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Atul Gautam
Scholar, Delhi University,
Delhi, India

Psychological perspectives of intoxication in cremation workers community

Atul Gautam

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Abstract

The practice of mortuary related works and manual scavenging is linked to India's caste system where so-called lower castes are expected to perform these jobs. Social norms, social believes and social stratification about the people involved in these professions has adverse effect on the availability of health services and the role played by socio-economic condition and demographic positioning of the community. The caste base approach and comorbidity of stigma (PTSD) attached to mortuaries is missing in previous studies. Methodology: Transactional Analysis (TA) is an effective tool for dealing with alcohol dependence, marital and sexual maladjustment, behaviour problems, drug dependence and a host of other disorders. Socio-political structures and individual challenges may reflect as friction force. Power structure and most vulnerable may well be established as a probable outcome. Other than the qualitative scale that can identify wholly alcohol-attributed mental illness (WAMI) and partially alcohol-attributed mental illness (PAMI), the study will lead to the mental health problems faced by family and children of the individual living with alcohol abuse.

Keywords: Addiction, cremation, alcohol, alcohol attributed mental illness

Introduction

Inequity in Heath is more than health services available. It is more important to look at the choices that are available to a community, than the choices made by the community. The exploratory study conducted by researcher (Principle Investigator, Saarthak mental Health Organisation) on a lower caste Community, explores the casual pathway between alcohol use and health problems in Majmi community of Delhi, India. The practice of mortuary related works and manual scavenging is linked to India's caste system where so-called lower castes are expected to perform these jobs. Social norms, social believes and social stratification about the people involved in these professions has adverse effect on the availability of health services and the role played by socio-economic condition and demographic positioning of the community. My work with homeless in Old Delhi and visits to state run mortuary to identify the unclaimed bodies found by police, encountered me to a mystified reality of mortuary workers and their relation with alcohol. Absence of academic literature and recent studies on Emergency First Responder Groups (EMDR therapy) is a major push to conduct this kind of study. Alain Marchand's study (2018) proposes an in-depth investigation on alcohol relation to health and hygiene in organizations. The caste base approach and comorbidity of stigma (PTSD) attached to mortuaries is missing in previous studies.

What's common and diverse in different subgroups that have heavy drinking problem? It may be because of environment and social context, or may also because of occupation. It is interesting to look at boundaries that tend to separate morgue workers because of their social and occupational positioning

Methodology

Substance Use Disorders are highly prevalent in the society and in different age groups. There are many types of substances which are used and abused. Some of them are legal and some of them are illegal. Addiction not only destroys the physical and mental well-being of an individual but its effect on the family members is devastating in addition, there is enormous cost to society in the form of work days lost, accidents, crime and cost of treatment.

Corresponding Author:
Atul Gautam
Scholar, Delhi University,
Delhi, India

In this paper four points of view will be objectively looked upon and will be covered. Psychosocial management of cannabis, Psychotherapy with adolescents with substance abuse and conduct disorder, Transactional Analysis in the Treatment of Alcohol Addiction, and finally Challenges in Psychotherapy with Substance Users. The four topics are chosen as a subjective experience of an anonymous group and the author will try to critically analyse as an objective outcome.

Cannabis, also known as marijuana among other names, is a psychoactive drug from the Cannabis plant intended for medical or recreational use. History of cannabis use is long and it is used for different purposes like- religious, Recreational, Industrial and medicinal. Several studies have shown that cannabis use causes dependence and it is linked to increased risk for psychiatric disorders, including psychosis (Schizophrenia), depression, anxiety, and substance use disorders. Individuals from Hindu religious groups such as disciples of Shiva justify it as a religious consumable (Prasaad) for performing certain types of acts. Shiva being a God of Death, communities and religious practices rationalise this very argument for consuming Cannabis. Least attention is attributed to any challenge proposed by it. There are different issues related to its treatments. Psychosocial interventions play a major role in management of cannabis use disorder.

Some adolescents have an inclination for novelty seeking which can lead to a multitude of issues including substance abuse. This issue is further intensified in adolescents with Conduct Disorder. A combination of substance abuse and conduct disorder often reflects a multitude of psychological issues being faced by the adolescent which makes it extremely important and equally difficult to carry out psychotherapy with this population. One of the most difficult tasks in psychotherapy with this group is to establish rapport. Even when rapport is relatively good with the client, the therapist's skills are continually tested in psychotherapy with this population. Nuances of psychotherapy with this group will demand scientific investigation.

Transactional Analysis (TA) is an effective tool for dealing with alcohol dependence, marital and sexual maladjustment, behaviour problems, drug dependence and a host of other disorders. The core concept of Transactional Analysis is the concept of Ego States *viz.* Parent, Adult and Child – which are coherent systems of thought and feeling manifested in corresponding patterns of behaviour. Analysis of Ego States (Structural Analysis) is the starting point for the therapeutic use of Transactional Analysis in de-addiction. The objective of the therapist is to strengthen the patient's Adult ego state which can then play the Executive role in curbing the rebellious Child and hyper-critical Parent. "Alcoholic" is a five-handed Game often played by the family of the addict which helps to maintain the addictive pattern. The following techniques are practiced by the clinical practitioners: Therapeutic Contract, 3 Chair Method, Script Analysis, Racket Analysis, Re-parenting, Positive strokes. The above Transactional Analysis techniques can be effectively combined with Behaviour Modification Techniques to give best results.

Following issues related to psychotherapy demand greater attention. Transference and counter-transference, Retaining clients in therapy, Therapeutic Nihilism, Ethical Issues, Confidentiality –HIV, adolescents, criminal offenders,

Autonomy, Self-disclosure, Stigma – women, co-morbid illnesses, Intoxicated client in session, Tech-related issues – online counselling, friendship on social media platforms.

Conclusion

The study of mental health and its relations with alcohol drinking is a complex one. The wider spectrum of social stratifications, vulnerability and pattern of alcohol drinking makes it a web of intersecting realities. Socio-political structures and individual challenges may reflect as friction force. Power structure and most vulnerable may well be established as a probable outcome. Other than the qualitative scale that can identify wholly alcohol-attributed mental illness (WAMI) and partially alcohol-attributed mental illness (PAMI), the study will lead to the mental health problems faced by family and children of the individual living with alcohol abuse.

Also it has underlined the disadvantaged populations experience alcohol-related to Mental Health problems and life expectancy death across all consumption patterns. The purpose is to enquire equity of mental health in relation to alcoholism, inequality in Health services and whether alcohol consumption alone can explain the experiences of disadvantaged groups bearing a greater burden of alcohol-related chronic disease. Therefore further consideration is needed into how a lower social position in society can increase an individual's exposure and/or vulnerability to factors that influence alcohol-related harms.

Policy and health institutions can be asked to pay attention while drafting the health policies.

Reference

1. Alain Marchand, Alcohol use and misuse: What are the contributions of occupation and work organization conditions?; c2018, [PubMed] [Google Scholar] 8 | Page
2. Alberta Alcohol and Drug Abuse Commission (AADAC) Substance use and gambling in the Alberta Workplace, 2002: A replication study. Edmonton: AADA research services; c2003. [Google Scholar]
3. Ames GM, Grube JW, Moore RS. The relationship of drinking and hangovers to workplace problems: An empirical study. *J Stud Alcohol.* 1997;58:37-47. [PubMed] [Google Scholar]
4. Baldwin PJ, Dodd M, Rennie JS. Young dentists work, wealth, health and happiness. *Br Dent J.* 1999;186:30-36. DOI: 10.1038/sj.bdj.480010a. [PubMed] [CrossRef] [Google Scholar]
5. Bromet EJ, Parkinson DK, Curtis EC, Schulberg HC, Blane H, Dunn LO, Phelan J, Dew MA, Schwartz JE. Epidemiology of depression and alcohol abuse/dependence in a managerial professional work force. *J Occup Med.* 1990;32:989-995. DOI: 10.1097/00043764-199004000-00106. [PubMed] [CrossRef] [Google Scholar]
6. Bourbonnais R, Comeau M, Vezina M. Job strain and evolution of mental health among nurses. *J Occup Health Psychol.* 1999;4:95-107. DOI: 10.1037/1076-8998.4.2.95. [PubMed] [CrossRef] [Google Scholar]
7. Burton Robyn and Nick Sheron, No level of Alcohol consumption Improve Health, *Lancet* 2018 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31571-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31571-X/fulltext)
8. Durand P, Marchand A, Simard M, Demers A, Collin J. Déterminants professionnels de

- ladétressepsychologique, de l'abus d'alcool et de la consommation de médicaments psychotropes: Analyse secondaire de l'Enquête Nationale sur la santé de la population. Ottawa: Institut Canadien d'information sur la santé; c2004. [Google Scholar]
9. Government of India, ministry of road transport & Highways transport research wing; c2016 www.morth.nic.in
 10. Heller D, Robinson EA. L'abus toxicomaniaque chez les travailleurs, guide de gestion des problèmes de l'abus toxicomaniaque. Ottawa: Centre canadien de lutte contre l'alcoolisme et les toxicomanies; 1994. [Google Scholar]
 11. Hemmingsson T, Lundberg I, Romelsjö A, Alfredson L. Alcoholism in social class's and occupation in Sweden. *Int J Epidemiol.* 1997;26:584–591. DOI:10.1093/ije/26.3.584. [PubMed] [CrossRef] [Google Scholar]
 12. Kenneth Warren, Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities; c2018. <https://jamanetwork.com/journals/jama/fullarticle/2671465>
 13. Leigh JP. Occupations, cigarette smoking, and lung cancer in the epidemiological follow-up the NHANES I and the California Occupational Mortality Study. *Bull N Y Acad Med.* 1996;73:370–397. [PMC free article] [PubMed] [Google Scholar]
 14. Maik Dünbier and Kristina Sperkova, Alcohol and the sustainable development goals Major obstacle to development, *IOGT International*; c2016.
 15. Marchand A, Demers A, Durand P, Simard M. The moderating effect of alcohol intake on the relationship between work strains and psychological distress. *J Stud Alcohol.* 2003;64:419–427. [PubMed] [Google Scholar]
 16. Marchand A, Demers A, Durand P, Simard M. Occupational variations in drinking and psychological distress: A multilevel analysis. *Work.* 2003;21:153–163. [PubMed] [Google Scholar]
 17. Marchand A, Demers A, Durand P. Does work really cause distress? The contribution of occupational structure and work organization to the experience of psychological distress. *Soc Sci Med.* 2005;60:1–14. DOI:10.1016/j.socscimed.2004.11.037. [PubMed] [CrossRef] [Google Scholar]
 18. Marchand A, Demers A, Durand P. Do occupation and work conditions really matter? A longitudinal analysis of psychological distress experiences among Canadian workers. *Soc Health Illness.* 2005;27:602–627. DOI: 10.1111/j.1467-9566.2005.00458.x. [PubMed] [CrossRef] [Google Scholar]
 19. NSSO 2011-2012, Ministry of Health and Social Welfare GOI9 | Page
 20. Parker DA, Parker ES, Harford TC, Farmer GC. Alcohol use and Depression Symptoms among Employed Men and Women. *Am J Public Health.* 1987;77:704–707. [PMC free article] [PubMed] [Google Scholar]
 21. Room Robin, World Health Organization 2018 (<https://www.who.int/news-room/detail/21-09-2018-harmful-use-of-alcohol-kills-more-than-3-million-people-each-year-most-of-them-men>)
 22. Sara Gilman, *Emergency First Responders: Treating Mental Health Issues in a Culture of Mental Toughness* Cal Southern Psychology; c2015. (<https://www.youtube.com/watch?v=P5F9cEOaCV8>)
 23. Single E. *Profil canadien L'abus d'alcool, le tabac et les autres drogues.* Ottawa: Centre canadien de lutte contre l'alcoolisme et les toxicomanies et Centre de toxicomanie et de santé mentale; c1999. [Google Scholar]
 24. Substance Abuse Mental Health and Services (SAMHSA) *Drug Use among US Workers Prevalence and Trends by Occupation and Industry Categories.* Rockville; MD: DHHS Publication Number (SMA) 96-3089; 1996. [Google Scholar]
 25. Webb GR. The relationships between high-risk and problem drinking and the occurrence of work injuries and related absences. *J Stud Alcohol.* 1994;55:434–446. [PubMed] [Google Scholar]