (2015) drug and substance abuse is rampant especially among the urban populations and this has resulted in social and economic strife. Findings showed that drugs have had serious negative effects especially on health, relationships with friends and family, academic progression, a significant cause of morbidity, mortality and poverty. Alcohol consumption was locally and internationally gaining recognition as a major risk factor for non-communicable diseases, infectious diseases and injury, disability and mortality caused by accidents, violence and crime. According to Brown and Tapert (2015), excessive drinking accounted for substantial cognitive impairment, many of them irreversible. Apart from such health consequences, alcohol consumption was also been linked with various negative social and economic outcomes.

Alcohol consumption was associated with gender-based violence, crime, poverty, child abuse and neglect. Alcohol abuse was regarded as a threat to family stability as it makes violent situations worse. According to Barlow (2020), alcohol was a threat to family life and to harmonious

interpersonal relations. Jellinek (2019) observed that once a person becomes alcoholic, he or she no longer chooses how much to drink, and cannot predict the outcome because of an overwhelming compulsion to drink regardless of financial state and health condition in the family. He further stated that alcohol abuse makes the drinker lead a poor quality of life which impacts negatively on the family. In the United States, studies reveal that 11-52% of all assaults occur in domestic settings, 12-18% of the murders annually are committed by spouses, and domestic violence calls were among the most frequent and dangerous for police officers.

In work done by Laudet, Stanick and Sands, (2019) research could investigate the users' perspective by examinations of psychosocial factors of potential relevance for how patients perceive the quality of the provided health services. The user perspective was often overlooked in addiction research. Service user satisfaction and perceptions of treatment and recovery processes were likely to be significant quality indicators of health services (Finney & Moos, 2015; Jones, Power & Dale, 2015). Perceptions related to the qualities of social processes and the information flow at the treatment facilities may have been associated with patient satisfaction (Jørgensen, Rømme & Rundmo, 2019). Such satisfaction may have related to treatment outcomes. (Carlson & Gabriel, 2021). McLellan and Hunkeler (2018) argued that patients' perceptions of treatment were an important performance parameter for programme developers and clinicians. Therefore, it was of interest to obtain a further elaboration of which psychological factors, social factors and backslide alcoholics preparedness to cope with risks to alcohol backslide after rehabilitation were important for patients' perceptions of treatment and recovery processes.

Backslide rates in addiction were high in many parts of the world and addictions continued to plague many drug users. In their research Dawson, Goldstein, and Grant, (2017) discovered that in America, prevalence of backslide in the general U.S. population was 51.0% across all ages. They did a study on adults 18 years and over in Maryland, USA, with individuals who met the Diagnostic and Statistical Manual fourth edition (DSM-IV) criteria of alcohol dependence with a focus on rates of backslide. Backslide was defined as recurrence of any alcohol use disorder symptoms and recurrence of Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) alcohol dependence. However, it was not clear from this study whether participants were treated for alcoholism or not, but it gave the general percentages.

Statement of the Problem

In Australia, alcoholism has had serious negative effects. This has led to the establishment of treatment and rehabilitation services to tackle this problem. indicates that while 2.5 million Australians are in need of professional intervention in the form of treatment and rehabilitation there are only 77 facilities with an approximate bed capacity of less than 1000. Despite the increase in the number of centers and demand for the services offered in the country, there has been a simultaneous increase in the number of backslide cases. There is therefore a need to study the impact of chosen psychological factors to relapse among recovering alcoholics of Australian rehabilitation centers.

Theoretical Review

Psychoanalytic Theory

Psychoanalytic theory by Sigmund Freud in the early 1900s identified three main sources of maladaptive behaviour; seeking sensuous satisfaction, conflict among the components of the self and fixation in the infantile past. According to psychoanalytic theory, ego performs several tasks that enable the individual to adapt to the world. As a result, people react differently to the same stressor- they may change or adapt. According to the psychoanalytic model of alcoholism, at each stage of our development appropriate defense emerges. According to Nash (2020), if those developed during childhood persist into adult life, they can cripple the individual, hinder career development, limit satisfying relationships and leave the individual vulnerable to breakdown in times of stress.

All the psychological theories of drug dependence assume that alcohol satisfies some important need. One early psychoanalytic theory (Psychoanalytic), suggested that children who are fixated at the oral stage are more prone to abuse alcohol later in life. Psychoanalysts theorize that oral fixation results when children are either frustrated in their oral dependent needs (unloving mother) or too easily satisfied by oral stimulation (overprotective mother). When stressed as adults, oral-dependent people are more likely to turn to alcohol to cope. Adams (2015) suggests that it is not deprived infants who develop oral traits but rather children (particularly boys) with overprotective mothers. Later in life such men will have a strong need to remain dependent on either their mother or another woman. When their needs become frustrated, they become angry. Unable to deal with anger assertively, these people find that alcohol provides an effective way to reduce aggressive impulses. It has the additional advantage of hurting those people around them. Psychoanalytic theories make some intuitive sense since many alcoholics have immature social skills. They often turn to alcohol to help cope with life stresses. An alcohol dependent person may exhibit dependent traits; however, these traits are just as likely to lead to or result from chronic alcohol use. This theory makes us understand the impact of chosen psychological factors to backslide and enable appropriate interpretation of findings.

Cramer, (2020) in his study propounds evidence of many of the major defense mechanisms. Baumeister, Dale and Sommer, (2018) and Marcus-Newhall *et al.*, (2020) as quoted by Wade, (2022) explained that reaction formation, projection and denial seemed to operate unconsciously to protect self-esteem and reduce anxiety, and that people regularly displaced aggressive feelings onto innocent bystanders. This gave an insight into the impact of psychological factors to backslide among recovering alcoholics in Australia.

Social Learning Theory

People learn through observing others' behavior, attitudes, and outcomes of those behaviors. Most human behavior is learned through observation and modeling: from observing others, one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action (Bandura, 2017). Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences.

According to Bandura (2017), human beings are full of attitudes, beliefs and expectations that affect the way they acquire information, make decisions, reason and solve problems. These mental processes affect what individuals will do at any given moment and also more generally the personality traits they develop. Because people differ in their attitudes, expectations and perceptions, they can live through the same event and come away with entirely different lessons from it.

Several models of backslide that are based on social-cognitive or behavioral theories emphasized backslide as a transitional process. Annis (2016); Marlatt and Gordon, (2015). According to these models, the backslide process began prior to the first post treatment alcohol use and continued after the initial use. Marlatt and Gordon's backslide model was based on social-cognitive psychology and incorporated both a conceptual model of backslide and a set of cognitive and behavioral strategies to prevent or limit backslide episodes. A central aspect of the model was the detailed classification of factors or situations that could precipitate or contribute to backslide episodes.

According to Meltzoff and Gopnik, (2015) as quoted by Wade (2022), behaviorists have always acknowledged the importance of observational learning, and have tried to explain it in stimulus response terms. Social-cognitive theorists believe that in human beings, observational learning cannot be fully understood without taking into account the thought processes of the learner. This guided this study in investigating the impact of chosen psychological factors to backslide among recovering alcoholics in Australia.

Empirical Review

Le Berre (2019) carried out a study on emotional processing and social cognition in alcohol use disorder. The aim of this study was to review deficits in emotional processing and social cognition potentially contributing to the dysfunctional emotion regulation and difficulties with interpersonal relationships observed in individuals with alcohol use disorder (AUD) and to provide directions for future research. The study presented a review of emotional and social-cognitive impairments in recently detoxified AUD individuals that include alexithymia, difficulties in decoding others' emotions, and reduced theory of mind and empathy skills. Social cognition disorders in AUD pose different issues discussed. The study revealed that emotional and social-cognitive functions affected in AUD can potentially compromise efforts to initiate and maintain abstinence by hampering efficacy of clinical treatment. Such dysfunction can obstruct efforts to enable or reinstate higher-order abilities such as emotional self-regulation, motivation to change, success in interpersonal/social interactions, and emotional insight and awareness of social dysfunctions (i.e., accurate metacognition).

Clay, Adams, Archer, English, Hyde, Stafford & Parker (2018) investigated how psychosocial stress increases craving for alcohol in social drinkers. Exposure to stress and trait impulsivity are independent predictors of relapse in recovering alcoholics, but potential mechanisms that link these two risk-factors in terms of their putative additive or interactive contributions to relapse are not known. The aim of this study was to use a model of stress-induced relapse to test the hypothesis that acute psychosocial stress increases craving for alcohol in social drinkers. We also tested the hypothesis that change in craving could be explained by variability in impulsivity and risk-taking.

Participants completed questionnaires to assess drinking behaviour (Alcohol Dependence Questionnaire [ADQ]; and an Alcohol Use Disorders Identification Test [AUDIT]), craving (Desires for Alcohol Questionnaire [DAQ] and impulsivity (Barrett Impulsiveness Scale [BIS]). Participants also completed two computer tasks to assess risk-taking and impulsivity, the Balloon Analogue Risk Test (BART) and a continuous performance task (CPT). Participants then underwent the Trier Social Stress Test (TSST), and completed a final DAQ to assess post-stress craving. Participants showed an increase in craving following exposure to the TSST. In addition, risk-taking was positively correlated with change in craving.

Appiah, Danquah, Nyarko, Ofori-Atta & Aziato (2017) investigated precipitants of substance abuse relapse in Ghana. Relapse to substance abuse is a global problem and is conceptualized as an integral component of the recovery process. Global statistics on rates of relapse after substance abuse treatment are disturbingly high, averaging about 75% within a 3- to 6-month duration after treatment. This study sought to gain full understanding of the factors that precipitate relapse among substance abusers in Ghana. Data were collected through in-depth interviews with 15 relapsed substance abusers who were previously treated for substance abuse, and three mental health professionals at a psychiatric rehabilitation unit in Ghana. Findings showed that seven factors, including positive/negative emotional reinforcements, sense of loss, interpersonal conflicts, peer influence, familial, religio-cultural, and treatment-based issues conspire to instigate and maintain the relapse cycle. The findings provide valuable insights into the relapse phenomenon in Ghana. Clinicians should actively engage family members in the relapse prevention process, and provide insight into religio-cultural relapse precipitants.

Cherop (2016) conducted a study on the influence of counselling services on behaviour change among Adult recovering Alcoholics in Uasin Gishu County Kenya. Since the escalation of alcoholism in Kenya, many families are wrestling to cope with the costs of addiction because addiction is often defined as chronic, relapsing disorder that require comprehensive detoxification and psychosocial intervention. This study sought to investigate the influence of counselling services on behaviour change among adult recovering alcoholics in Uasin Gishu County. The study used descriptive survey design. Purposive sampling was used to select three rehabilitation centers for recovering alcoholics and accessible sample size 70 from these rehabilitation centers. The findings demonstrated that counselling services offered among adult recovering alcoholics influences behaviour change and improves general health, psychological well-being and social functioning. The result also indicated that recovery and a fulfilling life is possible by taking positive steps towards meaningful goals setting, working on self-esteem, empowerment and social support. Often there is inadequate attention placed on how to maintain abstinence in the weeks, months or even years following treatment. Given this reason, the researcher recommends for enhancement of aftercare structured counselling program among rehabilitation centers' which has been shown to make a huge difference between the addict abstaining from his or her addiction and successful relapse management.

METHODOLOGY

The study adopted a desktop methodology. Desk research refers to secondary data or that which can be collected without fieldwork. Desk research is basically involved in collecting data from

existing resources hence it is often considered a low-cost technique as compared to field research, as the main cost is involved in executive's time, telephone charges and directories. Thus, the study relied on already published studies, reports and statistics. This secondary data was easily accessed through the online journals and library.

RESULTS

The results were grouped into various research gap categories namely as conceptual, contextual, and geographical.

Conceptual Gaps

Studies by Le Berre (2019), Clay, Adams, Archer, English, Hyde, Stafford & Parker (2018), Appiah, Danquah, Nyarko, Ofori-Atta & Aziato (2017), Cherop (2016) had a conceptual framework gap. The impact of chosen psychological factors to backslide among recovering alcoholics were not established by any of the research cited. The research did not provide a clear breakdown of the of the impact of chosen psychological factors to backslide among recovering alcoholic. Because of this, the current work aims to fill in these conceptual gaps.

Contextual and Geographical Gap

Studies by Le Berre (2019), Clay, Adams, Archer, English, Hyde, Stafford & Parker (2018), Appiah, Danquah, Nyarko, Ofori-Atta & Aziato (2017), Cherop (2016) had geographical gap because they weren't actually done in Australia. This suggests that the findings may not be applicable in Australia due to the fact that the methods employed in each country vary. This study was undertaken with the intention of filling that void.

CONCLUSION AND RECOMMENDATIONS

In order to rehabilitate alcoholics, detailed studies are needed to assess the factors that contribute to backslide. This study was based on the fact that establishing the impact of chosen psychological variables to backslide is important in understanding the success and outcomes of rehabilitation programmes in addressing backslide among alcoholics. It was envisaged that the study may benefit Ministry of Public Health, Mental health agencies, psychologists, counsellors, Nongovernmental organizations, policy makers, researchers, alcoholics in the study area and the country at large. The psychologists and counsellors may understand their critical role in the alcohol treatment and rehabilitation and make them more effective in the execution of their duties. The recovering alcoholics may use this study to better understand their alcohol problem, treatment and recovery. The society and country at large may understand their expected role in the treatment and rehabilitation of alcoholics through enabling social re-integration. This information may be used in the improvement of alcoholism treatment and rehabilitation programmes in Australia.

Psychoanalytic theory and social learning theory may be used to categorize the key work design factors which may relate to stress-related health issues and anchor other future studies.

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