

ROLE OF SOCIAL AND PERSONAL COMPETENCIES IN RECOVERY FROM ALCOHOL ADDICTION

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Abstract

Social and personal competencies within the context of recovery from alcohol dependence includes aspects of interpersonal, intrapersonal, coping and judgement skills. Competence as a concept refers to the capacity to enhance adaptive reactions to demands and make the most of opportunities in one's surroundings. The individual enhancing their level of competency makes use of personal and environmental resources to realise a good progressive outcome. The concern for alcoholics by addiction counsellors is on the aspects that can support or help improve the ability in alcoholics to develop certain behaviour for adaptations in the short term as well as in the long term. This paper examines the role of social and personal competencies in recovery from alcohol addiction. Behavioural and Person-centred theories explore the relationship between the addiction counsellors and recovering alcoholic in the rehabilitation process while Adlerian theory focuses on re-educating individuals in the road to recovery. The discussions provide insights on the essence of the recovering alcoholic learning different and adaptive behaviours to substitute old and maladaptive ones which is a critical milestone in the road to recovery during rehabilitation. The enhancement of competencies in the making of choices among alcoholics in recovery with regard to the uptake of alcohol is critical in making positive strides towards sobriety. The enhancement of the capacity to make choices is key in realising lasting change and better management of the recovering alcoholic during and after the period of rehabilitation.

Keywords- *Social and Personal Competencies, Recovery, Rehabilitation, Alcohol Addiction*

Introduction

Concept of Alcohol Addiction

Alcohol addiction results when an individual persists in the consumption of alcohol in spite of the adverse effects on his or her health often in spite of repeated attempts to stop (Aissen, 2013). Addiction as a concept is not all physical but has a psychological dimension where persons crave and hunger for alcoholic substances and its effects even when not physically dependent (Brower et al., 2013). This results from the rewarding effects that alcohol produces. Alcohol addiction manifests through the helplessness to steadily abstain; an impairment in one's behavioural control and craving, a weakened recognition of major difficulties with one's behaviour and interpersonal relationships as well as a dysfunctional emotional response (Gabhainn, 2003). The initial decision to take alcohol is essentially voluntary, but with sustained use, the individual's capability to exercise self-control can become seriously impaired which ultimately becomes the hallmark of addiction (NIDA, 2012).

Since alcohol is a depressant, more consumption leads to more depression resulting in adverse effects on the person's brain activity. Alcohol interferes with the cerebrum which is a part of the human brain responsible for high level functions that include vision, recognition, emotions as well as reasoning, resulting in a slowed function. At low doses, alcohol lowers inhibitions and affects judgment while at higher levels, it results in the impairment of vision, movement and speech. Alcohol further affects the brain aspect that helps in the coordination of movement, resulting in difficulties with reflex coordination and balance (Coombs & Howatt, 2005). Studies have shown that people become more friendly and outgoing under the influence of

alcohol as a result of the reduced inhibitions and engage in some successful social interactions while experiencing the effects of alcohol (Higgins, Bickel & Hughes, 1994).

Concept of Alcohol Rehabilitation

Smith (2012), asserts that addiction from alcohol cannot be cured but can be successfully managed through a programme of treatment and abstinence as well as the involvement in supported recovery. The treatment enables recovering alcoholics to counter the addiction's powerful disruptive effects on the brain and behaviour allowing them to reclaim control of their lives (ibid). As is the case with other diseases and disorders, the possibility of developing an addiction varies from one person to another and no single aspect may dictate whether an individual becomes an alcohol addict (NIDA, 2018). The more risk aspects a person has, the higher the chances that alcohol use will result in addiction (ibid). Termination of all alcohol addiction occurs when alcoholics acknowledge that the substance altering their moods does not deliver support as initially thought, but is the basis of their mounting complications. Having been deceived by the addictive substances, alcoholics tend to mourn the loss of their lifestyle. Progressively, small but gradual steps are made where alcohol is substituted with healthier and rewarding activities and networks at home, work, school, places of worship and in settings that offer recreation (Coombs & Howatt, 2005).

Kalema and Vanderplasschen (2015), indicate that most treatment facilities employ the AA 12 step facilitation approach as a main instrument for recovery and relapse prevention with varying strengths of aftercare support. Many programmes that specialise in the treatment of alcohol addiction do so in a comprehensive manner with focus being on physical, psycho-social, spiritual and sometimes pharmacological interventions (Angres & Bettinardi, n.d). The hybrid nature of the Minnesota model employs a blend of professionals mainly counsellors, psychologists and psychiatrists whose work is complemented by medical experts, spiritual persons and social workers to meet the needs of the alcoholics (WHO, 2010). Rehabilitation may be carried out in the period during which the recovering alcoholic starts to address symptoms of accompanying mental disorders, learning to manage cravings and challenges of some of the issues that helped nourish the addiction. Rehabilitation may occur in a setting that is residential for some weeks or months and may also be carried out in programmes that are outpatient in nature offering group support and counselling to ensure self-restraint and help alcoholics resume a more normal lifestyle. Recovery from addiction has been argued to begin the moment that alcohol addicts directly confront their situation. This brings to fore the need for every treatment phase to be carefully planned to ensure that recovery does indeed take place. Several factors have been pegged to the successful treatment of alcohol addiction including the recovering alcoholics level of cooperation, nature and duration of the addiction, availability for treatment and counselling services and the level of family support to help prevent relapse and the drug or behaviour involved (Hollen, 2009). This brings to focus the gap on the need to examine the role of social and personal competencies to the process of attaining sobriety. Coombs and Howatt, (2005) notes that alcoholics in recovery with the help of addiction counsellors can become inspired to make improvements in their lives by sticking to a well-defined action plan with clearly spelt out goals leading to chosen outcomes. An alcoholic in recovery that adheres to a noble action plan starts to experience accomplishments, making changes along the way during their recovery period in rehabilitation and even after their discharge on successful completion of the programme (ibid).

Social and Personal Competencies in Recovering Alcoholics

Social and personal competencies within the context of alcoholics include the interpersonal, intrapersonal, coping and judgement skills (Brower et al., 2013). Competence is regarded as a concept which refers generally to the capacity to enhance adaptive reactions to demands and make the most of opportunities in the surroundings. The individual enhancing their level of competency makes use of personal and environmental resources to realise a good progressive outcome. The concern for alcoholics by counsellors is on the aspects that can support or help improve the ability in alcoholics to develop certain behaviour for adaptations in the short term as well as developmental progress in the long term (Cromin, 2013). The range of possibilities include specific skills and abilities to general constructs such as self-esteem. The enhanced personal and social competencies reflect an adjustment by the recovering alcoholic to deal with issues within their operating environment that involves relations with family members, colleagues at school, work and society in general. The emphasis on competencies is on specific characteristics such as self-control, empathy, trust and the respect for others (Masinde, 2011). Previous studies on social competencies has received much attention from policy makers and researchers in social science due to concerns regarding erosion or the lack of social competencies in society (Odera, 2013).

Within the field of psychology, social competencies are defined as personality traits that are manifested in different capabilities such as empathy, tolerance, conscientiousness and the ability for cooperation (Ingvarson & Page, 2013). Social competences transform over the life course and rest on the development of capabilities such as social skills, social awareness and self-confidence. Social and personal competencies are not innate but must be enhanced overtime so as to advance and improve performance and continue as one progresses through life (Roozen et al., 2009). Competence is further realised through the supervision and interaction with resource persons such as addiction counsellors who watch, listen and talk to the recovering alcoholics during therapy as well as applying various techniques and strategies that involve practice and feedback (Kivlahan, 2013; Erickson, 2009; Corey, Corey & Callanan, 2001). Competence is realised when the recovering alcoholic engages in a process of learning and personal improvement that involves the search for personal therapy, embracing a healthy lifestyle and being truthful about ones fears, needs, failures and shortcomings (Brown et al., 2012).

Friedman and Rusche (1999), observe that the abuse of alcohol on a long term causes intense changes in the brain with the behaviour of alcoholic being greatly affected by the maladaptive socialisation that progresses with the addiction. Gwinnell and Adamec (2006), note that as addiction becomes the epicenter of an addict's world, the alcoholic becomes progressively disinterested in being considerate for and interacting with the people who care the most about them. Work may then become difficult for the alcoholic because of their overwhelming obsession with the addictive action (ibid). Some alcoholics may be able to maintain their jobs and may deceive family, friends and colleagues about the seriousness of their addiction, but most are unable to maintain the illusion of normalcy for a lengthy period of time. Recovery from alcohol addiction does not imply the return to a previous state before the abuse of alcohol began, but rather, the recovering alcoholic must mature into a distinct level of personal awareness with new patterns of behaviour (Friedman & Rusche, 1999).

Recovering alcoholics that develop the needed fundamental skills that aid their growth into new habits from alcohol dependence during rehabilitation are encouraged to progress to other

life goals. Alcoholics in recovery that offer help to fellow peers maintain long-term abstinence after treatment are better placed in maintaining abstinence, possibly as a result of the social rewards that emanate from giving support to others (Pagano, Friend, Tonigan & Stout, 2004). Affiliation with the 12-step facilitation model reinforces reliance among recovering alcoholics on coping responses that are specific in helping moderate substance abuse. The involvement by individuals in AA increases their likelihood of relying on coping skills aimed at controlling alcohol abuse, such as seeking guidance on how to deal with their problematic drinking, time spent with sober friends and rewarding themselves for making efforts to end their drinking (Snow, Prochaska & Rossi, 1994). This brings to focus the role that learning and education contributes to the long-term development of any individual. Coombs and Howatt (2005), recommend the need by addiction counsellors to assist recovering alcoholics move past their addiction by promoting lifestyle changes through planning.

Studies indicate that recovering alcoholics engaged more in group meetings and activities have better prospects of socialising with friends, attending cultural events, participating in sports activities and reporting higher likelihoods of attaining and sustaining sobriety (Moos, 2010; Moos & Moos, 2006; Bond, Kaskutas & Weisner, 2003). The involvement by recovering alcoholics in community activities has been strongly linked with higher prospects of alcohol reduction in the initial stages during treatment and recovery in the long-term (Kurtz & Fisher, 2003; Crape, Latkin, Laris & Knowlton, 2002). These community engagements include religious and educational activities, civic duties and health promotion campaigns (ibid). Zemore and Kaskutas (2008), indicate that recovering alcoholics actively engaged in giving assistance in rehabilitation through provision of encouragement, moral support and sharing their insights with regard to achieving sobriety are more likely to be engaged in the 12-step encounters and realising significant improvements during recovery in the short term. The engagement by recovering alcoholics in activities offering help tends to enhance their social status and level of self-esteem as well as strengthening their support network and personal resolve to abstinence after their stay in rehabilitation (Crape et al, 2002). The major concern in the measurement of competencies involves the diversity of methods employed, that range from self-ratings or reports of behaviour, direct behavioural observations, values and motivations, behaviour rating scales, the use of socio-metric methods as well as computer simulations (Schoon, 2009).

Theoretical Analysis

i. Behavioural Theory

Modern behaviour theory views the person as the creator and the creation of his or her surroundings (Cloete, 2014). This present trend is geared towards developing techniques that give recovering alcoholics skills which then intensifies their choices of self-determination. Both classical and operant conditioning are viewed as contributing factors in the popularity of alcoholic substances that alter mood, arousal and perception. Several aspects of conditioning influence the effects of alcohol. An individual trying out an alcoholic drink may find it producing a desired emotional state, euphoria, excitement, relaxation and social rewards (Koszycki et al., 2014). Masinde (2011), indicates that although the focus is on changing behaviour, the relationship between the alcoholic and counsellor is important, mainly in offering support to the alcoholic through difficult times of change and discomfort. This no doubt may lead to building of social and personal competencies that were previously not well organised in the recovering alcoholic and may serve in assisting to deal with the pressures to continue abusing alcohol (Mwathi, 2013).

The core principle is that all behaviour is learned and sustained as a result of the individual's interaction with the surroundings, which stresses the assertion by behaviour therapies on the need to address the recovering alcoholic's motivation, building resilience to resist alcohol use as well as providing motivations for self-restraint and replacing alcohol using engagements with creative and satisfying activities (NIDA, 2009).

ii. Adlerian Theory

This theory views human behaviour as not determined exclusively by inheritance and the environment, but rather the individual's ability to influence, interpret and create events (Fidelis, 2014). The individual has the ability to make choices on what to do with the abilities and limitations he or she possesses. According to Hall (2015), Adlerian theory focuses on re-educating individuals and re-shaping society. This approach is also referred to as individual psychology where emphasis is placed on appreciating the person within the social context of family setup, school, culture and working environment (Kuria, 2015). Alfred Adler argues that the aim of success is driving people forward enabling them overcome obstacles. Individuals under recovery can also seek to modify a defect into a strong point like dealing with alcohol addiction in spite of the setbacks involved (Corey, 2013). Defective constructs often result in misguided ideas that significantly impact on our present behaviour.

The appropriate use of Adlerian therapy helps recognise and correct mistaken beliefs that directly impact on how a person becomes an alcoholic. As a therapeutic approach, Adlerian psychology is powerful in empowering recovering alcoholics cultivate a positive, sober lifestyle, a sense of feeling right and learning to adjust existing behaviour patterns to those that may be beneficial and fruitful (Association for Addiction Professionals, 2009). This is achieved when the counsellor assists alcoholics gain insight into the "basic mistakes" deeply held in their everyday life. Once this insight is achieved, alcoholics become naturally motivated to change in constructive ways (Corey, 2013). The Association for Addiction Professionals, (2009) observes that Adlerian psychology is powerful in empowering recovering alcoholics cultivate a positive, sober lifestyle, a sense of feeling right and learning how to adjust current behavior patterns to those that are more beneficial and productive.

iii. Person Centered Theory

Person-centred theory indicates that each person has within him or her ability for positive and dramatic growth. Under person-centred therapy, a recovering alcoholic can dialogue about his past, present or future (Cloete, 2014). Person centred theory views the association between the addiction therapist and recovering alcoholic as empowering where alcoholic in recovery receives guidance on rebuilding his strengths and optimising them towards self-actualisation through the aid of a therapist during rehabilitation (Cloete, 2014). Emphasis is placed on the attitudes and personal characteristics of the counsellor as well as the quality of relationship created between the counsellor and client being as the key elements of the outcomes of therapy (Corey, 2012). Person centred approach has been applied effectively in clients with a wide variety of concerns including anxiety disorders, alcoholism, interpersonal difficulties, personality disorders, depression as well as the initial phases of crisis intervention work (ibid).

Application

The behavioural approach to therapy is critical as it indicates that when a recovering alcoholic has not learned how to cope effectively, their adaptive responses can be overcome by interventions based on the values of learning or re-learning. The unique aspect is essential towards the modification of behaviour rather than curing something within the individual. The recovering alcoholic therefore learns different and adaptive behaviours to substitute old and maladaptive ones which is a critical milestone in determining the level to which social and personal competencies develop during the rehabilitation process of the recovering alcoholic.

The Adlerian school of thought proposes that once a recovering alcoholic becomes conscious of their underlying defective constructs that often result in misguided ideas, they can decide to change the faulty conventions and make simple changes and reconstruct their style of living. With the new found insight, recovering alcoholics may be naturally motivated to change in constructive ways.

Person centred therapy rests on the hypothesis that the natural tendency of recovering alcoholics is moving towards sobriety and that when the hurdles towards growth are removed, they can then move forward with their lives.

Conclusion

The enhancement of competencies in the making of choices among alcoholics in recovery with regard to the uptake of alcohol is critical in making positive strides towards sobriety. The enhancement of the capacity to make choices is key in realising lasting change and better management of the recovering alcoholic during and after the period of rehabilitation.

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