

THE RELATIONSHIP BETWEEN POSTTRAUMATIC STRESS DISORDER AND
ALCOHOL USE: A QUALITATIVE STUDY OF OUT – PATIENTS IN THULAMELA
HOSPITALS IN VHEMBE DISTRICT MUNICIPALITY OF LIMPOPO PROVINCE

By

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Dissertation submitted in fulfillment of the requirement for the degree of Master of
Arts in the Department of Psychology at the University of Venda

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2013

Abstract

Posttraumatic Stress Disorder (PTSD) is a risk factor for alcohol use and in turn has been independently associated with increased health problems. PTSD is a serious and disabling disorder that is commonly seen in primary – care setting. Many people experience a traumatic event at some point in in their life, however, not all individuals who experience a trauma event eventually go on to develop PTSD. Being diagnosed with PTSD increases the risk of developing an alcohol use disorder. Alcohol use is known to be a major factor affecting the incidence of traumatic injury. PTSD does not automatically cause problems with alcohol use because there are many people with PTSD who do not have problems with alcohol. However PTSD and alcohol together can cause serious troubles for the trauma survivor and his or her family. PTSD symptoms are often worsened by alcohol use. Although alcohol can provide a temporary feeling of distraction and relief, it also reduces the ability to concentrate, enjoy life, be productive, and is associated with chaotic lifestyle which reduces family emotional closeness; on the other hand it increases family conflicts, and reduces parenting abilities.

The main aim of the study was to investigate the relationship between PTSD and alcohol use among PTSD out- patients.

This study used a qualitative approach. A phenomenological research design was used for the study because I wanted to understand and interpret the meaning that respondents give to their everyday experiences of a phenomenon. The study was conducted in Thulamela Municipality of the Vhembe District Municipality in Limpopo Province. The population comprised of out-patients receiving treatment for PTSD from the three hospitals in Thulamela Municipality. A sample size of ten (10) PTSD out-patients, who use alcohol, I were randomly selected through purposive sampling.

Data was gathered through a structured face – to – face interview and respondents were encouraged to use their mother tongue in order for them to participate freely. Individual interviews were conducted outside the respondents' respective hospitals. Tshivenda and Xitsonga were used to conduct the interviews and data was transcribed, and was later translated into English. An interview guide was used as an instrument to collect data and this contained nine (9) open-ended questions. Data gathered was analysed through the five stages of content analysis. Ethical

consideration was observed to ensure that respondents were well informed and protected against potential harm.

The findings of this study show that respondents were exposed to different traumatic events which included motor vehicle accidents, sexual assaults, robbery, rape, seeing someone getting hurt and killed, and fire. Most of these events were found to be individual traumas hence reactions to these exposures were different from one respondent to the other. Respondents reported that they have intrusive, avoidance and hyperarousal symptoms.

Findings of the study have revealed that some of the respondents were sexually abused while they were still young and this has resulted in them feeling weak or even worthless, and a shame-based sense of self has developed in these respondents. Respondents indicated that they were not only exposed to a single event but multiple events that led to the development of PTSD. Respondents on this study were found to have increased their drinking pattern following trauma exposure and the main intention for this behaviour was to cope with their overwhelming experiences.

The study also revealed that respondents' occupation and other areas of functioning were also affected. For example, productivity at work, performance at school, and socially they have become withdrawn. Self-medication through alcohol use was found therefore to be the main defence used to deal with these painful experiences by respondents. Data collected also revealed that respondents have used other ways of dealing with these experiences.

The study had a few limitations that would limit generalization of the findings: one is that respondents were drawn from a single geographical location which is Thulamela Municipality and also that the study included respondents who were suffering from both acute and chronic PTSD.

Based on the findings of the study, the following recommendations were made: establishment of wellness programmes at workplace; educating people about the basic symptoms of PTSD and awareness campaigns on alcohol use, treatment of both psychological and physical health symptoms, need for training of educators, treatment of trauma respondents, and Urine test.