

**A STUDY TO ASSESS EFFECTIVENESS OF
MINDFUL RAJA YOGA MEDITATION ON STRESS
AMONG PATIENTS WITH ALCOHOL DEPENDENCE
ADMITTED AT WISDOM DE-ADDICTION CUM
REHABILITATION CENTRE AT SAIDAPET,
CHENNAI.**

BY
C. Mythili



A Dissertation submitted to
**THE TAMILNADU DR.MGR MEDICAL UNIVERSITY,
CHENNAI.**

*In partial fulfillment of the
requirement for the award of the degree of*
**MASTER OF SCIENCE
IN PSYCHIATRIC (MENTAL HEALTH) NURSING**

APRIL - 2012

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CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool developed by C.Mythili M.Sc., nursing, 1 year, M.S.A.J College of nursing on **“TO ASSESS THE EFFECTIVENESS OF MINDFUL RAJAYOGA MEDITATION ON STRESS AMONG PATIENTS WITH ALCOHOL DEPENDENCE ADMITTED AT WISDOM DE-ADDICTION CUM REHABILITATION CENTER AT SAIDAPET, CHENNAI”** is validated by the undersigned and can proceed with this tool to conduct the study.

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June 4, 2011

To
The Principal,
M.S.A.J. College of Nursing,
Chennai

Ref: Your letter dt. 03/06/11 regarding permission for Research
Project

Dear Madam,

With reference to the above, we are glad to extend our permission for
Ms.C.Mythili, student of II year M.Sc Nursing to do her research project
in our Hospital on Mental Health Nursing (Psychiatry) for one month.

Thank you,
Warm Regards,

WISDOM HOSPITAL
(UNIT OF SAVITHA HOSPITALS INDIA PVT. LTD.)

Manager Operations

Kamalesh Jayakar

MOHAMED SATHAK A. J. COLLEGE OF NURSING
CERTIFICATE

This is certify that the dissertation titled “ A study to assess the effectiveness of mindful raja yoga meditation on stress among patients with alcohol dependence admitted at de-addiction cum rehabilitation centre at Saidapet, Chennai” is submitted for the English correction from Mohamed Sathak A. J. College of Nursing in the partial fulfillment of the university.

Signature of the English Guide:

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Om shanti



"Yoga samastha sukhino bhavantu"

Easyyoga and Meditation Centre

New No. 22 / Old No. 5 Chandrappa Mudali street, Sowcarpet, Chennai 600 079.
In Association with "BKIVV"

CERTIFICATE

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Has completed Raj yoga Meditation training classes from 01/02/2011

to 06/03/2011 and his / her performance was good and satisfactory.

Date:

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(Praveen Vyas)

(Purushotham Soni)

ABSTRACT

Introduction: In this modern world a man has to face many problems to lead the life in a successful way. If he fails to successes then he may end up with stress. So the person starts to sip alcohol and becomes addicted to it. In order to cope with stress and improve positive thoughts a mindful raja yoga meditation is recognized as an effective approach in alcohol dependence .

Aims: (a) To assess the level of stress among patients with alcohol dependence. (b) To determine the effectiveness of mindful raja yoga meditation on level of stress among patients with alcohol dependence. (c) To associate the level of stress with selected demographic variables of patients with alcohol dependence.

Methodology: A study to assess the effectiveness of mindful raja yoga meditation on level of stress among patients with alcohol dependence. A quasi experimental - One group pre and post test research design was adopted for the study. The conceptual frame work was based on the wiedenbach's helping art of clinical nursing theory 1964. The 40 samples were selected by non-probability convenient sampling as per the inclusive criteria at wisdom De-addiction cum Rehabilitation centre. The data was collected by demographic variables proforma and Dr.Hari's stress inventory and it was analysed by descriptive and inferential statistics.

Results: In the pretest, majority of the patients with alcohol dependenc 37(92.5%) had moderate level of stress and only 3(7.5%) had mild level of stress. In the post test, majority of the patients with alcohol dependence 35

(87.5%) had moderate level of stress and 5(12.5%) had mild level of stress. The pretest mean score was 195.25 with SD 22.42 and post test mean stress score was 186.90 with SD 21.01 and the calculated 't' value of 2.145 was statistically significant at $p > 0.05$ level which clearly shows that there was a significant and decrease in the level of stress among alcohol dependence after practicing mindful raja yoga meditation.

Conclusion: There by the investigator concluded that the mindful raja yoga meditation had significant effect for decrease the level of stress among alcohol dependence.

CHAPTER – I INTRODUCTION

“Drink takes the Drunkard first out of society, then out of the world”

- Younger.T (2004)

“Alcoholism is injurious to health, family and society at large” are the catchy words found on the banners. Even though people are attracted towards alcoholic consumption, most of the drinkers do not know the adverse effects of alcoholism.

The word alcohol is derived from the Arabian term “alkuhal” which means “finely divided spirit” the usage of alcohol may vary across societies and cultures. In our society many people think that the use of alcohol is to relieve the everyday stresses as well as tensions in life. Every individual drinks because of social motivations, and finds that alcohol relieves stress.

Alcoholism is a social evil and as far as possible every individual should avoid it. Alcoholism is a main cause of family unhappiness, tensions and total disorganization, individual will waste lot of money on alcohol and faces many problems like economic lift of family, poverty, quarries, violence and abusive behaviours. Children may become delinquent, alcoholics and may commit crimes, anti-social activities. It may also associate with gambling, prostitution and at least one-fourth of the income are wasted on alcoholism.

The use of alcohol starts as a social phenomenon, leading to abuse or dependence use in some of the individuals. In alcohol abuse, there is

impairment of social, legal, interpersonal, and occupational functioning. In dependence may affect in dimensions of life.

In this modern world, a man has to face many problems to lead the life in a successful way. If he fails to succeed then he may end up with stress, anxiety, frustration, irritability, depression, lack of self confidence and self concept. To get rid of these emotions the individuals starts to sip alcohol as he/she goes for parties and later on becomes addicted to it.

Alcohol dependence appears to be a growing problem, associated mainly with the new stresses of urbanization and industrialization, but their prevalence is also high in rural areas. As a amount and frequency of alcohol use increase, so do the perceived stressors, which lead to more use of alcoholism.

The different biological and environmental factors also related to development of alcoholism. In general sense our culture has become dependent on alcohol as a social lubricant and it reduces the tension. The three important cultural factors that appear to play a part in determining the incidence of alcoholism in a given society are the degree of stress, inner tension produced by the culture, and attitude towards drinking fostered by the culture.

Psychological dependent is present when alcohol becomes central to a person's thoughts, feelings and action, the person experiences a persistent craving for alcohol. Those who have developed this psychological

dependence, even a temporary stopping of alcohol- intake tends to produce anxiety and feelings of panic.

Carguilo (2007) reported that alcohol consumption is directly related to an increasing risk of injury one to two drinks double the risk, three to four drinks increase the risk six times, and five to six drinks increase the risk ten times.

According to sadock and sadock (2003) monozygotic and dizygotic twins have also supported the genetic hypothesis. Monozygotic twins have a higher rate for concordance of alcoholism than dizygotic twins.

Stress is commonly believed to be a factor in the development of alcohol dependents. Stress is a part of our everyday life and has been since the time began. Stress in day today life drives one to adopt coping strategies and some sought alcohol dependence often. The term "stress" often is used to describe the subjective feeling of pressure or tension.

Drink and drug habits are suicidal not only for the individual but also for the whole nation

- M.K.Gandhi

BACKGROUND OF THE STUDY

The term stress generally refers to the reaction of the body to certain events or stimuli that the organism perceives as potentially harmful or distressful. "This is driving me to drink" once a popular humor phrase is rooted in the fact that many times stress is the root cause for the consumption

of alcohol. The stress response is a complex process; the association between drinking and stress is more complicated still. Because both drinking behaviour and an individual response to stress are determined by multiple genetic and environmental factors, studying the link between alcohol consumption and stress may further our understanding of drinking behaviour.

According to **National Institute of Drug Abuse (2007)** 73 % of school seniors in the United States have used alcohol some times in their lives. Among eighth graders, 41% have had at least one drink of alcohol, 20% of them report having drunk 25% have smoked cigarettes and 16% have used marijuana among 12% graders, 45% consumed alcohol in the past 30 days 25% reported heavy alcohol consumption, called “binge drinking” and 3% consumed alcohol daily.

Chronic alcohol dependence is often associated with emotional problems. About 25% alcohol have co-existing stress. 20-40% of alcoholics suffer depression and occasionally hallucinations. Alcohol dependence patients are often suicidal and about one quarter of all suicides is committed by alcoholics generally by males over 35 years of ages.

Meditation is the beauty of practicing meditation is allows you to “let go of everyday worries and literally lives in the moment”. People who meditate regularly report improvement physically, mentally, and spiritually. To bring a meditation practice, you will find a quiet spot away from the phone, television, friends, family, and other distraction. There are several different ways to meditate. Meditation practices often involve Learn and chanting, breathing, or mantra techniques. Initially, our mind way wander

when our first start meditating, by training our mind to focus on the moment, you will eventually find ourself transformed and feel very peaceful and content. Most experts recommend meditating for about 20 to 30 minutes at a time. Beginners may find it difficult to meditate for this length at first, but it will become easier once meditates regularly.

Paulgarrigan (2010) conducted a study in 19 recovering addicts in an outpatient mindfulness program. Outcomes of the study is felt better able to handle stress and craving. The stress reducing effects of mindfulness meditation seems to be well supported and the united kingdom mental health foundation has reported that 72% believe that the technique has helped their patients with stress.

NEED FOR THE STUDY

Alcoholism has been an important global concern. The impact of alcohol not only disturbs the physical health of an individual, it also affects the people who surround him.

Today's fast-paced society offers little in the way of social support. People drink after work or with dinner can be pleasurable and safe in common place, but few people with excessive due to chronic stress often drink to excess. An individual drinks to excess in response to stress appears to be a depend on early childhood. Prolonged stress in infancy may permanently alter the hormonal balance.

Alcoholics who have relapsed, they often will describe chronic life stressors as causing their alcohol relapse. Stress makes relapse more likely

when it cannot be controlled by the person because of their coping skills, additional psychiatric and physical problems, and lack of social support. Stress-related relapse is most likely among alcoholics who do not attend meetings or those who do not avoid people, place and things associated with their drinking.

According to the global burden of disease, alcoholism ranks high as a cause of disease burden and it is estimated that alcoholism is responsible for 1.5% of death and 3.5% of total disability adjusted life year.

According to **W.H.O (2006)** there are about two billion people world wide who consume alcohol beverages and 76.3% with diagnosable alcohol use disorder. Globally, alcohol causes 3.2% of all death or 1.8 million death annually and accounts for 4.0% of disease burden.

In India, estimated 62.5 million people are believed to be regular drinkers of alcohol. In general hospital alcohol related problems made upto 17.6% of the case load of psychiatric emergencies.

According to **Ray (2004)** stated that in India the United Nations Office on Drugs and Crime and the Ministry of Social Justice and Empowerment, have recently for alcohol to be 21.4% Of the total alcohol-users, 17%, were classified as dependent users based on ICD 10. Applying the prevalence estimates to the population figures of India for 2001, it was estimated that there are 62.5 million alcohol-users (62.5/1000 population) and 10.6 million dependent users in India.

Kerala accounts for the country highest consumption of alcohol followed by Maharashtra and Punjab. Third largest group among the psychiatry population in the armed forces.

National Institute of Mental Health and Neuro Sciences (2009) stated that in households survey of rural, urban, town, and slum populations of 28 500 people in and around the city of Bangalore, Karnataka, found that the average monthly expenditure on alcohol of patients with alcohol addiction is more than the average monthly salary.

Cloninger (2009) reported an association between certain types of alcoholism and adverse early childhood experiences. The study concluded that when individuals believe that alcohol will help to reduce the stress in their lives, alcohol is most likely to be used in response to stress. Drinking appears to follow stress but some evidence also links excessive drinking courses anticipation of a major stress or even during times of stress.

Rajita Sinha (2004) clarified the connection between alcohol and stress usually has been conducted using either population surveys based on subject self-reports or experimental studies, individuals report that they drink in response to stress and do so for a variety of reasons, like economic stress, job stress, and marital problems, often in the absence of social support. All these are will increase stressors and lead to alcohol consumption.

Kabat-Zinn the mindful based stress reduction (MBSR) Program is being widely used for the self – management of the stress and emotional distress in patients. Vipassana meditation and MBSR shows its effectiveness

in stress reduction. Studies have also shown that meditation can bring about a healthy state of relaxation by causing a generalized reduction in multiple physiological and biochemical markers, such as decreased heart rate, decreased respiration rate, decreased plasma cortisol and decreased pulse rate.

In 2002 wisdom hospital helps to the help people with alcohol addiction. Since then, around 3000 patients have been aided in their recovery by wisdom hospital.

So the research taken the wisdom hospital for research for the people who have trained through mindfulness based treatment programs report that lasting reductions in both physical and psychological symptoms, their attitude and behavior undergo deep, positive changes that are rooted in a less conflicted perception of self, others and the world. This results in an increased ability to cope effectively with both short-term and long-term stressful situations.

The mind body connection is an important part of living. A variety of stress management techniques are now used to treat alcohol dependence. The Investigator in her experience, identified the alcoholics started with lowered age of onset and rapidly increased amount of alcoholics and later environment produces emotional and physiological changes in individual. In order to cope with stress, improve positive thought, mindful raja yoga meditation is recognised as an effective approach to stress management of alcohol dependence patients. So the investigator was interested to conduct a study on effectiveness of mindful meditation on stress among patients with alcohol dependence.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of Mindful raja yoga meditation on stress among patients with alcohol dependence admitted at Wisdom De-addiction cum Rehabilitation centre, at Saidapet, Chennai.

OBJECTIVES OF THE STUDY

- 1) To assess the level of stress among patients with alcohol dependence.
- 2) To determine the effectiveness of mindful raja yoga meditation on level of stress among patients with alcohol dependence.
- 3) To associate the level of stress with selected demographic variables of patients with alcohol dependence.

OPERATIONAL DEFINITION

Effectiveness

It refers to determining the outcome of meditation on level of stress among patients with alcohol dependence measured in terms of Dr.Hari's stress inventory.

Mindful meditation

Its refers to the raja yoga meditation involving-sitting in erect desired position, semi closure of eyes, concentration on to the middle of forehead, focus of non judge mental attention on philosophical chant, music, & song for 15-20 minutes duration to start with and the duration increases upto 45 minutes with practice daily.

Stress

It refers to the pattern of psychological response to a variety of emotional stimuli as assessed by Dr.Hari's stress inventory.

Alcohol dependence

It is a state in which the patient is unable to control his urge of taking alcohol that produces disturbance in mental or cognitive of functioning, which interferes with social and economic functioning.

HYPOTHESES

H1. There is a significant difference in the level of stress among patients with alcohol dependence after the practice of Mindful raja yoga meditation.

H2. There is a significant association between the selected demographic variables with level of stress among patients with alcohol dependence.

ASSUMPTION

- ❖ Individuals needs relaxation to maintain mental health
- ❖ Mindful raja yoga meditation will reduce stress among alcohol dependence
- ❖ Persistent stress leads to relapse

LIMITATION

- ❖ The data collection procedures limited to 6 weeks.
- ❖ The samples size is 40 only.

PROJECTED OUTCOME

The projected outcome of this study is the alcohol dependence patients who receive Mindful raja yoga meditation will have a decrease in their level of stress and will lead a healthier life.

HUMAN RIGHTS PROTECTION

- ❖ The study were conducted after the approval of the ethical committee of the college.
- ❖ Permission was obtained from Director of wisdom De-addiction cum Rehabilitation centre.
- ❖ The purpose and other details of the study were explained to the study subjects and oral consent was obtained from them.

CONCEPTUAL FRAME WORK

MODIFIED ERNESTINE WIDENBACH'S HELPING ART OF CLINICAL NURSING THEORY 1964

Conceptual frame work helps to express abstract ideas in a more readily understandable or precise form than the original conceptualization.

The present study was on the wiedenbach's art of clinical nursing theory. Wiedenbach views nursing as an art based on goal directed care. Wiedenbach's nursing practice consist of identifying a patients need for help, ministering the needed help and validating that the need for help was met. According to this theory factual and speculative knowledge, judgement and skills are necessary for effective nursing practice.

In Wiedenbach's theory identification refers to determining a patient's need based on the existence of a need. Ministration refers to the provision of needed help. Validation refers to a collection of evidence that shows a patient's need have been met or the functional abililty has been restored as a directed result of the nurses actions.

IDENTIFICATION

In this study identification referes to finding the level of stress among the patients with alcohol dependence by using Dr.Hari's stress inventory scale.

MINISTRATION

Ministration is the process of teaching mindful raja yoga meditation and demonstration on the mindful raja yoga meditation.

VALIDATION

Validation refers to predicted difference in the level of stress among patients with alcohol dependence after mindful raja yoga meditation as measured by Dr's Hari's stress inventory scale in the post test.

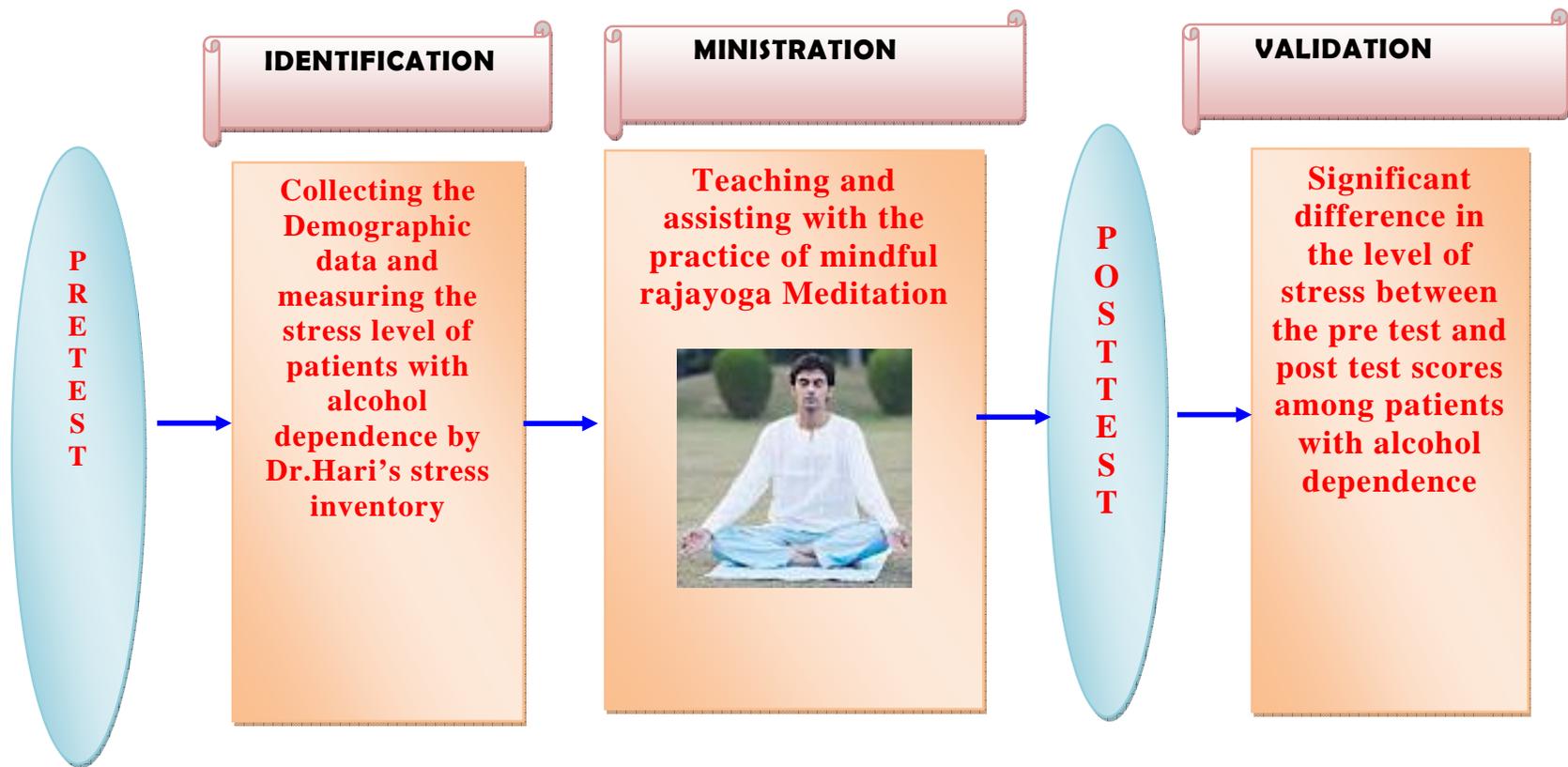


FIG-1: MODIFIED ERNESTINE WIDENBACH'S HELPING ART OF CLINICAL NURSING THEORY (1964)

CHAPTER – II

REVIEW OF LITERATURE

According to *Polit (2007)* review of literature is a broad-comprehensive in depth, systematic and critical review of scholarly publications, unpublished scholarly print materials, audio visual materials, and personal communications. It's a continuous process in which knowledge gained from earlier studies are integral part of research in general.

The literature review for the current study was organized into three parts.

- 1) Literature related to alcohol dependence.
- 2) Literature related to stress among patients with alcohol dependence.
- 3) Literature related to mindful meditation on alcohol dependence.

1) Literature related to alcohol dependence

Marjolein et al., (2010) stated that Alcohol-Use Disorders (AUDs) in the Critically Ill Patient. Alcohol abuse and dependence, referred to as alcohol-use disorders, affect 76.3 million people worldwide and account for 1.8 million deaths per year. In particular, surgical patients with alcohol- use disorder experience higher rates of postoperative hemorrhage, cardiac complications, sepsis, and need for repeat surgery. Outcomes from trauma are worse for patients with chronic alcohol abuse, whereas burn patients who are acutely intoxicated may not have worse outcomes. The management of sedation in patients with alcohol- use disorder may be particularly challenging because of the increased need for sedatives and opioids and the difficulty in diagnosing withdrawal syndrome. The health-care provider also must be watchful for the development of dangerous agitation and violence.

Lahmek et al., (2009) conducted a study on determinants of improvement in quality of life of alcohol-dependence patients during an inpatient withdrawal programme. This prospective, observational study included 414 alcohol-dependence patients, hospitalised for a period of 3 weeks. Quality of life was measured on admission and at discharge using the French version of the Medical Outcome Study SF-36. The mean scores for each dimension and for the Physical and Mental Component Summary scores were calculated. Studies stated that quality of life improvement after a residential treatment was related to low quality of life scores at admission. Improvement in physical component of quality of life was related to baseline alcohol intake and good somatic status. Improvement in mental component of quality of life was related to other drugs abuse/dependence.

Roberts, et al., (1999) conducted a study for Anxiety Disorders among Abstinent Alcohol-Dependent Patients. Anxiety is common among patients with alcohol dependence. Between 22% and 69 % of alcohol-dependence patients have comorbid anxiety. This indicated that for most patients with alcohol dependence, anxiety symptoms are temporary and are related to intoxication and withdrawal. However, symptoms may be more persistent among females. Results suggest that factors other than withdrawal may contribute to anxiety symptoms. Anxiety scores on admission showed significant correlations with severity of alcohol dependence and significant life events, but not with severity of alcohol withdrawal symptoms. In conclusion, the diagnosis of anxiety disorders among alcohol-dependent individuals should be delayed for at least a few weeks after abstinence.

Treatment interventions for anxiety disorders should be reserved for patients with persistent symptoms, as they may be at particular risk for relapse.

Agartz (1999) did the study on comparison of Hippocampal Volume in Patients with Alcohol Dependence of male and female patients. All subjects were between 27 and 53 years of age. The hippocampal volumes were measured from sagittal T₁-weighted high-resolution magnetic resonance images of alcoholic women had less lifetime drinking and a later age at onset of heavy drinking than alcoholic men. Both alcoholic men and women had significantly smaller right hippocampi and larger cerebrospinal fluid volumes than healthy subjects of the same sex. Only among women were the left hippocampus and the nonhippocampal brain volume also significantly smaller. The proportion of hippocampal volume relative to the rest of the brain volume was the same in alcoholic patients and healthy subjects, in both men and women. At last they concluded that the chronic alcoholism, the reduction of hippocampal volume is proportional to the reduction of the brain volume.

Poikolainen (1999) stated that risk factors for alcohol dependence .Several possible risk factors for ICD-10 alcohol dependence were studied by comparing cases (117 men, 188 women) with controls (248 men, 300 women). Logistic regression analyses showed that parental alcohol problems and high trait anxiety were significantly related to high occurrence of alcohol dependence in both men and women. In women, high antisocial behaviour, high impulsivity, and high externality were also related to high occurrence of alcohol dependence. High facial flushing and high stimulation when

intoxicated were related to low occurrence of alcohol dependence in both men and women.

2) *Literature related to stress among patients with alcohol dependence.*

Sinha, et al., (2011) stated that Effects of Adrenal Sensitivity, Stress- and Cue-Induced Craving, and Anxiety on Subsequent Alcohol Relapse and Treatment Outcomes. Alcoholism is a chronic, relapsing illness in which stress and alcohol cues contribute significantly to relapse risk. Dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, increased anxiety, and high alcohol craving have been documented during early alcohol recovery, but their influence on relapse risk. They concluded that significant effect of high adrenal sensitivity, anxiety, and increased stress- and cue-induced alcohol craving on subsequent alcohol relapse and treatment outcomes.

Helen c.fox et al, (2011) stated that Stress, alcohol cues, and dysregulated stress responses increase alcohol craving and relapse susceptibility, but few pharmacologic agents are known to decrease stress- and cue-induced alcohol craving and associated stress dysregulation in humans. He reported findings from a preliminary efficacy study of the alpha-1 receptor antagonist, prazosin, in modulating these relapse-relevant factors in alcohol-dependent individuals. Results showed that the prazosin group ($n = 9$) versus the placebo group ($n = 8$) showed significantly lower alcohol craving, anxiety, and negative emotion following stress exposure. The placebo group also showed significantly increased stress- and cue-induced alcohol craving, anxiety, negative emotion, and blood pressure (BP), as well as a blunted HPA response related to the neutral condition, while the prazosin group showed no

such increases in craving, anxiety, negative emotion, and BP, and no blunted HPA response to stress and alcohol cue exposure. Prazosin appears efficacious in decreasing stress- and cue-induced alcohol craving and may normalize the stress dysregulation associated with early recovery from alcoholism

Thorsell (2010) revealed that Brain neuropeptide Y and corticotropin-releasing hormone in mediating stress and anxiety. Neuropeptides such as neuropeptide Y (NPY) and corticotropin-releasing hormone (CRH) have been implicated not only in acute regulation of stress/anxiety-related behaviors, but adaptations and changes in these neuropeptide systems may also participate in the regulation of behavior and endocrine responses during chronic stress. NPY is an endogenous anxiolytic neuropeptide, while CRH has anxiogenic properties upon central administration. Changes in these neuropeptide systems may contribute to disease states and give us indications for the treatment targets for stress/anxiety disorders as well as alcohol/drug dependence.

Brown et al., (2010) stated that severity of psychosocial stress and outcome of alcoholism treatment. They examined the relation between stressful life events and drinking outcome among 129 male alcoholics had completed an alcohol treatment program. Life events were as approximately 40% of the pretreatment stressors were found to be directly or indirectly related to alcohol use. These data suggest that although less severe stress may not increase risk for relapse, acute severe stressors and highly threatening chronic difficulties may be associated with elevated relapse risk.

Kazaric-kovacic (2000) stated that the prevalence rate of current posttraumatic stress disorder (PTSD) and alcohol dependence ; the relationship of alcohol dependence and current posttraumatic stress disorder ; and trauma exposure in relation to alcohol dependence comorbid to posttraumatic stress disorder. A group of displaced persons (157 men and 211 women) was interviewed Questionnaire. Results showed that Men showed higher prevalence rate of a current posttraumatic stress disorder (50.3% of men vs. 36.5% of women, $p=0.011$), alcohol dependence (60.5% of men vs. 8.1% of women, $p<0.011$), and alcohol dependence comorbid with posttraumatic stress disorder (69.6% of men vs. 11.7% of women, $p<0.001$). The rate of alcohol dependence increased in relation to current posttraumatic stress disorder in men but not in women.

Allan et al., (1985) revealed that the severity of stressful life experiences and the relation of such events to alcohol consumption are important dimensions to be considered when examining the life event and alcohol relapse association. A significant portion of stressful life experiences that alcoholics reported for the year prior to treatment and one third of the posttreatment stress

Brownell et al., (1986) stated that Studies of alcohol relapse typically limit their focus to post treatment stress as a factor in returning to drinking even though stressful life events such as job loss or divorce that occur before treatment may continue to have an impact on the alcoholic during post treatment periods. In this study he introduce a method of classifying stressful life events and ongoing difficulties according to their association with

alcohol, and he assess whether alcoholics who return to drinking experience more threatening and chronic stressors that are unrelated to their drinking than those who abstain after treatment reported by relapsing alcoholics appears to be related to their alcohol use in that the stressful experience occurred during a drinking episode or was a consequence of alcohol use.

Billings & Moos, (1983) revealed the relation between stress and alcohol abuse is well documented, albeit not well understood. Alcoholics report high levels of life change 1 and abusers who relapse report stressful experiences before relapse drinking and more negative life events than recovered alcoholics. In general, these studies have demonstrated an association between stress and alcohol relapse, despite wide differences in the measurement of stress, outcome, and the length of time between treatment and follow-up.

3) Literature related to mindful raja yoga meditation on alcohol dependence.

Witkiewitz K. (2011) stated that alcohol dependence has been described as a relapsing condition and it has been proposed that alcohol lapses could potentially be explained by dynamic associations between contextual, interpersonal, and intrapersonal risk factors. The goal of the study was to examine static (alcohol dependence severity, treatment history, marital status, psychiatric symptoms) and dynamic (negative affect, craving, stress) predictors of heavy drinking during the course of treatment and up to one year following treatment. Results from dynamic latent difference score models indicated that higher levels of static and dynamic risk and increased dynamic risk over time were significantly associated with greater increases in heavy

drinking. Likewise, more frequent heavy drinking and higher static risk predicted higher levels of dynamic risk. In addition, changes in dynamic risk factors significantly mediated the association between changes in heavy drinking and both psychiatric symptoms and treatment history. It is important to note that while the effects of static and dynamic risk factors in the prediction of heavy drinking were statistically significant, the magnitude of the effects were small.

Chawla, et al., (2010) has shown that the majority of people went through mindfulness based treatment program for stressful person and report that reductions in both physical and psychological symptoms. Their attitude and behavior undergo deep, positive changes that are noted in a less conflicted perception of self, others and worked. This results in an increased ability to cope effectively in both short term and long term, stressful situation.

Hendershot CS, et al., (2010) study shown that the relapse prevention (RP) model has been a main stay of addictions theory and treatment since its introduction three decades ago. This paper provides an overview and update of relapse prevention for addictive behaviors with a focus on developments over the last decade (2000-2010). Major treatment outcome studies and meta-analyses are summarized, as are selected empirical findings relevant to the tenets of the relapse prevention model. Notable advances in relapse prevention in the last decade include the introduction of a reformulated cognitive-behavioral model of relapse, the application of advanced statistical methods to model relapse in large randomized trials, and

the development of mindfulness-based relapse prevention. We also review the emergent literature on genetic correlates of relapse following pharmacological and behavioral treatments. The continued influence of relapse prevention is evidenced by its integration in most cognitive-behavioral substance use interventions. However, the tendency to subsume relapse prevention within other treatment modalities has posed a barrier to systematic evaluation of the relapse prevention model. Overall, relapse prevention remains an influential cognitive-behavioral framework that can inform both theoretical and clinical approaches to understanding and facilitating behavior change.

Judson A. Brewer (2010) stated that to assess mindful meditation compared to cognitive behavioral therapy (CBT) in substance use and treatment acceptability, and specificity of mindful meditation compared to cognitive behavioral therapy in targeting stress reactivity. 36 individuals with alcohol and/or cocaine use disorders were randomly assigned to receive group mindful meditation or cognitive behavior therapy in an outpatient setting. Drug use was assessed weekly. After treatment, responses to personalized stress provocation were measured. Fourteen individuals completed treatment. There were no differences in treatment satisfaction, or drug use between groups. The laboratory paradigm suggested reduced psychological and physiological indices of stress during provocation in mindful meditation compared to cognitive behavior therapy. The study provides evidence of the feasibility of mindful meditation in treating substances use disorder and suggests that mindful meditation may be efficacious in targeting stress.

Aleksandra Zgiersk (2009) stated the efficacy of meditation for alcohol relapse prevention. Nineteen alcohol-dependence adults recruited from an intensive outpatient program (IOP) were enrolled in this ongoing 16-week study. The intervention included an eight-week meditation course and at-home meditation practice. Subjects' self-reported outcomes (alcohol consumption, drinking consequences, symptoms of stress, depression, anxiety, craving, subject satisfaction and adherence to study protocols) were assessed at baseline and every four weeks. Stress-responsive biomarkers (salivary cortisol, serum interleukin-6, IL-6) were obtained at baseline and at 16 weeks. After the meditation course, subjects rated it "very important" and as a "useful relapse prevention tool"; and were "very likely" to continue meditation. "Most valuable aspects" of meditation-related training included "gaining skills to reduce stress," "real-life skills for coping with craving," and "group support. Results support the feasibility of the intervention and the possible efficacy of meditation as adjunctive therapy for relapse prevention in alcohol dependence.

Nyklíček and Kuijpers (2008) conducted a study to compare the effects of mindful based stress reduction to a waiting list control condition in randomized controlled trial while examining potentially mediating effects of mindfulness. Forty women and twenty men from the community with symptom of distress were randomized into a group receiving mindfulness based stress reduction or a waiting-list control group. Before and after the intervention period, questionnaires were completed on psychological well being quality of life and mindfulness. This study showed that increased

mindfulness may, at least partially, mediate the positive effects of mindfulness based stress reduction intervention.

Smith- Shelley, Dalen, Bernard (2008) conducted a study was to compare the effects of two mind – body interventions, mindfulness – based stress reduction and Cognitive behavioral stress reduction. 50 subjects were recruited from the community. Perceived stress, depression, psychological well being binge eating, energy, pain and mindfulness were assessed before and after each course. The study indicated that while mindfulness based stress reduction intervention and Cognitive behavioral stress reduction may both be effective in reducing perceived stress and depression mindfulness – based stress reduction may be more effective in increasing mindfulness and energy and reducing pain.

Brown, Campbell and Rogge (2007) conducted two study in which they examined the role of mindfulness in romantic relationship satisfaction and in responses to relationship stress. Eighty-nine participants (73% women) were enrolled in the study, the average age of the participants was 19.3 years (range 18-23 yrs). For study 260 heterosexual couples were recruited to participate in the study. The average participants were 20.05 yrs old (range 18-25). The average length of the dating relationship was 13.48 months. Mindfulness was related to helper communication quality during the discussion. Both studies indicated that mindfulness may play an influential role in romantic relationship wellbeing.

Jain, Shapiro, Swanick (2007) conducted a study to examine the effects of a 1-month mindfulness, meditation versus Somatic relaxation

training as compared to a control group in 83 students reporting distress. Results revealed that meditation and relaxation groups experienced significant decrease in distress as well as increase in positive mood state, compared with control group. There were no significant difference between meditation and relaxation on distress and positive mood start. Mindfulness meditation may be specific in its ability to reduce distractive and ruminative thoughts and behaviors, and this ability may provide a unique mechanism by which mindfulness meditation reduce distress.

Shapiro, Brown and Biegel (2007) examined the effects of mindfulness based stress reduction for therapists in training using a prospectus, chort controlled design, 64 masters level counseling psychology students participated in the study. They were randomly divided into intervention or control group. The base line and post intervention measures were used. Distress and well being were assessed using positive and negative affectivity schedule Students in the mindfulness based stress reduction course were asked to complete daily mindfulness practice dairies for the entire 8 – week of intervention. The study found the participants in the mindfulness based stress reduction program reported significant decline in stress, negative effect, rumination and significant increase in positive effect and self comparison

Willams et al., (2006) stated that study subjects receive outpatient standard of care (SOC) therapy for alcohol dependence. In addition, experimental subjects receive the Mindfulness Meditation Relapse Prevention ('meditation') intervention. This intervention is an extension of existing

meditation-based therapies for stress, relapse prevention in addictive disorders, and depression. It has been directly patterned after Mindfulness Based Relapse Prevention and tailored to the specific needs of alcoholics. Its curriculum includes both meditation and "traditional" cognitive therapy relapse prevention components. The intervention consists of an 8-week, manualized meditation course (2 hours/week group sessions) guided by trained instructors. In addition, experimental subjects are asked to meditate at-home (30 min/day, 6 days/week).

Kabat – Zinn (2005) defined as “moment-to-moment”, non-judgemental awareness, cultivated by paying attention in a specific way. In the present moment, and as non-reactively, as non judgemental and open heartedly as possible. When it is cultivated intentionally, it is sometimes referred to as effortless mindfulness.

“*Bishop et al., (2004)* have operationally defined a two -component model of mindfulness. Self-regulation of attention of immediate experiences thereby allowing for increased recognition of mental events in the present moment and adopting an orientation of curiosity, openness and acceptance towards one’s experiences in each moment

Ramel, Goldin, and Carmona (2004) examined the effects of an 8-week course in mindfulness based stress reduction on affective symptoms (depression and anxiety), dysfunctional attitudes and rumination. They studied a sample of individuals with life time mood disorders who were assessed prior to and upon completion of an MBSR course and also compared a waitlist sample matched with a subset of the MBSR completers, Overall, the

results suggested that mindfulness meditation practice primarily leads to decrease in ruminative thinking, even after controlling for reductions in affective symptomatology and dysfunctional beliefs.

Majgi (2004) conducted a study to examine the efficacy of mindfulness – Based stress reduction program and mindfulness meditation in reducing stress in border Security force personnel. The therapeutic intervention was carried out in 10 sessions group I was subjected to 10 sessions of mindfulness – Based stress reduction program involving the training and practice of Mindfulness meditation and cognitive behavioral techniques relevant to the based stress programme personnel. Subjects in group 2 were subjected to the train and practiced of mindful meditation of only following the first orientation session common to both groups. Results revealed that there was statistically significant reduction in stress and improvement in psychological well being in both the groups as measured.

Baer (2003) has suggested several mechanisms to explain how mindful meditation work. These mechanisms are exposure (prolonged non – judge mental exposure leads to desensitization with a reduction in the emotional response over time) cognitive change. He understanding that they are not always accurate reflections of reality) self management (promotes use of a range of coping skills) relaxation with non judge mental observation of current condition and acceptance .They experiencing event fully without defense as they are and with buying to change, escape or avoid.

Mao (2003) studied the efficacy of mindfulness – based cognitive behavioral interventions in reducing anxiety, worry and modifying negative

cognitions in client anxiety. four clients were subjected to 23 sessions of mindfulness – based cognitive behavioral . The pre, mid, post assessments were carried out using Hamilton’s anxiety rating scale. Cognitions somatic Anxiety questionnaire and Dysfunctional Attitude scale. Results of the study for individual case analysis medicate clinically significant improvement in anxiety in all the measures.

Shapiro, Bootzin and Figueredo (2001) examined the efficacy of a stress reduction intervention for women with heart cancer. Analysis examined the effects on sleep complaints. Participants in the mindful based stress reduction reported greater mindfulness practice improved significantly, more in the sleep quality measure most strongly associated with distress.

Specia, Carlso and Goody (2000) studied the effect of mindfulness based stress reduction program in a medical population comprising of a mixed sample of cancer patients. The goal of this work was to assess the effects of participation on mood disturbance and symptoms of stress in cancer outpatients immediately after and to months after program completion. A patients completed the profile of mood status and symptoms of stress inventory both before and after the intervention and 6 months later. The results showed in implies 65% and 35% reduction in total blood disturbances and stress symptoms respectively. This spent practicing meditation corrected with reduction in mood disturbance.

Beon, et al., (2000) done on study on (MBSR) mindful stress relaxation used as an adjunct to individual psychotherapy. This study explored whether MBSR, used as an adjunct to individual psychotherapy, would result

in more rapid alleviation of symptoms, increased achievement of therapeutic goals, and a decrease in number of therapy sessions sought by clients. A group undergoing psychotherapy coupled with training in MBSR was compared to a group undergoing psychotherapy alone. At the conclusion of MBSR training, the groups showed a comparable significant decrease in psychological distress. However, the MBSR groups gain on a novel measure of goal achievement were significantly greater than those of the comparison group. In addition, the MBSR group terminated therapy at a significantly greater rate than the comparison group. MBSR early in psychotherapy, as well as its effect on -directed self goal attainment in non-psychotherapy contexts, deserve further attention.

Shapiro et al., (1998) revealed that 8-week meditation-based stress reduction on 73 paramedical and medical students showed using an intervention group and a wait-list control group that the intervention can effectively reduce self-reported state and trait anxiety, reduce reports of overall psychological distress including depression, increase scores on overall empathy levels, and increase scores on a measure of spiritual experiences assessed at termination of intervention.

Kurtz, Bory senko and Benson (1985) provided with a model for integrating the practice of mindful meditation in to practice of psychotherapy. It provide a rigorous and systematic training in mindfulness meditation that build's upon the principles and research results of behavior medicine. This programme is being widely used for the self management of stress and emotional distress in which a wide range of stress – related disorder.

SETTING OF THE STUDY

The study was conducted at Wisdom De-addiction cum Rehabilitation Centre, located at Saidapet, Chennai. It is a 100 bedded residential centre for the treatment of alcohol and drug abuse. The treatment includes detoxification, maintenance and rehabilitation of patients. Dr.S.A Nambi is the Director of wisdom hospital. In the hospital medical team includes two Psychiatrist, three psychologist, three nurses, five health worker and three security. The family therapy, Psychotherapy and Councelling are given along with the alcoholic treatment.

STUDY POPULATION

Target population: patient with alcohol dependence

Accessible Population of the study includes patients with alcohol dependence admitted in wisdom De-addiction cum Rehabilitation centre

SAMPLE AND SAMPLE SIZE

The sample was patients with alcohol dependence who fulfilled the inclusion criteria in wisdom De-addiction cum Rehabilitation centre and the sample size was 40.

SAMPLING TECHNIQUE

A non-probability convenience sampling method was used to select the samples.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

- 1) The study is limited to those with stress score above 82.
- 2) The participants were only alcohol dependence.

- 3) Participants were only male.
- 4) Patients with alcohol dependence who have completed 7 days after admission.
- 5) Who understand Tamil / English.

Exclusion Criteria

1. Patients who were not willing to participate in this study.
2. who have psychomotor, behavioral and cognitive disturbance was excluded.
3. The study is limited to patients who had stress score above 82 as measured by Dr.Hari's stress inventory.

Description of the tool

The tool of the study has two sections

Section A : Demographic variables proforma

Section B : Dr. Hari's stress inventory

SECTION A

Demographic variables proforma with alcohol dependence include age, marital status, type of family, size of the family, educational status, religion, habitant, family income, occupational status , other habits, Duration of alcohol intake and number of hospitalisation

SECTION B:

Modified Dr.Hari's stress inventory was used to assess the level of stress among alcohol dependence. It has 66 items of both negative and

positive question. It is a 5 point Likert scale, with positive items is rated as 1-fully agree 2- agree 3- cannot say 4-disagree 5-totally disagree. Negative items are rated reversely.

Positive question: 1, 3, 5, 7, 9, 10, 12, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 32,33,34,35,36,37,38,39 40, 41, 42, 45, 47, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59,61,62,63.

Negative question : 2, 4, 6, 8, 11, 13, 14, 17, 31, 43, 44, 46, 48, 49, 60, 64, 65, 66.

Maximum score : 330

Minimum score : 66

SCORE INTERPRETATION

Normal stress : 1-82

Mild stress : 83-165

Moderate stress : 166-245

Severe stress : > 246

TESTING OF THE TOOL

Validity

This tool was validated by the three experts from psychiatrist, clinical psychologist and psychiatric nursing.

Reliability

The reliability of the tool was established by test re-test method. There was a positive significant in test retest method 'r' value is 0.85 which is highly reliable.

Pilot study

Pilot study was conducted in Wisdom De-addiction cum rehabilitation centre from 07.03.2011 to 21.03.2011 among patients with alcohol dependence on level of stress. Convenient sampling technique was used to select samples. Three samples were selected from group and were assessed for the effectiveness of mindful raja yoga meditation. The pilot study was very useful in testing the feasibility of the instrument. Then the data was analyzed and interpreted.

DATA COLLECTION PROCEDURE

Written permission was obtained from Director of Wisdom de-addiction cum rehabilitation centre. Data was collected from 4.6.11-21.7.11. Then the investigator assessed the level of stress of patients with alcohol dependence by used Modified Dr.Hari's stress inventory. The patients who had mild and moderate level of stress were selected for study. 10 participants comprised a group and practiced mindful raja yoga meditation in 14 days. After initial sessions of teaching on mindful raja yoga meditation by the investigator, each participant was requested to do return demonstration. The participants were assisted with the regular practice of mindful raja yoga meditation for 45 minutes every day for 14 days. On the 15 days post test was conducted by using Dr.Har's stress inventory to measure level of stress.

PLAN FOR DATA ANALYSIS

S. No	OBJECTIVE	DATA ANALYSIS
1	To assess the level of stress among patients with alcohol dependence.	Descriptive statistics – frequency, percentage, mean and standard deviation
2	To determine the effectiveness of mindful meditation on level of stress among patients with alcohol dependence.	Inferential statistics - Paired t- test
3	To associate the level of stress among patients with alcohol dependence with selected demographic variables.	Inferential statistics - Chi-square test.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION OF FINDINGS

This chapter deals with the data analysis and interpretation of data to assess the effectiveness of mindful raja yoga meditation on stress among patients with alcohol dependence admitted at de-addiction cum rehabilitation centre, at saidapet, Chennai.

Descriptive and inferential statistics were used for the analysis of the data. According to the study objectives the interpretation has been tabulated and organized as follows:

ORGANIZATION OF DATA

- Section A*** : Description of demographic variables patients with of alcohol dependence.
- Section B*** : Comparison of effectiveness of mindful raja yoga meditation on level of stress among patients with alcohol dependence.
- Section C*** : Association of post test level of stress among patients with alcohol dependence with their selected demographic variables.

SECTION-A

Table-1: Frequency and percentage distribution of demographic variables of patients with alcohol dependence.

N = 40

S. No.	Demographic Variables	No.	%
1.	Age		
	a. 21 - 30 years	10	25.00
	b. 31 – 40 years	15	37.50
	c. 41 - 50 years	5	12.50
	d. >50 years	10	25.00
2.	Marital Status		
	a. Unmarried	16	40.00
	b . Married	22	55.00
	c. Widower/Separated	0	0.00
	d. Divorce / Separated	2	5.00
3.	Type of family		
	a. Nuclear	17	42.50
	b. Joint	23	57.50
4.	Size of the family		
	a. Till 2	5	12.50
	b. 3 – 5	18	45.00
	c. More than five	17	42.50
5.	Educational status		
	a. Illiterate	3	7.50
	b. Primary school	10	25.00
	c. High school	14	35.00
	d. College and above	13	32.50

S. No.	Demographic Variables	No.	%
6.	Religion a. Hindu b. Christian c. Muslim d. Others	28 11 1 0	70.00 27.50 2.50 0.00
7.	Habitant a. Urban b Rural	30 10	75.00 25.00
8.	Economical Status a. Rs.2000 & below b. Rs.2001 - 4000/- c. Rs.4001 - 6000/- d. Rs.Above Rs.6000/-	3 6 17 14	7.50 15.00 42.50 35.00
9.	Occupational Status a. Business b. Professionals c. Government Employee d. Private employee e. Skilled labour	11 1 6 17 5	27.50 2.50 15.00 42.50 12.50
10.	Other habits a. Smoking b. Tobacco chewing c. Snuff d. Others	27 6 0 7	67.50 15.00 0.00 17.50

S. No.	Demographic Variables	No.	%
11.	Duration of alcohol intake		
	a. Below 2 years	2	5.00
	b. >2 - 3 years	3	7.50
	c. >3 - 5 years	9	22.50
	d. Above 5 years	26	65.00
12	Frequency of Hospitalisation		
	a. First time	18	45.00
	b. Second time	10	25.00
	c. Third time	11	27.50
	d. Four and above	1	2.50

The table 1: shows that majority of the patients 15(37.50%) were between 31-40 years 10 (25%) belongs to 21-30 years,10(25%) were greater than 50 years, least 5(12.50%) of patients were between 41-50 years and none of the patients.

Regarding the marital status, majority 22 (55%) of the patients were married, 16(40.00%) were unmarried patients.

Concerning the type of the family majority of the patients 23(57.50%) lead a joint family life and (42.5%) leads nuclear family life.

Regarding the size of the family majority 18(45%) are more than 3-5 members , 5(12.50%) were having 2 members in the family.

Concerned with the educational status majority the patients (35%) had undergone high school education (32.5%) studied up to college level and only (25%) received primary education.

Regarding religion majority of the patients 28 (70.00%) were hindu , 11(27.5%) were christians , and 1(2.50%) was muslims.

Regarding the habitant majority 30(75%) besides in urban and 10(25%) besides in rural area.

Concerning the family income of the patients majority of them 17(42.5%) were earningRs.4001-6000/- months.

Regarding the occupation status , majority of the patients 17(42.50%) were private employee and11 (27.50%) involved in business.

Concerned with the other habits majority of the 27(67.50%) were smokers.

Concerned with the alcohol intake majority of the patients 26(65%) were consuming alcohol above 5 years.

Regarding the frequency of hospitalization majority 18(45.00%) were hospitalized for the first time.

Fig-2: Percentage distribution of age of the patient with alcohol dependence

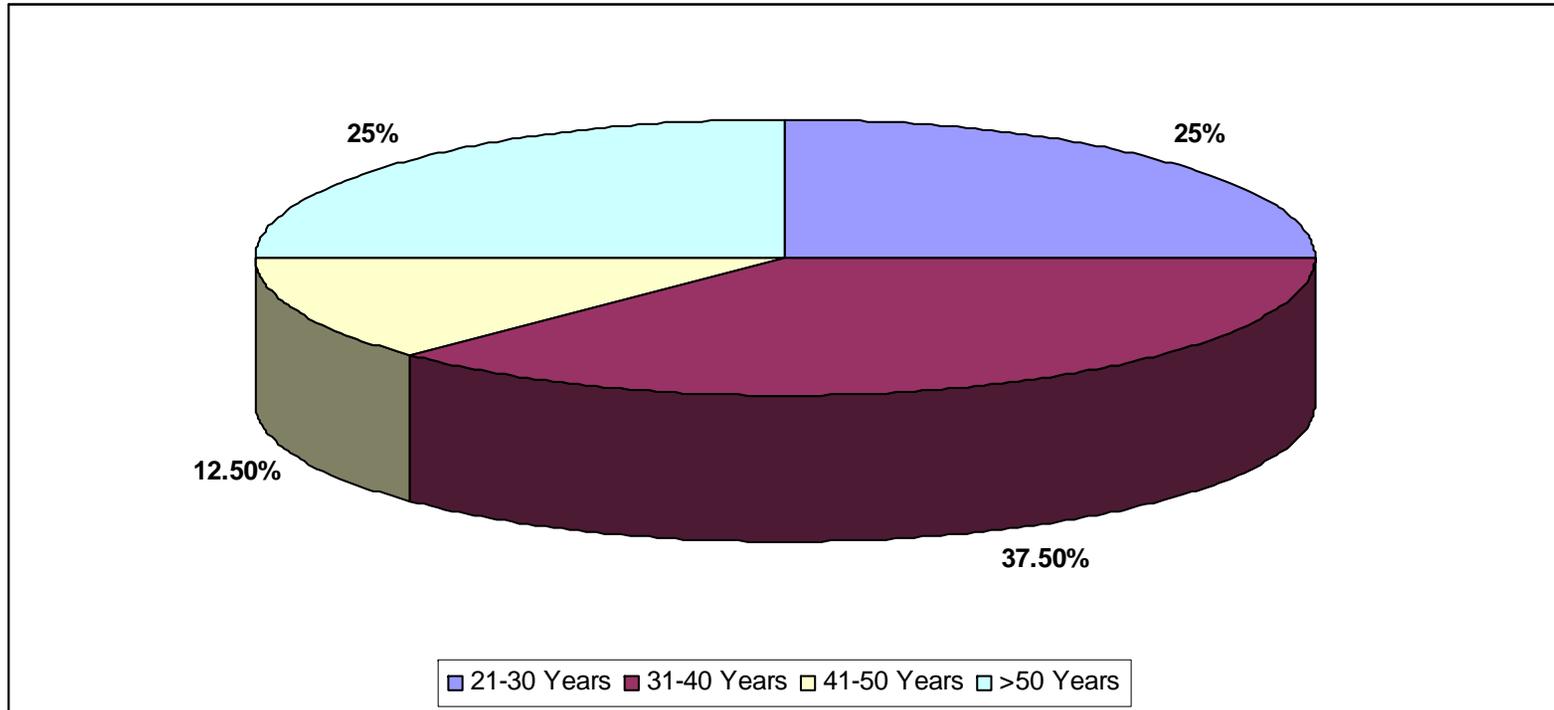


Fig-3: Percentage distribution of religion of the patient with alcohol dependence

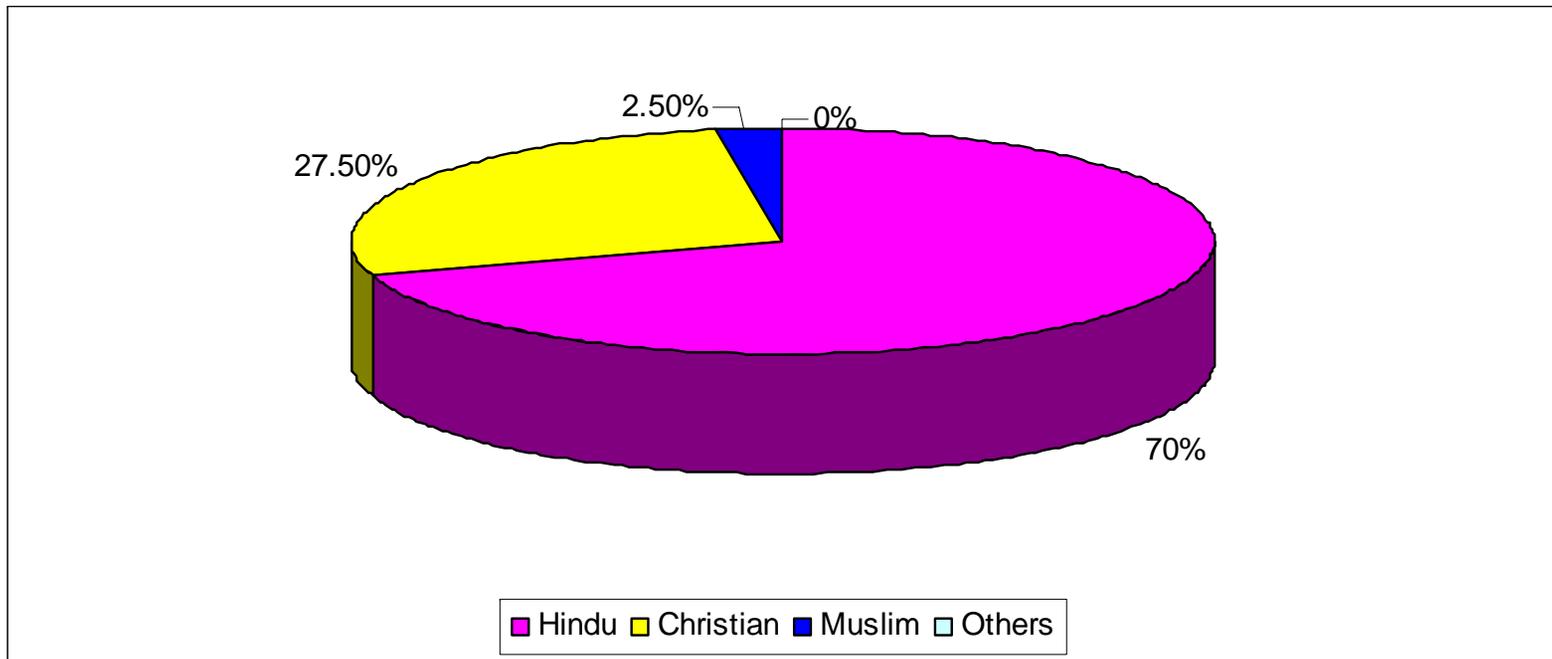


Fig-4: Percentage distribution of other habits of the patient with alcohol dependence

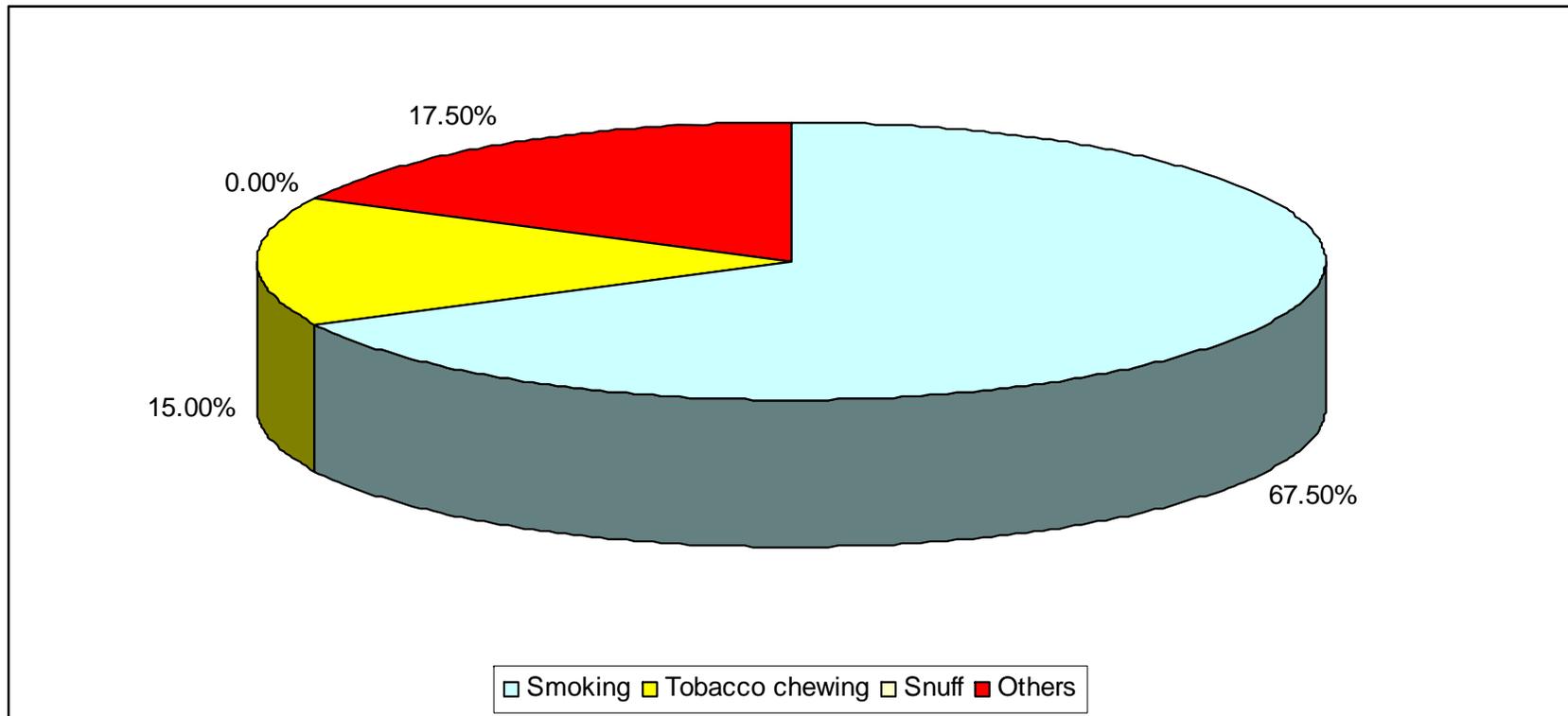


Fig-5: Percentage distribution of duration of alcohol intake by patients with alcohol dependence

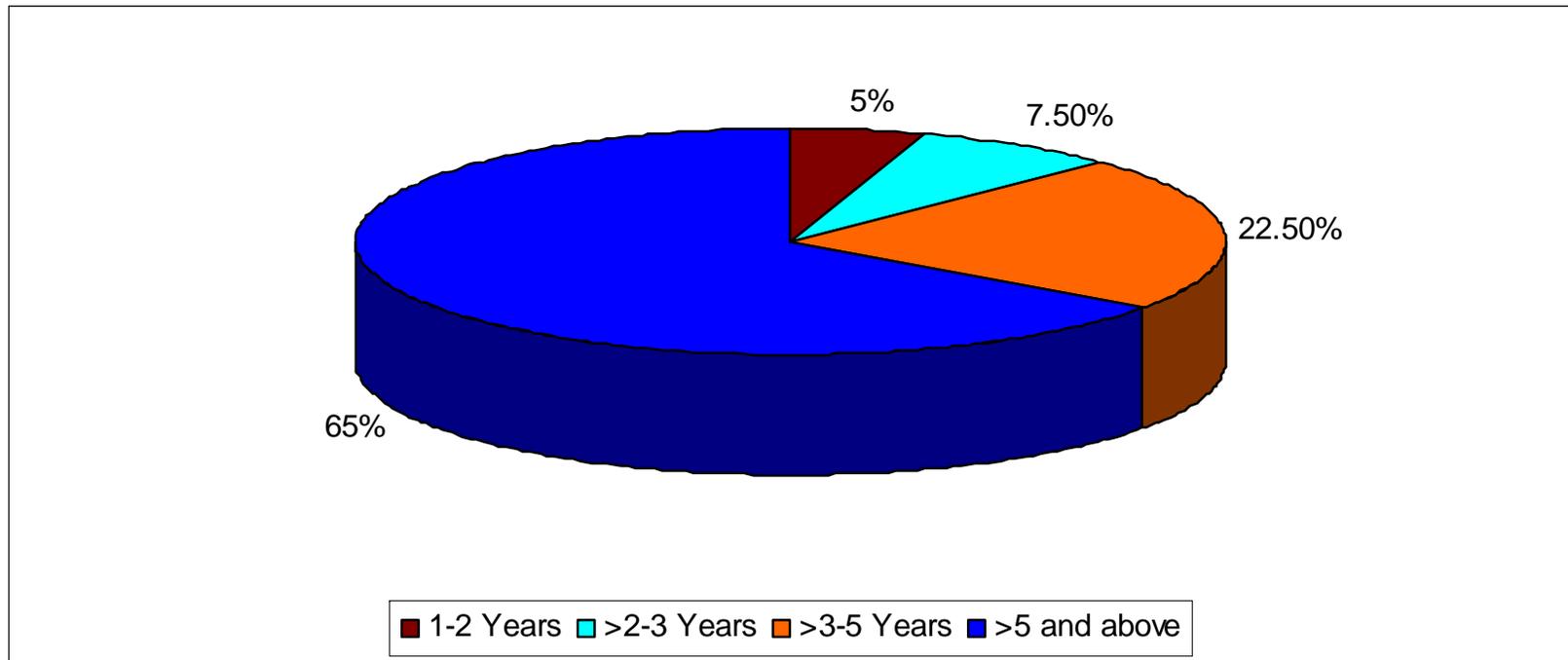


Fig- 6: Percentage Distribution of Duration of hospitalization of the patient with alcohol dependence

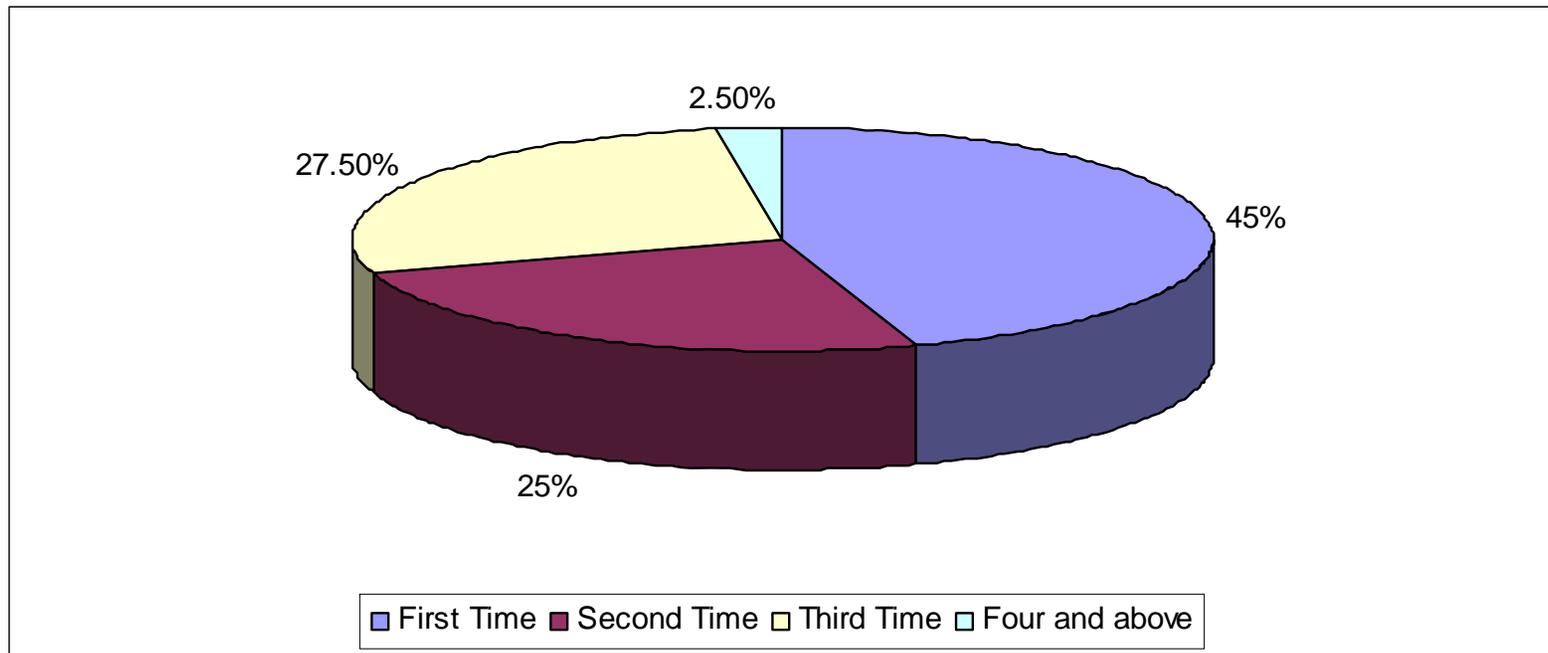


Table-2: Frequency and percentage distribution of pre and post test level of stress among alcohol dependence.

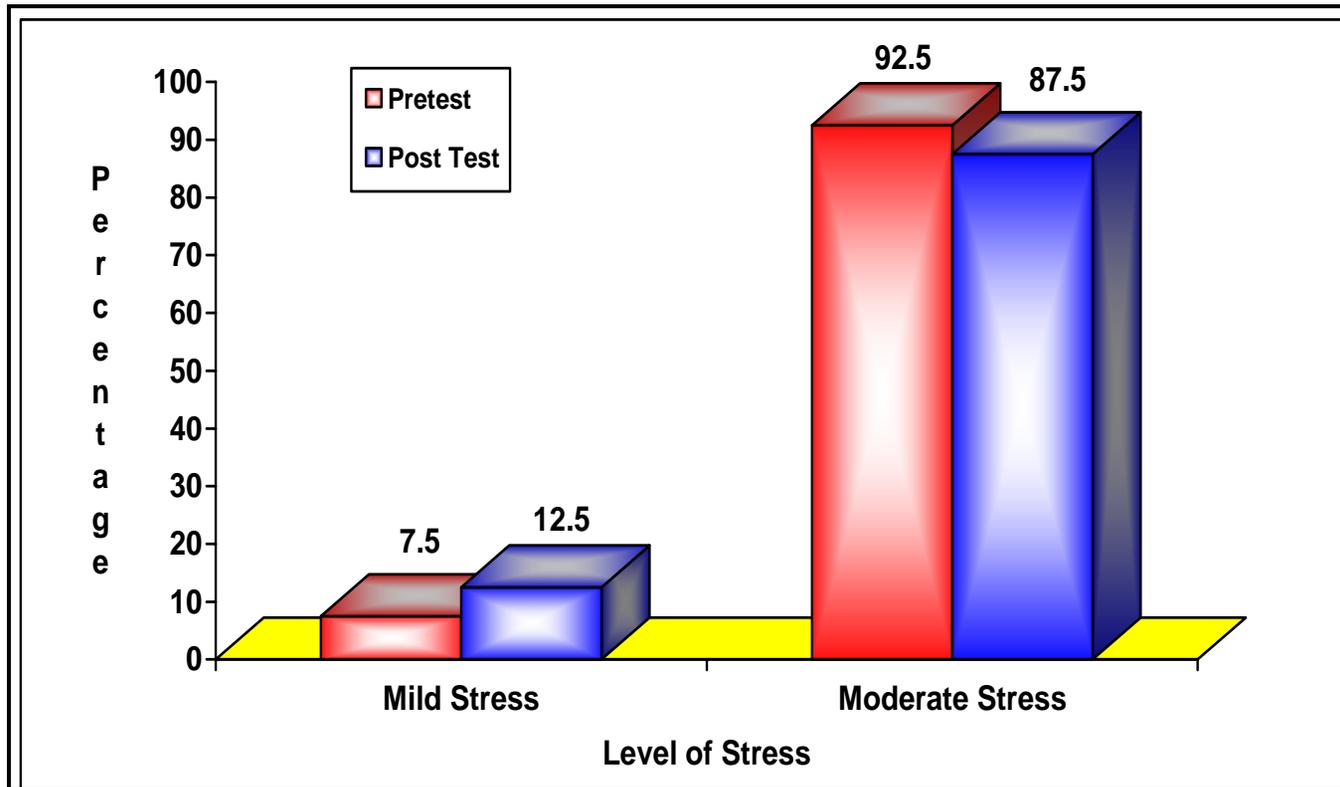
N = 40

Level of Stress	Mild Stress		Moderate stress	
	No.	%	No.	%
Pretest	3	7.5	37	92.5
Post Test	5	12.5	35	87.5

The table 2 shows that in the pretest, majority of the patients with alcohol dependence i.e., 37(92.5%) had moderate level of stress and only 3(7.5%) had mild level of stress.

In the post test, majority of the alcohol dependence i.e., 35 (87.5%) had moderate level of stress and 5(12.5%) had mild level of stress.

Fig-7: Percentage distribution of pretest and post test level of stress among patient with alcohol dependence



SECTION-B

Table-3: Comparison of pre and post test level of stress among alcohol dependence after mindful raja yoga meditation.

N = 40

Stress	Mean	SD	't' Value
Pretest	195.25	22.42	t = 2.145* p = 0.038, (S)
Post Test	186.90	21.01	

*p<0.05, S – Significant

Table 3 depicts show that the pretest mean score was 195.25 with SD 22.42 and post test mean stress score was 186.90 with SD 21.01 and the calculated 't' value of 2.145 was statistically significant at p>0.05 level which clearly shows that there was a significant and decrease in the level of stress among alcohol dependence after practicing mindful raja yoga meditation. Hence the research hypothesis H1 was accepted.

SECTION C

Table-4: Association of post test level of stress among patients with alcohol dependence with their demographic variables. N = 40

S. No.	Demographic Variables	Mild Stress		Moderate stress		Chi-Square Value
		No.	%	No.	%	
1.	Age					
	a. Below 20 years	-	-	-	-	$\chi^2 = 6.171$ d.f = 3 p = 0.104 N.S
	b. 21 - 30 years	2	5.0	8	20.0	
	c. 31 - 40 years	0	0	15	37.5	
	d. 41 - 50 years	2	2.5	3	7.5	
	e. >50 years	1	5.0	9	22.5	
2.	Marital Status					
	a. Unmarried	2	5.0	14	35.0	$\chi^2 = 0.312$ d.f = 2 p = 0.856 N.S
	b. Married	3	7.5	19	47.5	
	c. Widower/Separated	-	-	-	-	
	d. Divorce / Separated	0	0	2	5.0	
3.	Type of family					
	a. Nuclear	1	2.5	16	40.0	$\chi^2 = 1.184$ d.f = 1 p = 0.277 N.S
	b. Joint	4	10.0	19	47.5	
4.	Size of the family					
	a. Till 2	0	0	5	12.5	$\chi^2 = 2.951$ d.f = 2 p = 0.229 N.S
	b. 3 – 5	4	10.0	14	35.0	
	c. More than five	1	2.5	16	40.0	
5.	Educational status					
	a. Illiterate	0	0	3	7.5	$\chi^2 = 5.127$ d.f = 3 p = 0.163 N.S
	b. Primary school	3	7.5	7	17.5	
	c. High school	2	5.0	12	30.0	
	d. College and above	0	0	13	32.5	

S. No.	Demographic Variables	Mild Stress		Moderate stress		Chi-Square Value
		No.	%	No.	%	
6.	Religion					$\chi^2 = 3.072$ d.f = 2 p = 0.215 N.S
	a. Hindu	2	5.0	26	65.0	
	b. Christian	3	7.5	8	20.0	
	c. Muslim	0	0	1	2.5	
	d. Others	-	-	-	-	
7.	Habitant					$\chi^2 = 0.076$ d.f = 1 p = 0.783 N.S
	a. Urban	4	10.0	26	65.0	
	b. Rural	1	2.5	9	22.5	
8.	Family income					$\chi^2 = 2.007$ d.f = 3 p = 0.571 N.S
	a. Rs 2000/-and below	1	2.5	2	5.0	
	b. Rs.2001 - 4000/-	1	2.5	5	12.5	
	c. Rs.4001 - 6000/-	1	2.5	16	40.0	
	d. Above Rs.6000/-	2	5.0	12	30.0	
9.	Occupational Status					$\chi^2 = 6.448$ d.f = 4 p = 0.168 N.S
	a. Business	2	5.0	9	22.5	
	b. Professionals	0	0	1	2.5	
	c. Government Employee	1	2.5	5	12.5	
	d. Private employee	0	0	17	42.5	
	e. Skilled labour	2	5.0	3	7.5	
10.	Other habits					$\chi^2 = 0.163$ d.f = 2 p = 0.922 N.S
	a. Smoking	3	7.5	24	60.0	
	b. Tobacco chewing	1	2.5	5	12.5	
	c. Snuff	-	-	-	-	
	e. Others	1	2.5	6	15.0	

S. No.	Demographic Variables	Mild Stress		Moderate stress		Chi-Square Value
		No.	%	No.	%	
11.	Duration of alcohol consumption					$\chi^2 = 1.514$ d.f = 3 p = 0.679 N.S
	a. 1 - 2 years	0	0	2	5.0	
	b. >2 - 3 years	0	0	3	7.5	
	c. >3 - 5 years	2	5.0	7	17.5	
	d. >5 and above	3	7.5	23	57.5	
12.	Frequency of Hospitalization					$\chi^2 = 0.556$ d.f = 3 p = 0.906 N.S
	a. First time	2	5.0	16	40.0	
	b. Second time	1	2.5	9	22.5	
	c. Third time	2	5.0	9	22.5	
	d. Fourth time above	0	0	1	2.5	

N.S – Not Significant

The table 4 shows that none of the demographic variables had statistically significant associated with the post test level of stress among alcohol dependence. Hence the hypothesis H2 was rejected.

CHAPTER-V DISCUSSION

The aim of the study was to assess the effectiveness of mindful raja yoga meditation on level of stress among patients with alcohol dependence admitted at wisdom de-addiction cum rehabilitation centre, at saidapet, Chennai. A Quasi Experiment – one group pre and post test research design a was used for the study. Convenient sampling technique was used to select the samples. Modified Dr.Hari's stress inventory was used for data collection. After data collection, data was organised, tabulated, summarized and analyzed. The study finding were discussed in this chapter with reference to the objectives of the study.

DEMOGRAPHIC VARIABLES OF THE PATIENTS

The table 1: shows that majority of the patients 15(37.50%) were between 31-40 years 10 (25%) belongs to 21-30 years,10(25%) were greater than 50 years, least 5(12.50%) of patients were between 41-50 years and none of the patients.

Regarding the marital status, majority 22 (55%) of the patients were married, 16(40.00%) were unmarried patients.

Concerning the type of the family majority of the patients 23 (57.50%) lead a joint family life and (42.5%) leads nuclear family life.

Regarding the size of the family majority 18(45%) are more than 3-5 members , 5(12.50%) were having 2 members in the family.

Concerned with the educational status majority the patients (35%) had undergone high school education (32.5%) studied up to college level and only (25%) received primary education.

Regarding religion majority of the patients 28 (70.00%) were hindu , 11(27.5%) were christians , and 1(2.50%) is a muslims.

Regarding the habitant majority 30(75%) besides in urban and 10(25%) besides in rural area.

Concerning the family income of the patients majority of them 17(42.5%) were earningRs.4001-6000/- months.

Regarding the occupation status , majority of the patients 17(42.50%) were private employee and11 (27.50%) involved in business.

Concerned with the other habits majority of the 27(67.50%) were smokers.

Concerned with the alcohol intake majority of the patients 26(65%) were consuming alcohol above 5 years.

Regarding the frequency of hospitalization majority 18(45.00%) were hospitalized for the first time.

The discussion is based on objectives

The first objective of the study was to assess the level of stress among patients with alcohol dependence.

The study shown that among the 40 patients with alcohol dependence 3(7.5%) had mild and 37(92.5%) had moderate level of stress .

Clarke et al, (2011) the study shown that alcohol abuse and dependence have proven to be complex genetic traits that are influenced by environmental factors. This studies have shown that early life stress increases the propensity for alcohol abuse. The reinforcing properties of alcohol are mediated by dopaminergic signaling effects on dopaminergic tone alcohol dependence and stress related alcohol abuse in adolescents. A alcohol dependence and may moderate the effect of early psychosocial stress on risky alcohol drinking in adolescents.

The second objective was to comparison of effectiveness of mindful meditation on level of stress among patients with alcohol dependence

The results of the study show that in the alcohol dependence the mean pretest level of stress score was 195.25 with SD 22.42 and the mean post test level of stress score was 186.90 with SD 21.01. The calculated 't' value of 2.145 was statistically highly significant at $P < 0.05$ level which clearly shows that mindful raja yoga meditation there is a significant decrease in the level of stress among the patients with alcohol dependence.

Zgierska et al., (2009) in University of Wisconsin Gateway Recovery Madison, conducted study on prevention of relapse in alcohol dependence after the meditation course, subjects rated it "very important" and as a "useful

relapse prevention tool"; and were "very likely" to continue meditation. "Most valuable aspects" of meditation related training included "gaining skills to reduce stress," "real-life skills for coping with craving," and "group support".

Zgierska et al., (2008) stated that Mindfulness Meditation for alcohol dependence may be an effective adjunctive therapy for relapse prevention in alcohol dependence.

The third objective was to associate the level of stress among patients alcohol dependence with their demographic variables.

Table 4 shows that none of the demographic variables had significant association between patients with alcohol dependence. Hence the hypotheses H2 was rejected.

In conclusion the study findings revealed that mindful raja yoga meditation is effective in reducing the level of stress among the patients with alcohol dependence and support the research hypothesis that there is a significant difference in the level of stress among patients with alcohol dependence in pretest and in posttest after practicing mindful raja yoga meditation.

CHAPTER-VI

SUMMARY, FINDINGS AND RECOMMENDATIONS

SUMMARY OF THE STUDY

The study was aimed at testing the effectiveness of mindful raja yoga meditation on level of stress among patients with alcohol dependence admitted at wisdom de-addiction cum rehabilitation centre, at saidapet, Chennai. The study was conducted using the a quasi experiment - one group pre and post test design was used. The sample size is 40 patients which alcohol dependence admitted in Wisdom De-addiction cum Rehabilitation centre.

The objectives of the study were

- 1) To assess the level of stress among patients with alcohol dependence.
- 2) To determine the effectiveness of mindful meditation on level of stress among patients with alcohol dependence.
- 3) To associate the level of stress with selected demographic variables of patients with alcohol dependence.

Review of related literature and studies from both primary and secondary sources was done to support the selected study problem, design the methodology, formulate conceptual framework and select tool for data collection.

The conceptual framework was developed on Modified Ernestine Wiedenbach's helping art clinical nursing theory 1964

The research design used in this study was quasi experimental - one group pre and post test research design. The duration for the data collection was six weeks. A sample of 40 patients fulfilling the inclusion criteria were selected by means of convenient sampling technique. The investigator after establishing rapport with the participants, assessed the level of stress through a self administration questionnaire. Then demonstrated the mindful raja yoga meditation demonstration by the investigator and the patients were assisted in the practice of mindful raja yoga meditation.

Data analysis was done using descriptive and inferential statistical methods. Analysis of the data revealed that the practice of mindful raja yoga meditation reduced the level of stress among patients with alcohol dependence showing a statistically significant difference at the level of $P < 0.05$ collection. Hence the study supported the research hypothesis. There was no association between the demographic variables of the patients. Here second hypothesis (H2) was rejected.

The Findings of the study were

Demographic variables proforma of patients

The table 1: shows that majority of the patients 15(37.50%) were between 31-40 years 10 (25%) belongs to 21-30 years, 10(25%) were greater than 50 years, least 5(12.50%) of patients were between 41-50 years and none of the patients.

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Regarding the size of the family majority 18(45%) are more than 3-5 members , 5(12.50%) were having 2 members in the family.

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Regarding religion majority of the patients 28 (70.00%) were hindu , 11(27.5%) were christians, and 1(2.50%) is a muslims.

Regarding the habitant majority 30(75%) besides in urban and 10(25%) besides in rural area.

Concerning the family income of the patients majority of them 17(42.5%) were earningRs.4001-6000/- months.

Regarding the occupation status, majority of the patients 17(42.50%) were private employee and11 (27.50%) involved in business.

Concerned with the other habits majority of the 27(67.50%) were smokers.

Concerned with the alcohol intake majority of the patients 26(65%) were consuming alcohol above 5 years.

Regarding the frequency of hospitalization majority 18(45.00%) were hospitalized for the first time.

The table 3: shows that the pretest 37(92.5%) patients had moderate level of stress and 3 (7.5%) and mild level of stress.

The table-3: shows that the post test, after the intervention of mindful meditation 5(12.5%) had mild level of stress and 35(87.5%) had moderate level of stress.

The results of the study show that in the alcohol dependence the mean pretest level of stress score was 195.25 with SD 22.42 and the mean post test level of stress score was 186.90 with SD 21.01. The calculated 't' value of 2.145 was statistically highly significant at $P < 0.05$ level which clearly shows that mindful raja yoga meditation there is a significant decrease in the level of stress among the patients with alcohol dependence.

Table 4 shows that none of the demographic variables had significant association between patients with alcohol dependence. Hence the hypotheses H2 was rejected.

CONCLUSION

The study conclude that the mindful raja yoga meditation had significant effect and decrease the level of stress among patients with alcohol dependence.

NURSING IMPLICATIONS

In the mental health team, nurse plays a pivotal role in the provision of psycho social therapies. The nurse in psychiatric field need to be aware that stress is the baseline cause for the development of other problems among the patients with alcohol dependence. As mindful meditation is a simple and easy

way of relaxation to reduce the stress, it can be included as a part of psychosocial therapy. Therefore this study has important implications in:

- ❖ Nursing practice
- ❖ Nursing education
- ❖ Nursing Administration
- ❖ Nursing Research

NURSING PRACTICE

Hospital

All the alcohol dependence will be having stress. In order to prevent the relapse mindful raja yoga meditation can be used to reduced relapsed stress associated with alcohol dependence. Nurses can incorporated mindful raja yoga meditation as a complementary therapy along with pharmacotherapy. The nurse needs to motivate patients to practice the mindful raja yoga meditation even at home.

Community

The community health nurse can teach the mindful raja yoga meditation to the alcohol dependence and their family in order to relieve the stress. The nurse should have good knowledge about mindful raja yoga meditation to reduce stress level among patients with alcohol dependence in the community.

NURSING EDUCATION

Teach the students about the effectiveness of complementary therapy in reducing alcoholic stress. The nursing curriculum should be constructed to provide more extensive knowledge to the nursing students regarding the

psychosocial therapies. The nurses need to be specialized in techniques of relaxation and apply it in patient care. Continuing nursing education program on mindful meditation can also be conducted.

NURSING ADMINISTRATION

A nurse administrator can formulate policies to initiate the mindful raja yoga meditation for alcoholic patients. A nurse administrator must periodically evaluate the nursing interventions used in the hospitals. The nursing administrator should plan and organize training programme on mindful raja yoga meditation for the nurses and should monitor the effectiveness of the therapy on the outcome of patient care.

NURSING RESEARCH

The study results used as a base for other studies. Nursing practice initiates ideas for nursing research. Evidence based practice is a cornerstone of the professional nursing practice which will enhance the quality of patient care and form a foundation on which nursing care is based. A team response must be generated among nurses to perform various studies to bring out evidence based practice.

RECOMMENDATIONS FOR FUTURE RESEARCH

- 1) A similar study can be replicated with a large sample size.
- 2) This study can be carried out among the patients with other mental disorder and general illness condition.
- 3) The study can be done as longitudinal study.
- 4) 4. The study can be done by maximizing the time period of mindful raja yoga meditation.

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