People with drinking problems experienced suffering as a vicious, spiralling vortex that encompassed all aspects of their being


Question
How do people with drinking problems describe the lived experience of suffering?

Design
Hermeneutic phenomenology.

Setting
An alcohol problems clinic in Scotland, UK.

Participants
A purposeful sample of 6 participants (3 men and 3 women, age range 42–61 y) who attended the clinic. All participants met the International Classification of Diseases - 10 criteria for alcohol dependence syndrome.

Methods
Indepth interviews were done in the clinic or at the participant’s home, and were audiotaaped and transcribed. The researcher kept a reflexive journal of thoughts and feelings during the process. Themes were extracted using a framework suggested by Van Manen and were validated by independent expert nurses. An interpreted account of each participant’s experience was generated and given to the participants for validation.

Main results
The lived experience of suffering was described in terms of Van Manen’s existential life worlds: corporeal, relational, temporal, and spatial. Corporeal (physical) suffering was related to alcohol dependence syndrome (eg, headache, nausea, vomiting, and abdominal pain) and the effects of abrupt withdrawal, and was most acute in the morning. Further drinking often ensued as an attempt to find relief from these symptoms. Participants referred to this suffering as self inflicted and therefore not worthy of sympathy.

Suffering in the relational life world was seen in recurring feelings of shame, guilt, and denial. Shame was experienced as an intensely painful emotion that resulted from the stigma, being deceitful, and being exposed as weak, dirty, and helpless. It led to self loathing, isolation, loneliness, feelings of rejection, and suicide attempts. Participants then drank to deal with fears of further exposure. Guilt arose from irresponsible actions (eg, putting children at risk, drunk driving, or losing control) and led to attempts to prove oneself, drinking more, and feelings of self loathing and low self esteem. Fooling yourself (denial) involved the deviousness of hiding bottles, telling lies, and making excuses, and led to feelings of shame and guilt.

Suffering related to time and place involved the changing rhythms of time and the physical world around the participant. Suffering was viewed as an insidious process and as a series of vicious circles repeating themselves with increasing velocity. The ultimate form of suffering was the downward trajectory towards rock bottom and oblivion. Rock bottom was a metaphor used to describe an intolerable personal low point, and included experiences such as fear of public exposure and disgrace, physical degradation, delirium tremens, contemplating or attempting suicide, and losing one’s purpose in life. The rock bottom experiences of all participants helped them in some way to modify their drinking.

Conclusion
People with drinking problems described their lived experience of suffering as a spiralling vicious vortex, which involved the physical, psychological, social, and spiritual aspects of the individual’s being.

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Commentary
The study by Smith is a valuable exploration into the experiences of suffering from the viewpoint of people with drinking problems. This field of study has been sparsely covered by research. Smith highlights the capacity of this client group to reflect upon the painful experiences of suffering, and points to the use of these experiences in eliciting change in their use of alcohol.

Most people who experience problems related to their use of alcohol do not present to services for help, and those who do seek help are often met by non-specialists in alcohol related problems. The study group was drawn from a specialised alcohol clinic and thus may not reflect a cross section of those individuals who experience difficulty with the use of alcohol. Although the study provides a rich description of participants’ experiences of suffering, it does not explore differences between sexes in their suffering experiences. Further work could be undertaken to explore the different experiences of men and women and how these differences could be addressed in the development of appropriate services.

The study findings highlight that suffering can be more than a physical experience, and in the instance of the person with problem drinking, a holistic definition of suffering is essential. Nurses reading this work can reflect upon their own values in relation to clients with drinking problems.

The study provides valuable insight into the sometimes inexplicable world of problem drinking and the experiences of physical, psychological, social, and spiritual distress. Smith, however, does not explore how the lived experience of suffering led the participants to address their use of alcohol. He does highlight the importance of understanding that the individual’s emotions are authentic and that nurses should try to foster a relationship which is based on empathy, warmth, and genuineness. It is hoped that individuals will be able to reflect upon their experiences of suffering and use these insights to change their problematic use of alcohol.

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