

Forgiveness Therapy in the Management of Anxiety among Hospitalized Alcoholic Clients

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ABSTRACT

Effectiveness of forgiveness therapy on anxiety was evaluated among alcoholics who undergo treatment in a selected De-addiction Centre. This was achieved adopting experimental approach with one group pre-test post-test control group design. Sixty (N=60) hospitalized alcoholic clients were recruited for the study. Among them equal number of participants were assigned to control group (n=30) and to experimental group (n=30) respectively. State Trait Anxiety Inventory was administered to assess the level of anxiety of participants. Forgiveness therapy was applied as an intervention to reduce anxiety among alcoholic clients of experimental group for 20 minutes to each client for six sessions in six days. Post assessment of the level of anxiety was made after successive completion of 6 sessions of intervention. Significant effect of forgiveness therapy was identified employing t test. Hence, it is concluded and recommended forgiveness therapy can be applied as a psycho-therapeutic approach in reducing anxiety.

Keywords: *Forgiveness Therapy, Anxiety, Alcoholics, De-Addiction, Hospitalized Alcoholic Clients*

Alcohol abuse is one of the leading causes of death and disability worldwide. Alcohol abuse is responsible for 4 percent of global deaths and disability, nearly as much as tobacco and five times the burden of illicit drugs (WHO, 2011). The World Health Organization estimates that 2 billion people worldwide consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorder. In developing countries 9.8 % of death and disability occurs due to alcoholism. Global prevalence rates of alcohol use disorders among adults were estimated to range from 0% to 16% in 2004, with the highest prevalence rates to be found in Eastern Europe.

Alcoholism is one of the highly threatening public health issues throughout the world. Compulsive and excessive consumption of alcoholic beverages endanger to the detriment of the drinker's health, personal relationships, and social standing. Alcohol may be the world's oldest known drug. The production of products containing alcohol has become big business in today's society and the consumption and abuse of alcohol has become a major public health problem. The effects of alcohol abuse ranges from a mild hang over to mass

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destruction, disease and deaths on a huge scale. The misuse of alcohol has become one of the world's most dangerous drugs takes a devastating toll on both the drinker and on society as a whole.

It is medically considered a disease, specifically an addictive illness. In psychiatry several other terms have been used, specifically "alcohol abuse", "alcohol dependence" and "alcohol use disorder", though they slightly differ in meanings. People suffering from alcoholism are often called "alcoholics". Alcohol dependence is a complex behavior with far-reaching harmful effects on the family, work, society, physical and mental health of the individual (Thomas, 2007).

Researchers have observed alcohol was being traditionally recommended by medical practitioners to alleviate pain, relieve stress, and also for an array of minor ailments. It has been subjected to greater scientific scrutiny against the health benefits of alcohol. Now, it is widely accepted that less quantity of alcohol consumption is likely to lesser the risk of coronary heart disease incidence and mortality in early and older adults. However, it is important to note that alcohol is not an ordinary commodity. It is a toxic substance, it is an intoxicant and it is also a drug of dependence. Alcohol is implicated in numerous premature deaths every year from disease, accidents and violence. It has been shown to be causally related to more than 60 different medical conditions. Global burden of disease is attributable to alcohol was found to be 4 %, and in developed countries it was found to be the third leading cause for death and disability, next to tobacco and hypertension (WHO, 2002).

Alcoholism is a behavioral problem noted as an excessive and repetitive drinking of alcoholic beverages to the extent that the drinker repeatedly is harmed or harm others. The harm may be physical or mental; it may also be social, legal, or economic. Because such use is usually considered to be compulsive and under markedly diminished voluntary control, alcoholism is considered by a majority of, but not all, clinicians as an addiction and a disease (Rehm, 2010).

Alcohol is associated with many serious social and developmental issues which includes violence, child neglect or abuse and absenteeism in the workplace. It also causes harm, far beyond the physical and psychological health of the drinker. Moreover, it harms the well-being and health of the family members. An intoxicated person can harm others or put them at risk of traffic accidents or violent behavior or negatively affect co-workers, relatives and friends or strangers. Thus, the impact of the harmful use of alcohol reaches deep into society. Anxiety commonly presents as a symptom of alcohol withdrawal, initially in the form of 'shakes and sweats' as the blood alcohol level declines (Cherney, 2014).

Drinking alcohol is associated with a risk of developing health problems such as mental and behavioural disorders, including alcohol dependence, major non communicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases, as well as injuries resulting from violence and road clashes and collisions. (Global status report on alcohol and health, 2014).

Chronic alcohol misuse and abuse has serious effects on physical and mental health. Chronic excess alcohol intake, or alcohol dependence, can lead to a wide range of neuropsychiatric or neurological impairment, cardiovascular disease, liver disease, and malignant neoplasms. The psychiatric disorders which are associated with alcoholism include major depression,

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dysthymia, mania, hypomania, panic disorder, phobias, generalized anxiety disorder, personality disorders, schizophrenia, suicide, neurologic deficits (e.g. impairments of working memory, emotions, executive functions, visuo-spatial abilities and gait and balance) and brain damage. Alcohol commonly causes mood disorders, including depression, anxiety and psychosis (a mental illness defined by changes in personality, a distorted sense of reality, and delusions) to people who drink heavily. Alcohol abuse and dependency are also common in people with pre-existing mental health conditions.

Alcoholism is common among people suffering from mental health conditions. People experiencing anxiety, depression, impulsivity, or other diagnosable mental illnesses often turn to alcohol to find temporary relief. Drinking represses the negative emotions that affect the mental well-being. It may also allow for a short-lived relief from anxiety, depression, or overwhelming feelings. Drinking alcohol is not a smart choice in the grand scope of mental well-being. The popular misconception that drinking relieves stress deludes people into thinking that things will feel better after a few drinks (Schomerus, 2010).

It is not clear for the cause of co-occurrence of anxiety and alcoholism so common. But there are at least three potential and not mutually exclusive, explanations for this phenomenon. First, anxiety may lead to alcohol abuse. According to this theory, patients use alcohol as a way to “self-medicate” their anxiety (Harding, 2011).

Second and conversely, excessive alcohol use may generate an anxiety disorder, via a “kindling” effect of repeated withdrawal cycles or disruptions to the stress response system. Finally, there may be no clear primary disorder, but rather a common underlying vulnerability to both anxiety and to alcohol abuse. This may be psychological, like high anxiety sensitivity, or biological, like GABA receptor dysfunction or a gene polymorphism. A third alternative is an integrated approach (Stewart, Zvolensky & Eifert, 2007).

These symptoms can be treated by many therapies; one among them is forgiveness therapy which was introduced by Robert Enright. Forgiveness is a process that involves a change in emotion and attitude regarding an offender. This therapy aids psychological healing through positive changes in effect, improves physical and mental health, restores a victim’s sense of personal power, and helps bring about reconciliation between the offender and offence (Florence & Cook, 2006).

Forgiveness therapy, this positive core is seen to contain the knowledge of the concept of forgiveness, people are generally showing anger and anxious towards their life and were less likely to forgive another person even after a long time had passed.

Forgiveness has only recently entered the general consciousness of therapist. The common understandings people have of forgiveness and their experiences with being hurt in personal relationships. The authors reports that although many people do see reconciliation as a part of forgiveness. The area of forgiveness intervention was the development of empathy for the offending person. It can provide a change in depression and anxiety patients (Nathaniel, 2010).

A wide range of social and health problems caused due to alcohol abuse that encompass depression, injuries, cancer, liver cirrhosis, dependence, family disruption and loss of work productivity. Anxiety is common among patients with alcohol dependence, 22 percent and

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69 percent of alcohol-dependent patients have co-morbid anxiety disorders, although anxiety disorders may be a pre-existing condition in some cases.

The extent of this comorbidity is clear from the numbers as many as 45% of patients with alcohol disorders meet diagnostic criteria for a co-occurring anxiety disorder. Alcoholic patients with a comorbid anxiety disorder particularly panic disorder or social phobia are three to seven times more likely to relapse than those without concurrent anxiety (Kushner et. al., 2005).

Agency for Healthcare Research and Quality (2010) (AHRQ) report indicated almost one in eight of the 95 million visits to hospital emergency departments were adults in the United States in 2007 were due to a mental health and/or substance abuse problem. Mood disorder (42.7%), anxiety disorders (26.1%) and alcohol-related problems (22.9%) were the most common reasons for these visits. Ireland is among the heaviest drinking nations in Europe, exceeding the European average by more than 20%. According to the most recent Europe-wide survey, Irish Children aged 15 and 16 have "a major issue about drunkenness". More girls (44%) than boys (42%) said they have been 'binge drinking' at least once in the month. Alcohol causes nearly 4% of deaths worldwide, more than AIDS, tuberculosis or violence, according to the World Health Organization, Global status report (2011) about alcohol and health indicates approximately 2.5 million deaths occurs due to alcohol related factors.

India is one of the largest producers of alcohol in the world and there has been a steady increase in its production over the last 15 years. Production doubled from 887.2 million liters in 1992-93 to 1,654 million liters in 1999-2000.

The Indian beer industry currently produces 4.32 million hectoliters of beer per year and is growing at an annual rate of 17 %. India is a dominant producer of alcohol in South-East Asia with 65 per cent of the total share and contributes to around 7 percent of the total alcohol beverage imports into the region. More than two-thirds of the total beverage alcohol consumption in the region is in India, according to figures in the Alcohol Atlas of India.

In India, Tamilnadu ranks first in alcohol sales by volume and intake of alcohol among youth between 19-26 years of age in hostel (Social Development Foundation, 2010). In India the consumption of Alcohol is 2 liters per person a year which differ in consumption pattern among people. And also has changed from occasional, ritualistic use and to social use. Nowadays, the common purpose of consuming alcohol is to get drunk. These behaviours have raised focuses on health and social consequences of excessive drinking.

Many factors such as availability, income per capita, retail process, individual factors (genetic and environmental) such as age of first use, family history, education, peer group pressure, psychosocial factors, cultural, historical context and government policies such as taxation, restrictions on advertisement and promotion are the factors that determine the patterns and levels of alcohol consumption, alcohol dependency and alcohol abuse. The proportion of alcohol consumption has increased much higher in Kerala, Punjab, Andhra Pradesh, Goa and the North-Eastern States of India. Assam, Arunachal Pradesh, Sikkim, the North-East, Madhya Pradesh, Chattisgarh, Odissa and Andhra Pradesh than their counterparts in India are found to have more consumption among women (Wikipedia, 2014). There are 26 De-Addiction centers in Tamilnadu and 14 centers in Coimbatore which provide treatment for detoxification such as individual counselling, group therapy, spouse

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counselling, family counselling, yoga and rehabilitation for needy patients. Beyond this treatment modalities, forgiveness therapy helps the alcoholic patients to reduce the anxiety level. The different literatures regarding alcohol dependence suggests that they are facing many problems in society, occupational areas, emotional aspects and financial crisis. The problem faced by the alcoholic's results in increased anxiety.

Forgiveness therapy helps the person to overcome the negative thoughts, feelings and behavior into positive ways. The main purpose of this therapy is to improve the physical and mental health as well as better relationships. And it also helps in decreasing the symptoms of depression and anxiety.

An investigation conducted by Amiri, Moslemifar, Showani and Panah (2020) revealed forgiveness therapy helped clients to reduce anxiety, depression and anger after 10 sessions of intervention by adopting a single quasi experimental design. The result showed a significant decrease in symptoms of depression (73%), anxiety (67%), and anger (87%) among the participants.

Heydari, Iatifi & Moradi (2022) studied the effect of Self-Healing Training on Anxiety, Self-esteem, and forgiveness among Betrayed Women. The result indicates self-healing training was had a significant effect on reducing anxiety, improving self-esteem and forgiveness in betrayed women.

Considering the above facts, the researcher is intended to find the effectiveness of forgiveness therapy intervention in reducing the level of anxiety among alcoholic clients.

Anxiety and Alcoholism

Higher levels of anxiety sensitivity, trait anxiety were associated with more smoking urges among alcoholics. Alcohol-dependent smoker's, levels of anxiety sensitivity and trait anxiety are important to consider in the assessment and treatment of nicotine dependence (Kelly & Cooper, 2011).

Villafuerte (2011) examined genetic link among alcoholism, impulsivity, and anxiety by recruiting 173 families, totaling 449 participants, with 129 of the families having at least one member with an alcohol abuse or dependency diagnosis. Participants who were carriers of the GABRA₂ gene variants were more likely to have alcohol-dependency symptoms as well as impulsivity characteristics. The current study also found women with the gene variants to have stronger associations to alcoholism and impulsive behavior than men. Furthermore, this increase correlated with an increase in impulsive behavior in response to distress. Women, for instance, have been found to be likelier than men to use alcohol as a way to relieve distress or anxiety.

Sawchuk & Oltunji (2010) conducted a study on anxiety, health risk factors, and chronic diseases. Untreated anxiety and increased risk for engagement in these health risk habits can further increase risk for later-onset chronic disease and complications in disease management. Contemporary studies have identified unique temporal relationships between the onset of specific anxiety disorders with smoking and alcohol use disorders. Incorporating exercise with evidence-based treatments for anxiety is emerging and promising in enhancing treatments for anxiety-related conditions. Likewise, substance use treatment programs may benefit from the detection and management of anxiety. Based on a qualitative review of the literature, there is an association between anxiety, health risk factors, and the risk for chronic

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diseases. The results suggests for future research that would help in better understanding the complex relationships between the role anxiety plays in the vulnerability for and management of physical inactivity and substance use.

Lowa, et.al. (2008) conducted a cross sectional study to find the association between anxiety and alcohol versus cannabis abuse disorders among adolescents in primary care settings. It is a clinician-administered, structured assessment to evaluate anxiety, mood and substance abuse disorders among 632 adolescents. There was an association found between current anxiety and alcohol but not cannabis abuse.

Schmidt, Buckner & Keough (2007) conducted a study among 404 young adults for a period of 2 years to determine whether alcohol sensitivity is involved in the pathogenesis of substance-related psychopathology administering Anxiety Sensitivity Index (16 item). Findings revealed alcohol sensitivity was uniquely associated with the later development of alcohol use disorder diagnoses. Gender and alcohol sensitivity did not act synergistically to predict alcohol use disorders.

Meier, Hill &Wetterlinge (2000) conducted a study to find the association between comorbid anxiety and depressive disorders in treated alcoholics. Composite International Diagnostic Interview (CIDI), was used to assess the lifetime psychiatric co morbidity among 100 alcoholics. The level of psychopathology has decreased during the first 4 weeks after detoxification in all subgroups. It was identified that both co-morbid subgroups trait anxiety exhibited higher.

Willinger (2002) conducted a study on anxiety as a predictor of relapse in detoxified alcohol – dependent patients. Result revealed, high anxiety as a stable trait, personality traits such as high novelty seeking and low harm avoidance that included exploratory excitability, impulsiveness, extravagance, disorderliness and uninhibited optimism, predicted relapse. The study also recommended examining the direct clinical application for predicting relapse to uncontrolled drinking in male and female detoxified alcohol-dependent patients. The findings indicate the importance of additional therapeutic treatment.

Forgiveness Therapy

Adkins (2014) conducted a study on 40 participants employing forgiveness therapy that helped people to forget cruel actions against them. The findings revealed forgetting a particular incident is possible through forgiveness. It helps people to move on with their lives easily by burying details of sins carried out against them previously.

Kim and Lee (2014) conducted a study on effectiveness of forgiveness therapy on resilience, self-esteem, and spirituality of wives of alcoholics. The result indicates statistically significant differences for resilience, self-esteem, and spirituality between the experimental and control groups. Forgiveness therapy enhanced the resilience, self-esteem, and spirituality in the experimental group than the control group.

Waltman et al., (2009) conducted a study to assess the effects of forgiveness therapy on anger-recall stress induced changes in myocardial perfusion among 32 patients. Forgiveness group patients showed significant decrease in anger-recall induced myocardial perfusion defects compared to pre-test to the 10-week follow-up as well as significantly greater increase in forgiveness compared to the control group. Forgiveness therapy may be an

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effective means of reducing anger-induced myocardial ischemia in patients with coronary artery disease.

Hansen, Enright, Baskin & Klatt (2009) examined the effectiveness of forgiveness therapy on palliative care intervention among elderly terminally ill cancer patients. There was a greater improvement observed in all measures i.e. quality of life, hope and anger control among experimental group participants. Thus, forgiveness therapy for four weeks provided psychological benefits to participants.

Tibbitset. al., (2008) conducted a study on psycho-educational training model in forgiveness therapy for patient suffering from stage-I hypertension. The duration of the study was 8-weeks comprised 25 participants. The result showed reduction in the expression of anger and significant decreases in blood pressure after the 8-week course.

Reed & Enright (2006) conducted a study on the effects of forgiveness therapy on depression, anxiety, and posttraumatic stress for women after spousal emotional abuse. The relative efficacy of forgiveness therapy and alternative treatment was assessed. Forgiveness therapy group participants exhibited significantly greater improvement than alternative treatment participants in depression, trait anxiety, posttraumatic stress symptoms, self-esteem, forgiveness, environmental mastery, and finding meaning in suffering,

Worthington, Mazzeo & Kliewer (2002) conducted a study on self forgiveness therapy in healing the wounds of eating disorders. The main purpose of this study is to call attention to how clinicians might accommodate self forgiveness therapy into their practice as a way of responding more effectively to the needs of eating disordered clients. Though there exists a suggestion in the clinical literature that self forgiveness therapy may be particularly relevant to this special population, the author identified a positive result of individual with eating disorder.

Forgiveness Therapy on Anxiety among Alcoholics

Lin (2010) conducted a study to explore the effect of forgiveness therapy on anger, anxiety and depression among alcoholics. Finding showed that the experimental group had significantly greater gains in forgiveness, and greater decreases in depression, anxiety and anger from pretest to posttest. The level of forgiveness was significantly negatively correlated with depression, and positively correlated with anger, anxiety, at posttest.

Taylor & Stevenson (2008) conducted meta-analysis of research on the mental health effects of forgiveness interventions confirms the general direction of these individual studies. Further, forgiveness interventions showed significant effect in reducing depression and anxiety, with results sustained at follow-up assessments.

Weifen.et. al., (2004) studied on anger, mood, anxiety and vulnerability to substance use among substance-dependent clients. Forgiveness therapy (FT) was administered targeting anger, anxiety, and depression. Participants underwent forgiveness therapy had a significant improvement in overall and trait anger, depression, overall and trait anxiety, self-esteem. The finding substantiated forgiveness therapy can be efficacious newly developed therapeutic model for residential drug rehabilitation programs.

METHOD

Main Objective

To study the effect of forgiveness therapy to reduce anxiety among participants

Specific objectives

- To assess the level of anxiety among participants before forgiveness therapy
- To Administer forgiveness therapy on anxiety among alcoholic clients.
- To assess the level of anxiety among participants after forgiveness therapy
- To assess the effectiveness of forgiveness therapy on anxiety among alcoholic clients.

Hypotheses

The following research hypotheses were formulated before conducting the study.

- H₀₁: There will be no significant difference in the level of anxiety among alcoholics in experimental and control group before forgiveness therapy.
- H₁₁: There will be a significant difference in the level of anxiety among alcoholics in experimental group before and after forgiveness therapy.
- H₀₂: There will be no significant difference in the level of anxiety among alcoholics in control group before and after forgiveness therapy.
- H₁₂: There will be a significant difference in the level of anxiety among Alcoholics in experimental and control group after intervention.

Research Design

The research design adopted was non randomized control group design. As an intervention, forgiveness therapy was administered to experimental group. Control group participants were observed throughout the interventional period and compared with experimental group after intervention.

Setting

The study was conducted at selected De-addiction and Rehabilitation Centre, managed by private organization located at Coimbatore, Tamilnadu, India.

Population

The target population for the present study was Alcoholics. The accessible population was Alcoholics who are under treatment as inpatient during the study period.

Sampling

Purposive sample of sixty (N=60) male in-patients who were undergoing treatment in the selected study setting were included for the study.

Tools

Speilberger's State Trait anxiety inventory was administered to assess the level of anxiety among the participants. The tools consist of 40 question statements with 4 response choices from strongly disagree to strongly agree by rating 1 to 4. The scale is divided into two sections viz State and trait. The possible range of scores for the STAI-Y is 40 to 160 Item scores are added to obtain subtest total scores. Scoring should be reversed for anxiety-absent items (19 items of the total 40)

Forgiveness Therapy

Interventional Procedure

Pre procedure

To explain the needs and usefulness of the therapy to the patient, the investigator explained the procedure. Informed consent was obtained from the participants and maintained good interpersonal relationship for developing rapport. Participants were provided calm and quiet environment with adequate ventilation. Further, they were advised to sit in a comfortable position

Procedure

Participants were instructed to experience the following step by step.

Step One: Feel the Pain

- i. We all might have experiences many emotions example anger, shock, and frustration.
- ii. Prioritize the emotions one by one.
- iii. Imagine an empty barrel in front of you and put your emotion into it, and then second emotion and third emotion.
- iv. The barrel begins to fill, higher and higher, the level is going up and it is going to leak.
- v. Take one particular emotion from inside the barrel.
- vi. Now feel that emotion alone.
- vii. Think, without feeling, you cannot heal the pain.

Step Two: Visualize Separating the Person from the Behavior

- viii. Put your hands in a palm-up position, side by side in front of you, as if you are offering an item to someone.
- ix. Look at one hand and say, "This is [offender's name here]" and then look at the other and say, "This is [insert what they did to you here]".
- x. Now pull your hands apart in a sweeping motion while saying "I am separating you, [offender's name] from what you did to me."

Step Three: Rage at the Behavior

- xi. Take the piece of paper.
- xii. I will give you some minutes to write the incident of thought, feeling and emotions in the paper.

Step Four: Release the Offender and the Pain

- xiii. Tear the paper into pieces and dispose it.
- xiv. Look at the teared paper and, say aloud, "I am releasing you, [name of offender], and what you did to me.
- xv. Now disposes them.

Step Five: Express Love to the Offender

- xvi. Imagine the person in your mind.
- xvii. Express the love by saying hello, smiling, and gently hug the person.

Step Six: Express Bold Love to the Offender

- xviii. Continue Saying hi to him and remember that, God is there to control, and I am not.

RESULTS

Table 1: Level of Anxiety before Forgiveness Therapy among Experimental and Control Group (n=60)

S.No	Level of Anxiety	Experimental group (n= 30)		Control group (n=30)	
		Frequency	Percentage(%)	Frequency	Percentage(%)
1.	Mild	02	06.67	10	33.33
2.	Moderate	21	70.00	18	60.00
3.	Severe	07	23.33	02	06.67

The above table shows the distribution of Alcoholics based on the level of Anxiety before Forgiveness therapy. It was found that majority of Alcoholics had moderate level of Anxiety in both experimental (70%) and control (60%) group.

Table 2: Mean difference between experimental and control group on level of anxiety before forgiveness therapy (n=30)

Group	Mean	SD	Mean difference	't' value
Experimental Group	86.33	15.98	-5.67	1.49
Control Group	92	15.09		

Independent 't' test was used to compare both experimental and control groups. It was identified that the mean level of anxiety among alcoholics in experimental and control group was 86.33 and 92 respectively with a mean difference of 5.67. Likewise, the standard deviation of the experimental and control group was 15.98 and 15.09 respectively. The calculated 't' value was 1.49 which was lesser than the table value, at 0.05 level of significance. Hence, the research hypothesis 'There will be a significant difference in the level of anxiety among alcoholics in experimental and control group after administration of forgiveness therapy' was rejected.

Table 3: Level of Anxiety after Forgiveness Therapy among Experimental and Control Group of Alcoholics

S.no	Level of Anxiety	Experimental group (n= 30)		Control group (n=30)	
		Frequency	Percentage(%)	Frequency	Percentage(%)
1.	Mild	17	56.67	08	26.67
2.	Moderate	13	43.33	20	66.66
3.	Severe	00	00.00	02	06.67

The above table shows the distribution based on the level of Anxiety after forgiveness therapy among Alcoholics, it was found that 17 (56.67%). Alcoholics had mild level of Anxiety and 13 (43.33%) had moderate level of Anxiety in Experimental group. Among the control group 8 (26.67%) Alcoholics had mild level of Anxiety, 20 (66.66%) had moderate level of Anxiety and 2 (06.67%) had severe level of Anxiety.

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Figure 1: The Level of Anxiety before and after Forgiveness therapy in Experimental group

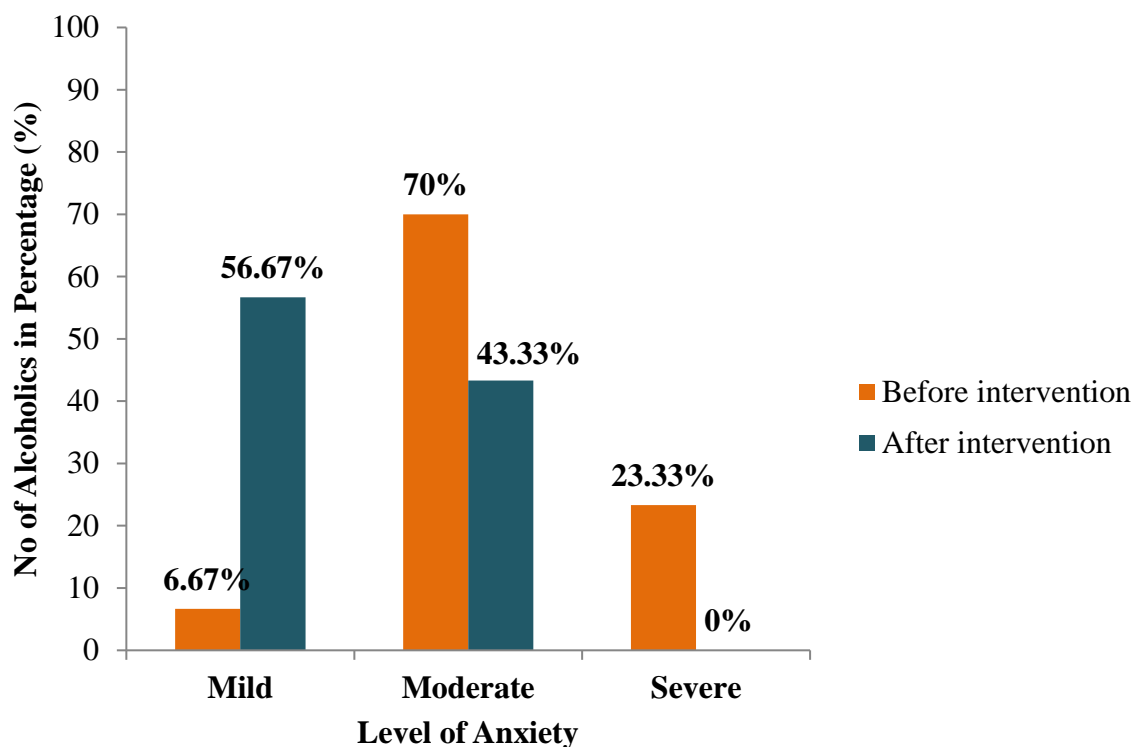


Table 4: Effect of forgiveness therapy on anxiety among alcoholics in experimental group (n=30)

Level of Anxiety	Mean	SD	Mean difference	't' value
Before intervention	100.2	16.29	13.87	13.9*
After intervention	86.33	15.98		

*Significance at 0.001 level

Paired 't' test was used to assess the level of Anxiety among Alcoholics before and after the intervention. It was identified that, the mean score before and after Forgiveness therapy was 100.2 and 86.33 respectively with a mean difference of 13.87. Standard deviation of 16.29, 15.98 and the calculated 't' value was 13.9. The calculated 't' value was compared with the table value and it showed that, it was greater than the table value at 0.001 level of significance. Thus, the research hypothesis, 'There will be a significant difference in the level of anxiety among alcoholics in experimental group before and after implementation of forgiveness therapy' was accepted.

Table 5: Effect of forgiveness therapy on anxiety among alcoholics in control group (n=30)

Level of Anxiety	Mean	SD	Mean difference	't' value
Before	91.3	14.86	-0.7	1.67
After	92	15.09		

*Significance at 0.05 level

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Paired 't' test was used to assess the level of anxiety among alcoholics before and after Forgiveness therapy in control group. It was identified that, the mean score before and after was 91.3 and 92 respectively, with a mean difference of -0.7. Standard deviation were 14.86 and 15.09 respectively and the calculated 't' value was 1.67 which was lesser than the table value. There is no significant difference between experimental group and control group is due to no influence of intervention. Hence, the null hypothesis, "There will be no significant difference in the level of anxiety among alcoholics in control group before and after forgiveness therapy" was accepted.

DISCUSSION

Analysis of anxiety level among 60 alcoholics shows, in experimental group 21 (70.00%) had moderate level of anxiety and 7 (23.33%) had severe level of anxiety and 2 (06.67%) had mild level of anxiety. In control group, 18 (60.00%) had moderate level of anxiety, 10 (33.33%) had mild level of anxiety and 2 (06.67%) had severe level of anxiety. With the base assessment of the level of anxiety forgiveness therapy was administered by the researcher for duration of 20 minutes in a day for 6 days.

On comparing the level of anxiety after forgiveness therapy in the experimental group it is noted that the number of severe level of anxiety had decreased from 7 (23.33%) to 0.00 (0%), the number of moderate level of anxiety decreased from 21(70%) to 13 (43.33%) and the number of mild level anxiety increased from 2 (06.67%) to 17 (56.67%). It has been observed that the number of cases in severe anxiety and moderate anxiety category have shifted to mild anxiety. This evidences the intervention herein applied influenced in alleviating the level of anxiety. Similarly, on analyzing the control group, before and after intervention condition it is observed that the number of moderate level of anxiety increased from 18 (60%) to 20 (66.67%) and the number of mild level of anxiety decreased and 10 (33.33%) to 8 (26.67%), whereas the severe level of anxiety remained same and no significant change was observed. The change in the control group might be due to extraneous factors in the moderate anxiety category. Besides, the severe anxiety category left untreated caused to increase in numbers. The result herein observed is in line with the studies conducted by Amiri, Moslemifar, Showani and Panah (2020), Adkins (2014), Kim and Lee (2014), Lin (2010), Reed & Enright (2006), Taylor & Stevenson (2008), Weifen.et. al., (2004) applying forgiveness therapy on anxiety and other variables such as depression, anger, quality of life, stress, and self esteem. Other literature evidences also supports the study intervention is effective in alleviating such problems among other population also.

Limitation

The study was conducted in a single selected De-addiction centre situated in Coimbatore. Smaller sample size that limits the generalization of the study findings.

Recommendations

Forgiveness therapy can be applied as a supportive and alternative therapy to manage anxiety among alcoholic clients. Such research efforts can be taken to manage anxiety with co-morbid conditions and other population. Similar study can be conducted to find the efficacy of forgiveness therapy among the people with other psychological disturbances and various substance abuse disorders. Therapists can adopt this technique and apply along with their routine therapy to enhance the efficacy of the treatment.

CONCLUSION

The study was conducted with a small sample size and limited only to the present study setup. However, the result substantiates literature evidences pertinent to forgiveness therapy. Further, this piece of investigation authenticates as a supportive and alternative therapy to suppress anxiety and other similar conditions among specific population with alcohol addiction, alcohol dependency and drug abuse etc. Forgiveness therapy can be applied to treat behavioural issues such as anxiety, depression, anger, guilt and self esteem. Alcoholism is one amongst a major psychosocial issue that has to be cared by therapeutic community to bring a social change. Forgiveness therapy can also be applied for any other social psychological issues prevalent in society and social substrata such as families, communities, schools, organizations and even in prisons.

REFERENCES

- Adkins, S. (2014, May 14). Forgiving helps people to forget cruel actions against them: Retrieved from website: www.universityherald.com/articles/9401/20140514/forgive.
- Alcohol Dependence. (2014). Wikipedia Retrieved from website: en.wikipedia.org/wiki/alcohol-dependence.
- Alcohol Intake Among Indian Teenagers Rise. (2010, October 17). Retrieved from unmid.com website: www.unmid.com/news/2010/october/alcoholintake.
- Amiri, F, Moslemifar, M, Showani, E, Panah A. (2020). Effectiveness of forgiveness therapy in treatment of symptoms of depression, anxiety, and anger among female students with love Trauma Syndrome, *Journal of Advanced Pharmacy Education & Research*, 10 (1), 98-105.
- Cherney, K. (2014). *Health Line*. Alcohol and Anxiety, Retrieved from Health Line website: www.healthline.com/health/alcohol-and-anxiety#overview1.
- Florence, D., & Cook, H. (2006). Forgiveness: A sampling of research design. Retrieved from *American Psychological association*: <http://www.apa.org/international/resources/forgiveness>.
- Global status report on Alcohol and Health. (2014). The Caribbean development portal Retrieved from world health organization Website: who.int/substance.../global-alcohol-report/msbgsruprofiles.
- Hansen, M. J., Enright, R. D., Baskin, T. W., & Klatt, J. (2009). A palliative care intervention in forgiveness therapy for elderly terminally ill cancer patients. *US National library of medicine national institute of health*, 25(1), 51-60.
- Harding, A. (2011, august). Alcohol and Anxiety a Risky Mix for Some. Retrieved From Health.com. website:www.edition.cnn.com/2011/health/03/01/alcohol.anxiety.risky.health.
- Heydari, F., Iatifi, Z., & Moradi. A. (2022), The Effect of Self-Healing Training on Anxiety, Self-Esteem, and Forgiveness in Betrayed Women, *Journal of Community Health*, 16 (2), 52, 59-70. DOI: 10.22123/CHJ.2022.294523.1744.
- Holder, P. (2003). *Forgiveness and Therapy*. Retrieved from international medical dental association: <http://www.hypnosiscenter.org/articles/6/20%20forgive.htm>.
- James, D. (2003). *Effective tool of forgiveness*. Retrieved from:<http://www.goodtherapy.org/therapy>.
- Kaupilla, W. (2007). *Forgiveness therapy*: retrieved from: [http://www.academia.edu/.../Forgiveness and Alcohol](http://www.academia.edu/.../Forgiveness%20and%20Alcohol).
- Kelly, M., Grant, C., Cooper, S., & Cooney, J. (2013). Anxiety and smoking cessation outcome in alcohol-dependent smokers. *Pubmed.Gov*, 15(2), 364-375.

Forgiveness Therapy in the Management of Anxiety among Hospitalized Alcoholic Clients

- Kim, H., & Lee, E. J. (2014). A qualitative study on Forgiveness experience by wives of alcohol abusers. *Journal of Korean according to Psychiatric and Mental health nursing*, 23(2), 70-81.
- Kushner, M.G, Abrams. K., & Borchardt, C. (2005). The relationship between anxiety disorders and alcohol use disorders: *US National Library of Medicine, National Institute of Health*, 20(2), 149-171.
- Lin, W.F, (2010). The treatment of substance abuse disorders by the psychological forgiveness. *Bulletin of educational psychology*, 41(4), 859-884.
- Lowa, N. C., et al. (2008). The association between anxiety and alcohol vs cannabis abuse disorders among adolescence in primary care settings. *Family practice Oxford journal*, 25(8), 321-327.
- Nathaniel, G. (2010 January). Introduction to special issue on Forgiveness therapy. *Journal of Mental health counselling*, 32(1), 1-4.
- Psychology today. (2013 March 31). Forgiveness vs Reconciliation. Retrieved from website: <http://www.psychologytoday.com/blog/in-therapy/2013>.
- Reed, G. L., Enright, D. (2006 October). The effect of Forgiveness therapy on Anxiety, posttraumatic stress after spousal emotional abuse. *Journal of consulting psychology*, 74(5), 920-929.
- Rehm, J. (2010). The risks associated with alcohol use and alcoholism; National Institute on Alcohol Abuse and Alcoholism. *Alcohol Research and Health*, 34(2), 3-4.
- Sawchuk, C. N., & Olatunji, B. O. (2010). Anxiety, health risk factors and chronic diseases. *American journal of life style medicine*, 5, 531-541.
- Schmidt, N. B, Buckner, J. D., & Keough, M. E. (2007). Anxiety sensitivity as a prospective predictor of alcohol use disorders. *US National library of medicine national institute of health*, 31(2), 202-219.
- Schomerus, G. et al. (2010). The Stigma of Alcohol Dependence Compared with Other Mental Disorders: A Review of Population Studies. *Oxford University Journals*, 40(2), 105-112.
- Spielberger, C. D. (1983). State - Trait Anxiety Inventory: Retrieved from website: en.wiki/state-trait-anxiety-inventory.
- Stewart, S. H., Zvolensky, M. J. & Eifert, G. H. (2007). Negative- reinforcement drinking motives the relation between anxiety sensitivity and increased drinking behaviour. *Personality and individual difference*, 31(2), 151-171.
- Taylor, M., & Stevenson, R. (2008). Process based forgiveness intervention: A meta-analysis. *Research on social work practice*, 18(5), 465-478.
- Thomas, B. (2007). Family Intervention Therapy in Alcohol Dependence Syndrome, *Indian Journal of Psychiatry*, 49 (3), 200 - 204.
- Tibbits et.al., (2008). Hypertension reduction through forgiveness training. *Journal of pastoral care and counseling*, 60(1), 27-34.
- Townsend, M. C. (2007). *Psychiatric Mental Health Nursing Concepts of Care in Evidence-Based Practice*. New Delhi: Jaypee brothers Medical Publishers.
- Villafuerte, S. (2011). Scientist explore new link among alcoholism, impulsivity and anxiety. Science daily journal on university of Michigan health system.
- Waltman, A., et al, (2009January). The effect of Forgiveness intervention on patients with coronary artery disease. *Psychology & Health*. 24(1), 11-27.
- Webb, J. R., Elizabeth, A., & Zucker, R. (2006March). forgiveness and alcohol problems among people entering substance abuse treatment. *Journal of Addictive diseases*, 25(3), 55-67.

Forgiveness Therapy in the Management of Anxiety among Hospitalized Alcoholic Clients

- Weifen, L., David, M., & Robert, M., & Robert, D. (2004 December). Effect of Forgiveness on Anger, anxiety, mood and vulnerability to substance dependent client. *Journal of consulting & clinical psychology*, 72(6), 114-1121.
- Willinger, U., et al., (2002). Anxiety as a predictor of relapse in detoxified alcohol dependent patients. *US National library of medicine national institute of health*, 37(6), 609-612.
- World Health Organization (2002). Retrieved from WHO/Alcohol website: www.WHO.int/substance-abuse/publication/alcohol/en.
- Worthington, E., Mazzeo, S., & Kliever, W. (2002). Addictive and eating disorders, unforgiving and forgiveness. *Journals of Psychology and Christianity*, 21(3), 257-261.

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Conflict of Interest

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