

Consciousness of Abstinence to Alcoholics with Long-Term abstinence Experience

Yumi Okada¹⁾

Key Words :

Consciousness of temperance
Long-term temperance
Alcoholism

ABSTRACT

The purpose of this research is to clarify how Alcoholics Anonymous members who have long been practicing temperance have become aware of their ability to control their temperance. Research participants were 3 male and 3 female alcoholics who had been abstinent for 5 years or more. Participant observations and interviews were conducted and data was analyzed by inductive coding. Three categories and ten sub-categories were found: rule-oriented temperance, constant/repeated vows of abstinence, and a new consciousness emerging from abstinence. The results revealed that these categories influenced each other, while the alcoholics themselves were influenced by people from their environment, e.g. relatives, friends and health care professionals. The first category also indicated that alcoholics with long-term temperance abstained in the early stages successfully by coping with their unstable feelings which were not necessarily related to a feeling of crisis while drinking. The findings suggest that nursing professionals should understand the effects of temperance on alcoholics and consider support they may need.

I. Introduction

Alcoholism is one of the substance dependence disorders, which can also occur with substances such as marijuana and sleep aids. The number of people suffering from alcoholism has been increasing every year, and patient statistics collected in 2003 state that an estimated 19,900 people suffer from alcoholism¹⁾. Once one has alcoholism, he or she might find it impossible to drink in moderation, such that recovery ultimately requires total abstinence from drinking. Furthermore, although alcoholism is never truly cured, abstinence is essential for patients with alcoholism given that psychological and behavioral recoveries are possible. However, maintenance of abstinence is reported to be extremely difficult, even with clinical interventions^{2), 3), 4)}. Yamane et al. reported that abstinence rate decreases after hospitalization treatment: 44% after six months, 34% after one year, 20% after two years, and 12 to 17% after three years post-hospitalization⁵⁾. Moreover, it has been reported that 21.2% of patients who came to seek help at a public health center maintained abstinence for more than a year, and that the average age of death for such patients is 50 years old⁶⁾. Meeting life demands without drinking alcohol is a serious problem for such patients, and it is therefore essential to consider ways in which better treatments can be developed and abstinence goals maintained.

In 1985 the Japanese council of public health stated in "opinions about issues and acts related to alcohol" that a community support system to help sustain abstinence is required for patients with alcoholism⁷⁾. Moreover, "National Health Promotion in the Twenty First Century (Health Japan 21)", which was organized in 2001, emphasizes the importance of complete abstinence from alcohol with appropriate support and additional establishment of an environment that encourages self-reliant support, such as active engagement with self-help groups⁸⁾. However, stereotype, stigma and misunderstandings about alcoholism and patients with alcoholism are propagated not only amongst the general

public^{9), 10)} but also the health and nursing professions. Hisatomi revealed that more than 60% of nurses working in a general ward hold misconceptions such as "patients with alcoholism can control how much they drink". In addition, fewer nurses answered yes to the question "recovering from alcoholism is worthy of respect" than did members of the general public in a cross-cultural epidemiologic investigation conducted in Japan and America¹¹⁾. Such biases and misconceptions hinder efforts to provide more systemic support for such patients.

Studies of alcohol dependent patients who have maintained total abstinence have been conducted using surveys, to examine prognosis^{5), 6), 12)}, treatment program effectiveness,^{13), 14)} efficacy of self-help programs, and awareness about the self, others and drinking¹⁷⁾. Moreover, clinicians have discussed recovery-related awareness based on their clinical experiences^{18), 19)}, and changes in insight and recognition throughout the process of attaining abstinence among alcohol dependent patients have been investigated²⁰⁾.

However, the structure and the condition of awareness towards abstinence based on actual experiences of the patients with alcoholism still remain unknown. Thus, the present study focuses on examining awareness about abstinence during the process of long-term abstinence among those who attend a self-help group.

II. Method

1. Participants

Participants in the present study were consenting members of a self-help group whose goal is to stop drinking. All participants had been diagnosed with alcoholism in the past and have been alcohol free for more than five years.

2. Data collection

1) Interview

The retrospective interview was conducted in a semi-structured format. At the first interview, the interviewer asked about the participants' lives, experiences, and thoughts "when they were drinking", "when they started to stop drinking" and "after they had stopped drinking". There was minimal interviewer input so that the participants could freely tell

1) *Hiroshima International University*

Corresponding author: Tel.: +81 823 73 8368.
E-mail address: y-okada@ns.hirokoku-u.ac.jp

their stories.

The interviewers took notes or audiotaped the interview content after gaining the consent of the participants. We audiotaped the first interviews of all six participants. The second interviews of four participants were audiotaped, and the remainder of these interviews were recorded in a notebook. Furthermore, the families of consenting participants came in after the second interview. Family members were included in the interviews so that they could encourage the participants to remember past experiences and to recall these events more vividly. Sufficient interviews were conducted in order to allow participants to sufficiently recall past experiences and associated emotions, such that an average of 2.3 times and 5.2 hours of interviews were conducted per participant. The data were collected from February to June in 2005.

2) Observation

Upon explaining the purpose of the study to the participants, the researchers attended the self-help group and abstinence workshops held by alcohol dependent patients, and observed their behaviors and attitudes at testimonies. This observation was conducted from September 2004 to November 2005.

3. Ethical consideration

The researchers requested referrals from a self-help group for alcohol abstinence from a public health nurse at a health and welfare center, or from psychiatrists, upon explaining the purpose of the study, and the participants were referred through the group committees. The study was described to participants in a written format, and the interviews were conducted only after consent was provided. Participant confidentiality was maintained. The institutional review board at Okayama Prefectural University approved the present study.

4. Analysis

The analysis was conducted based on the Grounded Theory Approach. Verbatim transcripts were created from the collected data; sentences and paragraphs associated with awareness of alcohol and related experiences were extracted and chronologically organized considering the context.

Next, we interpreted the meanings of experiences and types of awareness from extracted sentences and conceptualized them. Interactive experiences with a flow were conceptualized together. The obtained data were constantly compared and analyzed, and we repeated categorization and grouping to yield categories.

The produced concepts were examined by confirming the presence of actual examples in the data. Furthermore, the categories were extracted based on these concepts while paying careful attention to the interactions between categories. Finally, the analyzed results were produced.

1) Reliability

(1) Data and produced categories were repeatedly confirmed, examined, and revised through discussions with an advisor and psychiatrists. Moreover, a professional in qualitative research supervised the data analysis.

(2) In addition to attending the self-help group from September 2004 to November 2005, the researcher joined overnight workshops and memorial events held outside the prefecture. Thus, sufficient time was spent in continuous observation and establishing mutual trust with members.

(3) In order to confirm whether the produced categories are sufficient, we presented the categories to two participants

for validation. The participants stated that the categories do indeed reflect participants' awareness.

III. Results

1. Participants

The participants were six members of a self-help group (three men and three women). Their age ranged from forties to sixties, and they were sober for five to 19 years. Five of the participants had the experience of slipping.

2. Formation of awareness of long-term abstinence

Two types of awareness were observed among the participants who had maintained abstinence: Awareness of values and beliefs to maintain abstinence and behavior based on those values. The former categories are <stop drinking based on the determined rules> and <continue alcohol abstinence>, and the latter category was <new awareness created by being alcohol free>. Moreover, there were four subcategories in <stop drinking based on the determined rules>, two subcategories in <continue alcohol abstinence>, and four subcategories in <new awareness created by being alcohol free>.

From the following section, categories will be expressed in <>, subcategories in [], and raw data in “ ”. In the raw data, () will be used to complement subjects and to convert dialects.

<Stop drinking based on the determined rules>

The participants felt that their abstinence was owed to fellow group members and surrounding people; furthermore, they thought that attending the self-help group kept them abstinent. Moreover, participants described insecure emotions including a vulnerability to drinking at early stages, and they enacted coping behavior to maintain abstinence.

[Attributing abstinence to fellow members and surrounding people]

Before meeting with fellow members and the self-help group, the participants had lost themselves due to binge drinking, had deteriorated relationships with their friends and felt depressed, “lonely”, “unlivable”, and “despairing”. Participants who had been hospitalized or began treatments under such conditions felt that they were “being saved”, “I found a place to live” and “maybe I could quit drinking here”, by meeting the members of the self-help group and trustable clinicians. They started having hope. Such awareness was important for current maintenance of abstinence.

“The only treatment for this disease is regular meetings.....medications for alcoholic abusers is the regular meeting.....”

Moreover, the participants attributed their opportunities to quit drinking to others, “for friends” and “for teachers”, when making a decision regarding abstinence, “when trying to quit drinking” and “when trying to go to the self-help group”.

“In the meetings, like most other people who are here, being a part of that crowd and then going home. Repeating and repeating the same thing may be stopping me from drinking.....”

The participants who had been alcohol free for more than 10 years perceived various encounters with fellow members and clinicians as “fate and destiny for keeping abstinent” and recognized fate as leading to future abstinence for the self. This participant also emphasized that these people were the

key to having an opportunity to stop drinking. Furthermore, the participant consciously used the other people as his opportunity to quit drinking.

“At the end, when quitting, you need something, otherwise it is hard to quit.”

[Stop drinking by sharing experiences about drinking]

When listening to the fellow members’ testimonies about “painful experiences when they were drinking”, the participants also recalled their own painful experiences associated with drinking that serve as their “foundation”. By connecting their experiences to other members’ experiences, they started feeling a strong urge to stop drinking.

[Stop drinking by making public statements about abstinence and introspecting]

The participants not only listened to other members’ alcohol related experiences but also talked about their own past related to alcohol, as “my story”, in front of other members. They described their lives were when they were drinking and how the drinking caused problems that affected surrounding people. The stories made them aware that “I have a past that motivates me to stop drinking, so I need to be abstinent now.”

[Coping with insecure emotions by engaging in routine behaviors]

When feeling vulnerable to drinking, participants tried to cope with their desire by engaging in pre-determined behaviors such as “going to the meeting” and “talking it over with fellow members”.

“Me.... When the dangerous feelings come up, I instantly go to the meeting or have someone listen to me....”

The participants did not engage in the pre-determined behaviors only when they felt in danger of slipping. When they felt emotions such as irritation, ill temper, anger, and sadness from marriage and work during their daily lives, they engaged in such behaviors to calm these emotions.

“There are a lot of things that irritate me. Today, I again went to the hospital (where I get treatment), and I looked at the sign (of the hospital)”.

There, the participant said that he or she reflected on their experience and tried to calm his emotions.

Many of the participants were determined to “talk,” in order to deal with such insecure emotions.

“(When verbally abusing each other in their marriage) in such situations, we overcame the problems by talking to each other. There are people that I can talk to and seek advice from (veterans in the self-help group), and I can then face my problems and deal with them.”

Furthermore, when they experienced insecure emotions, the participants tried to engage in such behaviors as “quickly” as possible. During observation, the participants attended the abstinence meeting in the afternoon, and gave a speech at their turn as follows:

“Today I am wearing like this (formal wear) because, in the morning, I went to decline the offer of an arranged marriage for my daughter. Why? Because his family came from XXX while our family is a mess, the father in the family is an alcoholic. We don’t much, so I declined the offer. But thinking that

my disruptive lifestyle had caused trouble for my daughter, I feel ashamed and sad....”

<Continue alcohol abstinence>

The participants tried to quit drinking as their own decision. When they felt that it was particularly difficult not to drink, they tried to focus on “current” abstinence as much as possible.

[Having insight into the disorder and keeping abstinent]

The participants focused on abstinence without forgetting the experiences that had brought them close to death when they were drinking and that had caused enormous troubles for others.

“In order to keep being sober, I must not forget what I had done....”

“I am sick. Once I have one glass, I cannot stop. Now, I always keep that in mind.”

[Stop drinking by setting an immediate goal]

The participants maintained abstinence by having life goals such that that they could make a decision not to drink; they made decisions about abstinence on a short-term basis and repeated this process, such as “I don’t drink for today” or “I don’t drink until the next meeting”.

Moreover, when participants felt particularly insecure, they developed more immediate goals and repeated these behaviors so that the situation would not lead to drinking.

“At first, I aimed for three months. My rough goal is three months, and next is six months. If I can stop drinking for six months, then I aim for one year, and go on like that...”

“When I get angry, sometimes I don’t know what I would do (drink again)... but then I tell myself “why not try not to drink for one day and see.”

< New awareness created by being alcohol free >

Throughout life without alcohol, the participants had gained a calmer mental state, and they gradually started thinking from their family and friends’ perspectives. Moreover, they found a “mission” and a role as an alcohol dependent survivor, and valued their current lives in which they maintain abstinence with fellow group members in order to find a unique and suitable way of living.

[Realizing a different self from the past when they were drinking]

The participants felt that they themselves changed along with achieving abstinence. They were different people from who they were when they were drinking. They had gained some degree of inner peace and realized that they had support from friends and family.

“Ummm, I’m quite calm now.” “I am more laid back. I don’t overreact to what others say”.

“I was quite awful before (to my mother), when I said things I made a big deal. If she prepared dinner I was thinking ‘Leave me alone, don’t give me any trouble’. But now I’m the total opposite. I feel that my mother cares about me a lot even though she is old”.

[Taking a role as an alcohol dependent survivor]

The participants felt that they wanted to be a “sober person”

in front of important figures such as fellow members. They became more conscious of maintaining long-term abstinence in the process of participating in activities to help other members who were struggling to stop drinking.

“I will (again) see them (fellow members), so I cannot drink....”

“I cannot drink (because I help other members). I am helping them to stop drinking. Doing that kind of thing gives me a system of not drinking...”

[Finding value during a daily life of not drinking]

The participants saw the results of their abstinence and various changes brought about by abstinence as a good change for them, and thought that the time and effort put into abstinence was worthwhile.

“When I don’t drink for five or six years, it is a waste to spoil that (by drinking again)”

“Because I learned a lot (from fellow members), I can say things now.....I myself benefitted from it. If I think about whether this was a gain or loss, it’s definitely a gain.”

[Being encouraged during abstinence]

The participants were encouraged by increased understanding regarding the disorder, the self-help group, and support from surrounding people. Furthermore, they were trying to respond to the support and maintain abstinence. Moreover, the participants stated that current abstinence was the actualization of what they had given up in the past, and such awareness led them to have more self-confidence.

3. Structure of the awareness established throughout abstinence (Figure 1)

The aforementioned three categories of awareness are not independent from the presence of support from family or friends, but they are interactive. Moreover, throughout the maintenance of the abstinence, these three types of awareness always existed without cessation inside of the participants’ minds.

Moreover, <abstinence with rules> and <continue alcohol abstinence>, often interacted throughout participants’ daily lives. As a result of repeated interactions of these forms of awareness, <new awareness created by being alcohol free> was formed, and then developed into new forms of awareness, <stop drinking based on the determined rules> and <continue alcohol abstinence>. In this process, the three categories affected each other, forming a cycle. For example, one participant explained as follows, giving an example of slipping.

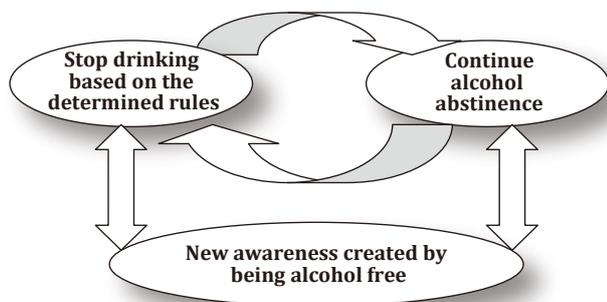


Figure 1. Structure of the awareness established throughout abstinence

“In a moment... even there are many factors in between, at the end, the problem is whether you drink or not. For our members, choice at the moment can be a really big change. (Then, I go to the meetings) listening to other people’s stories... the momentum leans towards not drinking, in a good direction. If I don’t drink, the sober period, the number of days, accumulates. So if I try to negate that, I never know when the devils come in.... I cannot drink until I die... (and) even if I have something like this kind of body (alcoholism), I can live decently if I don’t drink. Now, it makes me think that I have to pay my debts, so I work. If I say ‘ohh you should go on personal bankruptcy’, then you can skip paying debts but it doesn’t go like that. So I quit drinking. If I keep quitting, that is really a big deal, I think”.

This participant thought that, even during the current period of abstinence, the decision to stay sober was moment by moment, and for those recurrent moments, the participant attended the meetings to decide on “abstinence”, which is <stop drinking based on the determined rules>, and repeated making decision by choosing to remain abstinent. Furthermore, while repeatedly making decisions about abstinence, he or she had noticed change in his or her emotion and environments that he or she had not realized when he or she was drinking. Then, the participant perceived <new awareness created by being alcohol free> as worthwhile and valuable, such that “I can think that I need to pay my debt and this surprises me about myself”, and provided a meaning to decide to maintain abstinence.

IV. Discussion

1. Awareness towards abstinence established by long-term abstinence experience

1) Awareness towards abstinence affected by fellow members and surrounding people

The participants always attributed their successes in the maintenance of abstinence from the start to the present to fellow group members, family, and clinicians. Saito states that patients with alcoholism, during the process of forming insight into the disorder, “stop drinking only with willpower” and believe in a “higher power” to help maintain abstinence¹³⁾.

In the present study, by believing in a higher power, the participants perceived that they consciously associated their abstinence with surrounding people. Because several participants talked about attributing their motivations for abstinence to surrounding people, “I kind of created (or found) the moment. If I don’t do so, I could not quit”. Based on this statement, motivations and opportunities to keep abstinent are not necessarily created by chance experiences and beliefs, but rather, their awareness was motivated by thoughts such as “I want to continue abstinence”.

Moreover, the participants actively associated their abstinence with surrounding people, and thus they were trying to be conscious about “the self who does not drink” and continue abstinence.

2) Awareness of abstinence with goals

The decision not to drink alcohol in daily life occurred via setting short-term goals and acknowledging current abstinence. Setting short-term goals for abstinence was

reported to be effective at the initial phase of treatment. Such effects then pertain to satisfaction and self-efficacy in terms of reaching a goal¹⁴). In the present study, the participants set a goal as "I don't drink for today", with such goals important for initial efforts as well as maintenance of abstinence. Furthermore, when the participants experienced insecurities, they adjusted goals on their own by making them shorter term so that they could maintain abstinence. Such awareness was considered to be important to avoid slipping.

3) Determining coping behaviors for daily life and coping while maintaining abstinence

When the participants felt in danger of slipping or experienced emotions such as anger and sorrow, they engaged in certain pre-determined behaviors. Those behaviors were intended to calm insecure emotions and included such strategies as "go talk to fellow members" and "give a testimony at the meetings".

It is reported that those who have taste problems with alcohol need habitual behaviors as part of a daily routine to keep their minds off of urges for taste behavior¹⁵). The awareness that participants tried to cope with the danger of slipping is the characteristic behavior found in the present study when considering urges for this taste behavior.

Furthermore, the present study indicated that the participants engaged in such pre-determined behaviors not only to avoid slipping but also to take quick action to calm down and deal with stressors during their daily lives. This was shown at the testimonies in the meetings, when the members talked about difficult experiences of the day such as an argument with a spouse, they went to talk to the senior members who listened to their stories.

Quick actions taken by the participants could be attributed to "the awareness to perceive insecure emotions at an early stage". At the same time, it "relives insecurities at an early stage", contributing to stabilization of emotions and maintaining abstinence.

"The awareness to perceive insecure emotions at an early stage" can be understood by considering that the behavior to solve the problem was "to talk". Mead insisted that one can listen to what oneself is talking about, and that one can communicate to oneself in the same manner as one communicates with others¹⁶). Thus, talking over feelings such as "sad" makes patients clearly recognize their insecurities. Moreover, the participants not only "talked" but also "went" to certain places, "going to see the hospital's sign" in the case of the present study, and described such behavior as "getting insight into the self". Therefore, it is can be argued that participants had "awareness to perceive their emotions" by self-observing their own experiences.

"Calming down insecure emotions at an early stage" can be understood by considering that the participants dealt with their insecurities by taking pre-determined actions, thereby "calming" or "overcoming" the emotions. Benner stated that following one's feelings enables one to reinterpret from past experiences and is advantageous to self-reformation as opposed to denying one's emotions¹⁷). The participants tried to perceive insecure emotions at an early stage in order to maintain stability. This was different from before, when participants often "drank to conceal my weakness". The participants gained new ways of coping. Considering alcoholics are often those who attempt to deny daily physical and psychological difficulties by drinking¹⁹), gaining alternative

coping methods is thought to be essential to maintenance of abstinence. Moreover, the participants sensed not only drinking problems but also insecurities experienced during their daily lives such as marital or family problems at early stages, and they incorporated these behaviors into their daily lives.

2. Suggestion for nursing application

The present study emphasizes the importance of the understandings among nurses who deal with patients with alcoholism, not only with regards to awareness towards alcoholism but also coping methods. Furthermore, when such feelings are difficult to deal with, it is important for nurses to provide support that encourages patients to adopt coping behaviors by, for example, providing opportunities to talk over the patients' emotions.

3. Implications and limitations

The participants in the present study were limited to patients who intended to stop drinking by participating in a self-help group. Thus, in order to extent the present findings, participants at other stages of the treatment process or who are undergoing different treatments should be examined. An examination of awareness by comparing the awareness of those patients in the community with those who are greatly affected by relationships with family, friends and clinicians or groups are crucial.

The author shows deep appreciation for Tsuruko Ono (Okayama Prefectural University Graduate School) for her guidance. The author also thanks the participants.

References

- 1) Atlas of trends in national health, 84-85, Health, Labour, and Welfare Statistics Association, 2004.
- 2) Tetsuro Noda, Hiroyuki Imamichi: Long-term outcome in 306 males with alcoholism, *Psychiatry and clinical neurosciences* 55,579-586, 2001.
- 3) Copeland, Jan.: A Qualitative Study of Barriers to Formal Treatment Among Women Who Self., *Journal of Substance Abuse Treatment*, 14(2), 183-190, 1997
- 4) Bernard J . Fitzgerald, Richard A. Pasewark, PhD.: Four-Year Follow-Up of Alcoholics Treated at a Rural State Hospital. *Quart. Journal of studies alcohol*, 32, 636-642, 1971
- 5) Takashi Yamane: Long-term prognosis of alcoholism, *Tokyo Jikei-Kai Ika Daigaku Zasshi*, 93, 458-474, 1987.
- 6) Masako Tokunaga: Long-term prognosis study on alcoholism, *Alcohol dependence and addiction*, 13(3), 229-236, 1993.
- 7) Japanese Mental Health Welfare; Handbook for Mental Health Welfare, 133-142, Japanese Mental Health Welfare Association, 2003.
- 8) Health Japan 21(National Health Promotion in the Twenty First Century), 123, Japan Health Promotion and Fitness Foundation, 2000.
- 9) Shinji Shimizu: Social attitude of general public towards patients with alcoholism, *Journal of Japan Society of Social Psychiatry*, 11(1), 55-62, 1988.
- 10) Shinji Shimizu: Awareness and interventions of substance abuse among general community residents, *Japanese Medical Society of Alcohol and Drug Studies*, 35(5), 330-340, 2000.
- 11) Yoko Kutomi, Keiko Ito, et al.: Knowledge and recognition of nurses about alcohol related problems and its treatment: a comparative study about nurses at general and alcoholism treatment wards, *Japanese Medical Society of Alcohol and Drug Studies*, 33(6), 671-682, 1998.

- 12) Aro Shikano, Takashi Ogoshi: Short and long term prognosis of alcoholism; A follow up study of the members of self-help group, *Psychiatria et Neurologia Japonica*, 93(5), 334-358, 1991.
- 13) Tatsuya Iwashige, Tetsuro Myojin et al.: The effects of in hospital treatment for alcoholism (ARP); Examination by MMPI, *Japanese Journal of alcoholism and addiction*, 14(1), 91-97, 1997.
- 14) Takahiro Okamoto: Change in awareness among the participants of alcohol rehabilitation program during hospitalization; results of the follow-up survey, *The Journal of Juntendo Medical College of Nursing*, 13, 21-30, 2002.
- 15) Sayoko Shinoda: Taste problem and group therapy, *Japanese Journal of alcoholism and addiction* 10(3), 189-193, 1993.
- 16) Miyako Yasuda, Toshiko Matsushita: Study on functions of self-help group in addiction recovery (4); Phases in recovery from alcoholism and the role of self-help group, *The Journal of Tokyo Academy of Health Science*, 5(2), 61-74, 2002.
- 17) Toshiko Matsushita, Miyako Yasuda: The relationship with others and self awareness among patients with alcoholism; from the interviews conducted for alcoholism survivors, *Japanese Journal of General Hospital Psychiatry*, 5(2), 166-175, 2003.
- 18) Manabu Saito: Psychopathology of alcoholism, Kongo Shuppan, 3-32, Tokyo.
- 19) Manabu Saito: Insight into disease and alcoholism, *Japanese Journal of Clinical Psychiatry*, 18(1), 37-42, 1989.
- 20) Setsuko Komitsu: Recognition change process towards abstinence; examples from the members of self-help group, *Journal of Japanese Society of Nursing Research*, 35(3), 239-249, 2002.
- 21) Belleman, R./ Tadahiro Ito Trans. Alcohol and Drug addiction, Dryden, Windy. Ed. Yoshihiko Tannno Ed. Trans. Introduction to Cognitive Clinical Psychology, Tokyo University Press, 273-320, Tokyo, 1996.
- 22) Masami Miyamoto: Taste problems and self-control. *Japanese Journal of Alcoholism and Addiction*, 10(3), 179-188, 1993.
- 23) Mead, G.H./ Michio Inaba, Masaki Tatsuzawa et al., Trans.: Psychology, self, and society, 43-75, Aoki Shoten, Tokyo, 1973.
- 24) Benner, Patricia., Wrubel, Judith./ Takushi Nanba Trans. The primacy of caring: Stress and coping in health and illness, Igaku Shoin, Tokyo, 188-191, 1999.