CHAPTER 6.

EMPIRICAL FINDINGS FROM THE QUALITATIVE PHASE OF THE STUDY: A PROFILE ON ALCOHOL CONSUMPTION AMONG SOUTH AFRICAN DENTISTS – A DENTIST’S PERSPECTIVE

6.1 Introduction

This study was mainly exploratory and descriptive in nature, to gain insight into alcohol consumption among South African dentists, because very little is known on alcohol consumption related to occupational stress among South African dentists.

This chapter consists of a discussion of the research methodology and the research findings of the qualitative phase of the study. The qualitative findings of the study are structured according to meaningful categories and themes to make comparisons and contrasts. Critical events in the life of the qualitative respondents are also emphasised to provide organizational structure.

6.2 Research methodology for the qualitative approach

6.2.1 Type of research, research approach and design

In this study, the researcher employed applied research to gather information to construct a profile on alcohol consumption among a selected group of South African dentists, which may be applied to construct or refine intervention models specifically for dentists that abuse alcohol. According to Bless, Higson-Smith and Kagee (2006: 44-45), the researcher’s primary motivation is to assist in solving a particular problem facing a particular community. This is referred to as applied research and is often achieved by applying basic research findings to a particular community’s challenges. In this way applied research may assist
the community to overcome the problem or design interventions which will help to solve it. Grinnell (1993: 45) states that the research design is a plan or blue print of how the research is to be conducted. The researcher utilized the dominant - less dominant model of Cresswell for best results. In this model, Cresswell uses a dominant research approach, and incorporates a smaller, less dominant approach (De Vos, 2002: 365). The researcher utilized the dominant quantitative approach (quantitative results were discussed in chapter 5) with a less dominant qualitative approach of which the results are discussed in this chapter (chapter 6). For the qualitative data collection the researcher used the collective case study where semi-structured interviews using an interview schedule, were conducted. Fouché (2002: 275) describes a case study as follows: “The exploration and description of the case takes place through detailed, in-depth data collection methods, involving multiple sources of information that are rich in context. These sources can include interviews, documents, observations or archival records”. The researcher decided on semi-structured interviews, using an interview schedule, with dentists that have already had treatment for alcohol abuse or are self-characterized as problem drinkers.

6.2.2 Goal

The Oxford Dictionary (1995: 580) defines a goal as the object of a person’s ambition or effort, a destination, an aim. Fouché (2002: 108) uses Neuman’s definition of a goal, which basically states that the goals of research are exploratory, descriptive and explanatory.

The specific goal for this study is to explore alcohol consumption related to occupational stress and anxiety, and to identify alcohol related problems as a result of this way of coping.
6.2.3 Objectives

The Concise Oxford Dictionary (1995: 938) defines the word objective as “aimed at, something sought or aimed at”. “Exploratory, descriptive and explanatory” can be regarded as objectives of professional research. Objectives are the steps taken one by one, realistically at grass-roots level, within a certain time span, in order to attain the goal, purpose or aim (Fouché, 2002: 107, 109).

The researcher has identified the following objectives for this study. Each of these objectives has been investigated by means of the empirical study and reinforced by means of the literature study.

- To explore occupational stress and anxiety among South African dentists and measures they take to cope with occupational stress and anxiety.
- To explore alcohol consumption and alcohol-related problems among South African dentists.
- To explore among South African dentists alcohol use, abuse, and dependency related to occupational stress and anxiety.
- To compile a profile on alcohol consumption among South African dentists.
- To make recommendations for dealing with alcohol dependency amongst dentists. These recommendations could be used for developing new intervention models and for refining existing intervention models for treatment and rehabilitation of dentists addicted to alcohol, or if the indications are there that a dentist is developing an alcohol-dependency problem.

6.2.4 Research questions

The research questions must address what the researcher is trying to determine and for what purpose the findings will be used (Grinnell, 1993: 25, 45). After a general problem has been identified, one still has to find ways of reducing it to a
specific and manageable research question (Bless, Higson-Smith and Kagee, 2006: 21). The researcher obtained answers to the following questions:

- What factors in the dental profession cause occupational stress and anxiety in South African dentists?
- What measures do South African dentists apply to cope with occupational stress and anxiety?
- To what extent do South African dentists consume alcohol to cope with occupational stress and anxiety?
- To what extent has alcohol consumption caused alcohol-related problems among South African dentists?
- How can these identified occupational stress and anxiety factors present among South African dentists and the use of alcohol to cope, as well as the adverse side effects of this way to cope, be utilized to recommend intervention models for alcohol abuse and dependency, specifically among dentists?

6.2.5 Methods of data collection

For the qualitative method, the researcher conducted semi-structured interviews, using an interview schedule, with dentists who have already had treatment for alcohol abuse.

6.2.5.1 Qualitative data collection

Data for the qualitative case study design can be obtained by means of interviews, documents, observations or archival records (Fouché, 2002: 275). The researcher used semi-structured, one-to-one interviews with an interview schedule as the qualitative data collection method in this study. Three respondents that have had treatment for alcohol abuse were interviewed by means of an interview schedule. According to Greeff (2002: 302), an interview schedule provides the researcher with a set of predetermined questions. The
The researcher purposively selected five respondents for the interviews. The researcher planned to interview all of these respondents because they suited the criteria for the qualitative phase (already had treatment for alcohol abuse or were self-characterized as problem drinkers). Unfortunately, two of the respondents who characterized themselves as heavy alcohol users died before they could be interviewed. Because of ethical reasons (treatment facilities for alcohol abuse were reluctant to release names of dentists who received treatment for alcohol abuse), and the sensitivity of the topic, the researcher could not find other suitable dentists (respondents) to be interviewed in the place of the deceased ones. The interviews with the three respondents took place in the following manner:

- The respondents were willing to share their experiences concerning dental occupational stress and alcohol use, as a coping mechanism, with the researcher.
- The researcher arranged an interview appointment with each of these respondents at venues that were suitable for them.
- The researcher, with the respondents' signed informed consent, tape-recorded the interviews.
- Each interview was approximately 45 minutes in duration.
- Each of the respondents were asked the same questions according to a semi-structured interview schedule.

6.2.6 Sample (Sampling method)

The sampling procedures for the qualitative research methods that were utilized in this study was carried out according to the sampling methods and procedures described by Bless, Higson-Smith and Kagee (2006: 100-110).
6.2.6.1 Qualitative sampling

For the qualitative sampling, the researcher utilized the purposive or judgmental sampling technique as described by Bless, Higson-Smith and Kagee (2006: 106). They describe this technique as: “A sample is chosen on the basis of what the researcher considers to be typical units to be the most common in the population under investigation”. The criteria for the purposive sampling were South African dentists, male or female, irrespective of type of employment, race, age and geographical area, registered with the HPCSA that have had treatment for alcohol abuse or were self-characterized as problematic drinkers.

As ethical aspects are important in research, the qualitative sampling for this study was difficult, because alcohol treatment organizations were reluctant to reveal the names of dentists who had already received treatment for alcohol abuse or hazardous alcohol consumption, which was the planned method of acquiring possible respondents. However, the researcher has attended many group-therapy sessions over a very long period, where he has met dentists receiving treatment for alcohol abuse and addiction. The researcher telephonically contacted six of these dentists, of whom three agreed, as well as two dentist acquaintances who were self-characterized as heavy alcohol users to partake in this study by means of purposive sampling. In this way, the researcher managed to acquire five dentists (respondents) meeting criteria for the qualitative sampling. Unfortunately, the two dentists who characterized themselves as heavy alcohol users died before they could be interviewed, thus leaving three respondents for this phase of the study.
6.2.7 Method of data analysis

6.2.7.1 Qualitative data analysis

De Vos (2002: 354) clearly states that qualitative data analysis is the process of bringing order, structure, and meaning to the mass of data collected. The researcher made use of the data analysis procedure as described by Cresswell (1994: 153) who describes the process of qualitative data analysis as “eclectic”, in other words there is no right way, metaphors and analogies are as appropriate as open-ended questions. Data analysis requires that the researcher be comfortable with developing categories and making comparisons and contrasts. The researcher must be open to possibilities and see alternative explanations for the findings. Cresswell’s process as discussed in De Vos (2002: 340) was followed, namely:

- Collecting and recording data – The researcher used an interview schedule to conduct the individual interviews. Interviews were tape-recorded and then later transcribed according to categories that were divided into themes.

- Managing the data – The researcher organized notes and evaluated the merits of the transcribed data and he determined whether the data are authentic, valid, true and worthy.

- Reading and writing memos – After collection, the data were studied to enable the researcher to become familiar with the content as a whole, and to identify categories which were divided into themes and sub themes to see if similarities existed in the various categories.

- Describing, classifying and interpreting – The researcher searched for explanations and identified similarities in themes and sub themes from the
different respondents’ views and compared them before describing the data. The researcher also verified this with the literature to substantiate it scientifically.

- Representing, visualizing – The researcher presented data in text and tabular form and verbatim quotes from the interviews to support the findings and then verified them with the literature.

6.3 Categories, themes and sub themes derived from the interviews for the qualitative part of the study

6.3.1 Category 1: History of alcohol dependency and treatment for alcohol dependency

The respondents reflected on the onset, causes and treatment of their alcohol dependency as follows:

Respondent 1
Quote: “As a dental student I did not actually use alcohol. As a student, I only used alcohol during socializing events such as spring parties, intervarsity events, dating my girlfriend and so on. Alcohol was not used in my family. After my dental studies I went into dental practice but was also involved in the politics. All of these matters, linked to politics, such as board meetings and even the dental association meetings, on which I served, always ended in drinking sessions. At that time I was only a social drinker, and after each meeting I had a drink or two. I played golf for 30 years but currently I am playing bowls. With bowls it is the same as with golf, after each game we visited the pub to drink. This was basically my drinking pattern. I also practised in England for two years but did not drink a lot while being there. When it was cold I had a sherry or other alcoholic drink with my wife, but this was only in the evenings. About 5 years ago I had a small operation to restore a hernia but something went wrong with the general
anaesthesia. I don’t know who was at fault but, although I was fit and did not smoke, my lungs collapsed and I landed up in the intensive care of the hospital for 5 weeks. I went through a rough time and my practice took a dip. After this incident I did not use alcohol at all, and as the saying says “I was as dry as the pope”. However, one day we won a bowls competition and to celebrate we visited a pub. I wanted to order an orange drink but my team mates convinced me to drink a beer. This ended up in drinking one beer after the other. This is where my big problem started and for 3-4 years after that, I drank heavily. It was also in that time that I retired. My drinking escalated and I eventually had to go for alcohol rehabilitation.

I refused to go for treatment. I am I type of a snob, I have achieved a lot in my life and I did not want to be associated and placed between those, whom I then called, plebs. Those other people, that were receiving treatment, were swearing and smoking, and I thought to myself “not in hell” am I going there. However, my children and wife and even the pastor of our church convinced me to go for treatment. I agreed, pocketed my pride and went for treatment. I learned a lot at the treatment centre but I am not sure of the success rate of these treatments. They told me that when I leave the centre I will be on my own, my sobriety will depend on myself but I do not think that I am really an alcoholic. At a support group I was informed that it is possible to drink socially again, and that is what I am currently doing”.

Respondent 2
Quote: “At school I did not drink, maybe now and then I had an unnoticed drink. My alcohol habits basically started at university. On Friday afternoons we went, as a group, to the Union hotel in Pretoria, to have a couple of beers and to chat. Around my 4th and 5th year at university my drinking sort of escalated. After my university days I went to England to work as a dentist. There, in the evenings, I had a couple of drinks. Across the practice where I worked were the Queens hotel and, after work, I visited it for a couple of drinks for the cold. When I
returned to South Africa I continued to have a couple of drinks in the evenings after work. At that stage I classified myself as a weekend drinker or even weekend alcoholic. At weekends my wife and I would have had a couple of drinks, beer or wine, but then I would sneak out to my garage for some hard liquor. In my garage I used to hide these little bottles of liquor that they serve on the aeroplanes. So my wife did not know that I drank additional to the little bit we had together. I used to down a couple of these small bottles of liquor in my garage, and then dispose of the empty bottles by tossing them over the garden wall into the empty stand next to us. In the week, I would not say that I did not drink at all, but at weekends I made up for the drinks I did not have during the week. This is basically how my drinking started.

The first time I received treatment for alcohol abuse, I contacted a friend of mine, he was an architect and he and his wife were alcoholics and both received treatment for alcohol abuse at Castle Carey rehabilitation centre. I could not bluff my wife anymore, you know women are sensitive and they pick these things up. My wife started to notice that I don’t only drink occasionally with her but I disappear and then get drunk. Things got so bad that my wife went back to England and took my sons with her. Then I really lost it and did not only drink heavy on weekends but also during the week. My practice took a dip and I started to sell my equipment for money. Anyway, this friend of mine told me about the Castle Carey rehabilitation centre and I went there. However, I did not stay there long and walked away because I thought the treatment were a lot of bull. You see, when my wife and children left me I was lonely and started to drink heavy, also on weekdays, mainly in the evenings. Before my wife and children left me I was only a weekend alcoholic, but after they left I became a twenty four hour alcoholic. I drank heavily at night and tried to recover by sleeping the next day. I basically drank my practice away and I eventually had to close the doors. I started to move around, not knowing where to go and eventually returned to Castle Carey rehabilitation centre. I did not like the manager of the centre very much, he was also a therapist at the centre. However, one day I went out of the
centre for a couple of hours and came back drunk. Anyway, this therapist told me that the program at Castle Carey is not sufficient for me, I need long term treatment and he took me to Magaliesoord. This is a long term treatment centre managed by the government. I stayed for a long period at Magaliesoord and eventually left the centre and went to my father. However, things were not well between my father and myself and I returned to Magaliesoord and stayed there for a second time. In that time my father passed away and I received a bit of money from his estate. I then stayed in Pretoria, in a hotel, and basically drank out all the money my father left for me. My brother, a lawyer, noticed what was happening to me and arranged for me to come to this rehabilitation centre. This happened about nine years ago and I am still here at the rehabilitation centre”.

Respondent 3
Quote: “Well, the use of alcohol as we all know starts by socializing with alcohol. I started using alcohol in my twenties, and only to socialize. I drank socially up to about 10 years ago, and then my drinking became more than social drinking. What caused me to drink more than the normal is difficult to say. I am a single person, never got married. My therapist said that the wine bottle became my best friend. When I was lonely I usually visited places where people drink. In the process of seeking company, I also engaged in drinking. I also played squash on a regular basis, at least four times a week, and after each game we went for a couple of beers. The drinking did not stop there, we then went to a friend’s house for more socializing and drinking. What I am trying to say is that I was lonely, and in the process of seeking company, by visiting social events and doing sport, my drinking escalated to such an extent that it actually became a problem. There did not pass a day, in which I did not have a beer or two. This started to bother me, I could not identify one day in which I did not drink, but at that stage it had no influence on my work. Later on, this was a long time after I left private practice and worked for the university, I also started using alcohol during office hours. I did not drink at the office but would have alcohol somewhere else and then return to my office. I must say that I never used alcohol before seeing dental patients,
only when I had to do academic related jobs. In any case, the people at work started to notice my drinking and my departmental head advised me to go for treatment before I get into big trouble. I did not want trouble at my work and agreed to go for treatment, in which he assisted me to get. To tell the truth, I did not want to go for treatment, indirectly my departmental head forced me to go by telling me that I am going to loose my job if I did not go for treatment. After the treatment, I returned to my job and was sober for about six months, and then started drinking wine again. The whole cycle repeated itself. The people at work noticed that I relapsed and my departmental head had no choice but to report the situation to the HPCSA. The council then forced me to go for a second treatment. For me, the second treatment was not as bad as the first one because I was, so to say, sober when I went for the second treatment. I definitely did benefit by the treatment, the second time more than the first time. When I went for treatment the first time I suffered extreme withdrawal symptoms, not so much alcohol withdrawal but benzodiazepine withdrawal. I did not inform the therapist that I also used benzodiazepine anxiolytic drugs with the alcohol. The benzodiazepine’s were prescribed by my psychiatrist. So, during my first treatment I suffered the benzodiazepine withdrawal through on my own, remember I was admitted for the shorter alcohol programme and did not want them to know that I also used anxiolytic drugs. The multiple drug use programme is much longer. During the second treatment it was much easier for me because I only suffered mild alcohol withdrawal symptoms”.

In Table 1 the history of alcohol dependency and treatment for alcohol dependency is discussed.
Table 1: Illustrated discussion of category 1: History of alcohol dependency and treatment for alcohol dependency.

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1:</strong> Start of alcohol dependency and what caused it.</td>
<td>Alcohol dependency for each of the 3 respondents basically started by socializing with alcohol, first at university and then later on as dentists.</td>
</tr>
<tr>
<td>Sub theme 1.1: Socializing.</td>
<td>Socializing events during the respondents’ university career contributed to their alcohol dependency. After university some respondents continued to use alcohol during socializing events and other activities they were involved in. These drinking patterns escalated and resulted in dependency.</td>
</tr>
<tr>
<td>Sub theme 1.2: Multiple treatment programmes.</td>
<td>The multiple drug treatment programme is longer and more intensive, than the treatment program for alcohol use only. Therefore one respondents was reluctant to admit that he also used other drugs simultaneously with alcohol.</td>
</tr>
<tr>
<td>Sub theme 1.3: Multiple treatments.</td>
<td>For all 3 alcoholic respondents more than one treatment as required.</td>
</tr>
<tr>
<td>Sub theme 1.4: Voluntary committal.</td>
<td>Family, spouses and other caring people convinced 2 of these respondents to go for treatment.</td>
</tr>
<tr>
<td>Sub theme 1.5: Loss of family.</td>
<td>The direct family of one of the respondents separated from him because the treatment for alcohol dependency was not successful, and he even drank more.</td>
</tr>
</tbody>
</table>
Table 1: Illustrated discussion of category 1: History of alcohol dependency and treatment for alcohol dependency continued.

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub theme 1.6:</strong> Unstable practice.</td>
<td>The practice of one of the respondents was financially unstable and this alcohol dependent respondent started selling his equipment in order to survive.</td>
</tr>
<tr>
<td><strong>Sub theme 1.7:</strong> Too good for treatment.</td>
<td>One respondent felt too superior to go for treatment, and did not complete the treatment course and discharged himself from the treatment facility. This resulted in his being admitted for a second or even a third time.</td>
</tr>
<tr>
<td><strong>Sub theme 1.8:</strong> Unsuccessful treatment.</td>
<td>All 3 of these respondents believed that the treatment for alcohol dependency is unsuccessful and it is a waste of time to go for treatment.</td>
</tr>
<tr>
<td><strong>Sub theme 1.9:</strong> Unsuccessful practice.</td>
<td>One respondent literally drank his practice into the ground and eventually had to close the doors.</td>
</tr>
<tr>
<td><strong>Sub theme 1.10:</strong> Homeless.</td>
<td>One respondent, who refused treatment, started to roam about and eventually landed up in a rehabilitation centre because he had nowhere else to go.</td>
</tr>
<tr>
<td><strong>Sub theme 1.11:</strong> Re-admission.</td>
<td>For one respondent with a alcohol problem, not even long term rehabilitation programmes were sufficient and he was re-admitted time after time and eventually stayed permanently at a rehabilitation centre.</td>
</tr>
</tbody>
</table>
Table 1: Illustrated discussion of category 1: History of alcohol dependency and treatment for alcohol dependency continued.

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub theme 1.12: Voluntary admission.</strong></td>
<td>One respondent agreed to go for alcohol treatment because he was scared of losing his job, or being reported to the Health Professions Council.</td>
</tr>
<tr>
<td><strong>Sub theme 1.13: Involuntary committal.</strong></td>
<td>One respondent with an alcohol dependency problem was forced by the Health Professions Council to go for treatment.</td>
</tr>
<tr>
<td><strong>Sub theme 1.14: Other drugs used.</strong></td>
<td>One alcohol dependent respondent also used other substances such as tranquilizers with the alcohol, but was reluctant to inform the treatment centre about it. For this reason the alcohol treatment programme was not sufficient for him.</td>
</tr>
<tr>
<td><strong>Sub theme 1.15: Denial.</strong></td>
<td>Two of the respondents, despite serious financial problems, family problems and occupational problems as a result of alcohol abuse, did not believe that they were alcohol dependent and claimed that they could go back to social drinking after rehabilitation.</td>
</tr>
</tbody>
</table>

Erlank (2002: 01) claims that substance dependency is a universal phenomenon that does not distinguish between age, race, status, gender, or title, and substance use, abuse and dependency may occur regardless of a person’s occupation. Dentists are definitely not an exception to this rule.

Socializing with alcohol during a dentist’s university career, and there after, can escalate resulting in dependency. The researcher links this phenomenon to the social model of addiction. This model seeks explanation in the environment of the
According to Meyer (1994: 165; cited in Doweiko, 1996: 50-51), research suggests that it usually takes about ten years of heavy drinking before the typical person becomes dependent on alcohol. However, once a person does become dependent on alcohol, even if that person stops drinking for a period of time, he or she will again become dependent in a matter of days to weeks. Thus, once an individual becomes dependent on alcohol, it is unlikely that he or she can return to non-abusive drinking.

6.3.2 Category 2: Background information of the family who raised the respondents

When the respondents were asked: Did you come from broken up family (parents divorced, separated, deceased, stepmother, stepfather)?, they reported as follows:

Respondent 1
Quote: “No, my family were not broken up. I came from a very supporting and happy family and grew up with both of my biological parents”.

Respondent 2
Quote: “My family were very happy. My mother and father were happily married but my mother died a long time before my father. My brother also had an alcohol problem, but his was not as bad as mine. I think it was his work as a lawyer that forced him to drink such a lot, but he also had problems with his wife. My brother arranged for me to come to Wedge Gardens, but eventually also landed up here for alcohol treatment. He stayed here at Wedge for one month. Personally I do not think that my brother perceived as much stress from his work, as a lawyer, as what I perceived being a dentist”.
Respondent 3
Quote: “I grew up in one of the happiest families one can imagine. There were a strong family bond between us all. We were four children and all of us stayed with my mother and father up to the age of about twenty four. There were no unpleasantness in our family, my mother and father never argued, we were all happy. My relationship with my brother, two sisters and parents were wonderful”.

When the respondents were asked to describe the relationship they had with their parent(s) / guardian(s) with whom they grew up, they responded as follows:

Respondent 1
Quote: “My parents were fantastic”.

Respondent 2
Quote: “Very, very well, there was only love in our family”.

Respondent 3
Quote: “My relationship with my brother, two sisters and parents were wonderful”.

When the respondents were asked to elaborate on the drinking habits of their parent(s) / guardian(s), with whom they grew up, they responded as follows:

Respondent 1
Quote: “As I said, my parents did not use alcohol. My father did at occasions have a whisky but this was very seldom, maybe on Christmas day or so on”.

Respondent 2
Quote: “My mother didn’t take a drop of alcohol up to the day she died, she didn’t even drink a glass of wine. My father had two drinks every night of his life. He drank Cain spirits because he believed it is good for one’s health. He said, use
Cain for the pain. In my close family, except for my brother, there were no relatives with an alcohol problem.

Respondent 3
Quote: “My mother did not drink alcohol. My father, after his retirement, had a drink or two a day. He did not drink much, I don’t think that he ever had more than two drinks a day. My problem definitely did not come from my parents, they only set a good example”.

When the respondents were asked if any of their parents used prescription drugs or street drugs on a regular basis, they responded as follows:

Respondent 1
Quote: “My mother, after my father died, took a bit of a dip and became depressed for which she received tablets. However, we booked her into an old-age home and she recovered fully and did not need medication anymore”.

Respondent 2
Quote: “My parents used no substances such as sleeping tablets, tranquilizers etc. When my mother suffered from cancer, which also caused her death, she used heavy pain killers such as morphine, but this was only therapeutic”.

Respondent 3
Quote: “Nothing at all. My parents did not use any mood altering drugs”.

When the respondents were asked to describe the financial position of the family who raised them they responded as follows:

Respondent 1
Quote: “We were not poor and definitely not rich, we had a good life. My father worked for the railways and did not receive much money, but we lived well, had
enough to eat and were healthy. We lived in a nice house and there were no real poverty. The financial status of my family did not affect me in any way”.

Respondent 2
Quote: “I grew up in a poor family. My father left school at a very young age and went to the farm. My mother became a teacher, but only for sub A classes. There were not a lot of money, but enough. My parents were poor but it did not bother me because there were very little wealthy people in our vicinity. The financial status of my parents did definitely not contribute to my alcohol dependency”.

Respondent 3
Quote: “My father was the manager of a relatively big business, but he only received a salary. We received everything we needed although not in excess. My father paid for the university training of all four of his children. He had to count his pennies. The financial status of my parents did not affect me in any way”.

When the respondents were asked if they ever used prescription or street drugs on a regular basis they responded as follows:

Respondent 1
Quote: “No I have never used prescription drugs or street drugs. Currently I am only using medication for cholesterol and a low grade of diabetes. I have never used tranquilizers or any sleeping tablets or the so called street drugs”.

Respondent 2
Quote: “I have never used prescription drugs on a regular basis. My knowledge concerning pharmacology helped me in the past not to substitute alcohol with prescription drugs. Presently I only use a beta-blocker every day for high blood pressure. I definitely have never used any street drugs and I think that this habit of using medicines to get a high is a lot of nonsense. I have never used tranquilizers”.

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Respondent 3
Quote: “Except for alcohol I also used benzodiazepines. I diagnosed myself as being depressive and consulted a psychiatrist. He prescribed me an antidepressant and one of the benzodiazepines, an anxiolytic drug. At that stage, it was just before I went for my first treatment, I used alcohol and the benzodiazepine at the same time. I used the benzodiazepines as prescribed, but I must admit that I longed for the feeling it gave me when I did not take it. The combination of these drugs and alcohol was definitely not good for me. During my first treatment I did not mention to the therapist that I also used benzodiazepines in fear that my treatment programme will be longer. My withdrawal was much worse than that of others that only used alcohol. I have never used any street drugs”.

In table 2, background information of the families who raised the respondents is discussed by means of themes and sub themes.

Table 2: Illustrated discussion of category 2: Background information of the families who raised the respondents

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1: Family history and stability.</strong></td>
<td>All 3 respondents came from stable and happy families.</td>
</tr>
<tr>
<td><strong>Sub theme 1.1: Happy childhood.</strong></td>
<td>All 3 the respondents came from a very happy family which did not contribute to their alcohol dependency.</td>
</tr>
<tr>
<td><strong>Sub theme 1.2: Stable family.</strong></td>
<td>All the respondents that participated in the qualitative phase of this study came from stable families that did not contribute to their alcohol dependency.</td>
</tr>
</tbody>
</table>
Table 2: Illustrated discussion of category 2: Background information of the families who raised the respondents continued.

<table>
<thead>
<tr>
<th><strong>Theme 2:</strong> Relationship with parent(s) / guardian(s).</th>
<th>All the respondents of the qualitative phase had a very good relationship with their parents with whom they grew up.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub theme 2.1:</strong> Family relationship.</td>
<td>The respondents had a good relationship with their parent(s) / guardian(s) with whom they grew up and this relationship did not contribute to their alcohol dependency.</td>
</tr>
<tr>
<td><strong>Theme 3:</strong> Alcohol drinking habits of the respondents' parent(s) / guardian(s).</td>
<td>From the theme “alcohol drinking habits of the respondents’ parent(s) / guardian(s)” it can be concluded that the genetic theory of substance dependency did not play a role in the alcohol dependency of any of the respondents that were interviewed. None of the respondents reported an alcohol dependency problem among their parents.</td>
</tr>
<tr>
<td><strong>Sub theme 3.1:</strong> Social drinking.</td>
<td>The parent(s) / guardian(s) of the respondents did not have an alcohol problem. Two of the respondents reported that their fathers had 2 alcoholic drinks a day. However, this is seen as normal drinking.</td>
</tr>
<tr>
<td><strong>Theme 4:</strong> Prescription drugs or street drugs used by the respondents’ parent(s) / guardian(s).</td>
<td>The theme “prescription drugs or street drugs used by the respondents parent(s) / guardian(s)” indicated that none of the respondents’ parents used prescription drugs or street drugs.</td>
</tr>
</tbody>
</table>
Table 2: Illustrated discussion of category 2: Background information of the families who raised the respondents continued.

<table>
<thead>
<tr>
<th>Sub theme 4.1: Prescription or street drug history.</th>
<th>The respondents’ parent(s) / guardian(s) did not use any prescription drugs or street drugs on a regular basis except for therapeutic reasons. Thus it could not have been a contributing factor to the respondents’ alcohol dependency.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 5: The financial position of the respondents’ family.</td>
<td>All the respondents came from families that had an average income.</td>
</tr>
<tr>
<td>Sub theme 5.1: Financial position.</td>
<td>All of the respondents that participated in the qualitative phase of this study were, as children, not wealthy but definitely not poverty stricken.</td>
</tr>
<tr>
<td>Theme 6: Prescription or street drugs used on a regular basis by the respondents.</td>
<td>Only one of the respondents of the qualitative phase of this study used an anxiolytic drug simultaneously with alcohol. The other 2 respondents did not use prescription mood altering drugs at all. None of the respondents used street drugs.</td>
</tr>
<tr>
<td>Sub theme 6.1: Multi-drug use.</td>
<td>One of the respondents used one of the benzodiazepines, an anxiolytic drug, simultaneously with alcohol.</td>
</tr>
</tbody>
</table>

The disease model alone does not fit all the facts that could lead to substance dependency. Psychologists view behaviour (all kinds of behaviour and not just addictions) as determined by a multitude of factors such as culture, family, social group, lifestyle, environment, behavioural skills, thoughts, feelings and physical factors. Somehow, this whole range of factors that influence behaviour must be taken into account in any approach to understanding addiction (McMurran, 1994: 31-33).
Psychologists view behaviour (all kinds of behaviour and not just addictions) as determined by a multitude of factors, which includes family relationships (McMurran, 1994: 31-33).

The South African Food Based Dietary Guidelines on sensible drinking is no more than 2 standard drinks per day for women and 3 standard drinks per day for men (Alcohol and Drug Abuse Research..., [Sa]).

According to the genetic theory, substance dependency is transmissible from parents to their children by means of genes. According to this theory, alcoholism is inherited by children of alcoholic parents, rather than the environment as the primary source (Stevens-Smith and Smith, 1998:27).

We must always bear in mind that alcoholism does not result from a genetic and medical background alone. Gemma, Vichi and Testai (2006: 8-16) state that alcohol adverse effects result from a broad range of complex interactions between environmental, behavioural, genetic and social factors.

According to Schuckit (2001: 2561-2562) ethanol has cross tolerance and shares a similar pattern of behavioural problems with other brain depressants, such as the bezodiazepines and barbiturates. For this reason, the respondent reported that his withdrawal symptoms, during treatment, lasted much longer than the withdrawal symptoms of the other patients who received treatment for alcohol only.

6.3.3 Category 3: Stress factors in the dental profession linked to alcohol use

When the respondents were asked: Which part of being a dentist or dental specialist, causes you the most stress and strain?, they responded as follows:
Respondent 1
Quote: “Dental issues and working as a dentist caused me some stress, but not extreme stress. For 44 years I worked with dental patients and it never bothered me”.

Respondent 2
Quote: “My stress came from punctuality. Time is precious to me, I will not say that I was never late for an appointment, but I try to plan my time. I get upset if people are late for appointments because, in practice, patients that turn up late disrupts your program for the rest of the day. This caused me extreme stress. Difficult patients with high expectations and difficult dental procedures stressed me and this contributed to my drinking above the norm”.

Respondent 3
Quote: “During private practice there were no situations in my practice that made me use alcohol to cope. I coped with dental stress easily and only used alcohol socially. Even when I joined the university as a staff member, clinical dental work never stressed me. However, the dental academic world e.g. working out dental curricula etc stressed me a lot and this contributed to my alcohol problem”.

When the respondents were asked: What ways did you utilize, in the past, to relieve stress caused by the dental profession?, they responded as follows:

Respondent 1
Quote: “I worked my stress off. I kept myself busy and tried not to think about the stress linked to the profession. I said to myself “the work has to be done, tackle it and get it over”. I always had a good assistant that helped me, and when I got home at approximately 18h00 in the evening, I had one or two glasses of wine or a whisky with my wife, and then the day was also over”.
Respondent 2
Quote: “This is a very good question? To tell the truth, I had good support from my wife but I was not honest with her. I kept my booze in the garage and boozed my stress of the day away, thinking that she did not notice it. Knowing that my wife did not want me to drink such a lot I drank in the quiet to relieve my stress of the day. In the beginning it was mainly on weekends but later on also in the evenings after work. Next to my practice was a liquor store, after work I got myself a couple of drinks, drank it in the car on my way home. When I got home I already had a couple of drinks but my wife did not know it. Then I would have a drink or two with her, and because she did not want me to drink a lot, I would disappear to my garage and drink further on my own. This was my main way of escaping dental stress that I perceived during the day. I also used to go running to relieve the stress caused by my profession. I used to go running often and it made me feel more relaxed”.

Respondent 3
Quote: “I mostly played sport. Remember I am single and after work I went to places to socialize and to speak to people. I also played squash on a regular basis. At these places alcohol was used on a regular basis. My drinking did not start as a result of dental stress, but mainly due to socializing after work”

When the respondents were asked: What do you currently do to relieve the stress of the dental profession?, they responded as follows:

Respondent 1
Quote: “I am retired and have no more stress linked to the dental profession. Currently my biggest worry is to stay alive and make a living”.

Respondent 2
Quote: “For the last 9-10 years I have not been practising dentistry because of being in and out of rehab centres all of this time. In and out of Castle Carey, then
Magalies Oord and for the last 9 years here at this rehab centre. But you will not believe me, the stress of dentistry is still bothering me, not in the sense that I am doing it, but in the sense that I am not doing it. I often think of the past, when I was a practicing dentist. Now I am sitting here in a rehabilitation centre, I have the qualifications and can do dentistry, but I don’t. My parents suffered financially to get me through university but now I am sitting in a rehab centre, and not practicing my profession. Financially I have nothing, but I know that I have the skills to earn a good living as a dentist, but I don’t. You see now why I say that dentistry is still causing me stress although I am not practicing it”.

Respondent 3
Quote: “As I said, my stress in the dental profession did not derive from working with patients and doing difficult dental procedures etc. My dental stress began when I entered the dental academic world at the university, post graduate studies, dental curricula etc. In my new position at the university I need not do these matters anymore, and I avoid such situations. My therapist also advised me to stay away from doing things that will stress me up. I don’t place myself in situations which I know I won’t be able to cope with”.

When the researcher asked the respondents: Did you ever have the need to have a drink before performing a difficult dental procedure, and why?, they responded as follows:

Respondent 1
Quote: “No, not before performing a dental procedure, maybe after the procedure to unwind”.

Respondent 2
Quote: “I can say with honesty that I never used alcohol just before I had to treat a patient. Even if it was a very difficult patient or a difficult procedure, I faced it, and did it. Even If I had a hang over from the previous nights alcohol abuse I did
not take alcohol for the so called hang over. I rather stayed away from my practice and tried to sleep my hang over away. However this did not count for Sunday mornings. Usually after a hard drinking session on a Saturday I would, on a Sunday morning drink in my garage, trying to keep it unnoticed, in an attempt to feel better”.

Respondent 3
Quote: “No, I have never had the need to have a drink to perform any dental procedure. As I said my drinking did not start as a result of dental stress in my private practice. I coped well with that sort of stress, it was the academic related issues, curriculum planning etc. as a lecturer that caused me stress to such an extent that I used alcohol to cope”.

When the respondents were asked: How did alcohol enable you to cope with the stress and strain of the dental profession?, they responded as follows:

Respondent 1
Quote: “Alcohol has definitely helped me to calm down and unwind from the days procedures, that is how alcohol works”.

Respondent 2
Quote: “Alcohol definitely helped me to cope with my work as a dentist. However, this was just a temporarily measurement. When I boozed at night, in an attempt to try and forget the days stress at office, it helped but the next day all the worries and bad feelings were back again and the situation was even worse. I would say that alcohol had a positive effect for me but this was only a temporarily positive effect”.

Respondent 3
Quote: “In private practice I never used alcohol to cope with work stress. When I was still in private practice I never used alcohol during the day, and definitely not
to cope with work stress. At that time I also did not use alcohol on a daily basis. Stress as a result of the private dental practice definitely did not make me drink. But when I ended up in the dental academic world, at the university, alcohol definitely helped me to cope with the stress linked to the dental academic world”.

When the respondents were asked: At what stage of your career did you realize that your drinking habits had become a problem?, they responded as follows:

Respondent 1
Quote: “During my career I never realized that alcohol could become a problem for me. It was only after my retirement that I realized that I actually have a problem with alcohol”.

Respondent 2
Quote: “When I returned to South Africa, after my stay in England, I worked for a year in a government hospital and wanted to specialize but decided against it. Then I worked at the Dental School of the University of Pretoria for one year and then toured through South America for two years. During this time, I would say that, my drinking was not such a big problem. However, after I started private practice with all of its problems, alcohol became a problem for me. In other words, while I was working for somebody, alcohol was not such a big problem, but it became a big problem when I went into private practice. It was definitely the stress of the private practice, financial issues etc. that contributed to my drinking way above the norm”.

Respondent 3
Quote: “It was in the advanced stage of my academic career at the university. Approximately 12 years ago I realized that alcohol has become a problem for me. At that stage I did not worry much about my drinking, but when I realized that there did not pass a day without me drinking it started to worry me”.


When the respondents were asked: Did dentistry contribute to the fact that you became alcohol dependent?, they responded as follows:

Respondent 1
Quote: “No, I don’t think that dentistry contributed to my drinking problem, there were other outside factors. I practiced my profession for 44 years and it was never the reason for my alcohol abuse. I never longed for a drink immediately after a difficult procedure. When I got home at night it was a different matter, then I had a drink, but the profession with all of it’s trouble and stress never forced me to drink. When you use alcohol to cope, you think you are well and coping, but everybody around you can see that you are not well”.

Respondent 2
Quote: “Yes, for sure. Because of time constraints and other dental pressures I used alcohol to cope, realizing that it is only a temporarily measure. Most likely I would not have become alcohol dependent even if I chose another profession, but this is difficult to say. Personally I feel that dentistry is one of the most stressful professions and it definitely contributed to my alcohol dependency. I believe that there are many dentists who uses alcohol to relief there stress. There are many dentists that use alcohol. Some to a lesser degree, some a bit more, and some, like me, to an extreme degree. Some of my colleagues and class mates, at dental school likes to take a drink but not to the degree that I did. Alcohol was the reason that my family and practice eventually broke up”.

Respondent 3
Quote: “It is not dentistry that made me an alcoholic. If I had another profession the same thing would have happened. It is other environmental factors that caused me to drink. It is linked to my personality, other personal factors contributed to my alcohol dependency. I would have become an alcoholic even if I were a history teacher. On the other hand, even if I don’t want to say it out loud, I noticed in my circle of friends, that there are dentists that drink above the norm
because of their profession. I have socialized with people in many occupations such as policemen, advocates etc. and found that dentists tend to drink a little more than people in other professions. Personally I feel that dentistry is more stressful than other professions. A dentist works with tense people the whole day long. Everybody is scared and tense when they visit the dentist because it is not pleasant to go for dental treatment. This stress that the patient has, while undergoing dental treatment, is carried over to the dentist”.

In Table 3 stress factors in the dental profession linked to alcohol use are discussed by means of themes and sub themes.

Table 3: Illustrated discussion of category 3: Stress factors in the dental profession.

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1</strong>: Causes of stress in the dental profession.</td>
<td>Dental issues and working as a dentist caused the respondents some stress, but not extreme stress. However, one respondent reported that dentistry caused him extreme stress.</td>
</tr>
<tr>
<td><strong>Sub theme 1.1</strong>: Punctuality and stress.</td>
<td>One of the respondent’s stress originated from punctuality. It stressed him extremely if patients were late for appointments because it disrupted his appointment schedule.</td>
</tr>
<tr>
<td><strong>Sub theme 1.3</strong>: High expectations and stress:</td>
<td>Difficult patients with high expectations and difficult dental procedures caused one of the respondents stress and this contributed to his drinking above the norm.</td>
</tr>
</tbody>
</table>
Table 3: Illustrated discussion of category 3: Stress factors in the dental profession continued.

<table>
<thead>
<tr>
<th>Sub theme 1.4: Situations in private practice.</th>
<th>For one of the respondents there were no situations in private dental practice that caused him to use alcohol to cope, he became alcohol dependent for different reasons.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub theme 1.5: Academic dentistry.</td>
<td>One respondent, who worked as a lecturers at a dental school reported that the dental academic world, e.g. developing dental curricula etc. caused him a lot of stress. This resulted in increased alcohol consumption as a coping mechanism.</td>
</tr>
<tr>
<td>Theme 2: Ways that the respondents utilized, previously, to relieve stress.</td>
<td>All 3 the respondents reported that they actually had other ways, excluding the use of alcohol, to cope with stress.</td>
</tr>
<tr>
<td>Sub theme 2.1: Work stress off.</td>
<td>One respondent worked his/ stress off. He kept himself busy and tried not to think about the stress linked to the profession.</td>
</tr>
<tr>
<td>Sub theme 2.2: Dental assistant.</td>
<td>A good dental assistant helped two respondents to reduce stress levels in the dental practice.</td>
</tr>
<tr>
<td>Sub theme 2.3: Drink to unwind.</td>
<td>Two respondents had one or two glasses of wine or a whisky (alcoholic drinks) in the evenings to unwind from the day’s stress.</td>
</tr>
<tr>
<td>Sub theme: 2.4 Excessive drinking.</td>
<td>One respondent drank excessively in the evenings to unwind from the day’s stress.</td>
</tr>
</tbody>
</table>
Table 3: Illustrated discussion of category 3: Stress factors in the dental profession continued.

<table>
<thead>
<tr>
<th>Sub theme 2.5: Drinking in the quiet.</th>
<th>One respondent drank in the evenings, in the quiet, to unwind from the day's stress. He didn’t want his family to know that he used alcohol to cope with the stress that originated from his occupation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub theme 2.6: Sport.</td>
<td>All 3 respondents did sport to relieve their stress.</td>
</tr>
<tr>
<td>Sub theme 2.7: Loneliness.</td>
<td>One respondent was lonely (single and not married) and visited places where alcohol was served to seek companionship, not to escape stress relating to his profession, but later on alcohol became a problem for him.</td>
</tr>
<tr>
<td>Theme 3: Ways that the respondents currently utilize to relieve stress.</td>
<td>One of the respondents changed his working environment. However, one respondent was retired and one was still in a rehabilitation centre.</td>
</tr>
<tr>
<td>Sub theme 3.1: Retirement.</td>
<td>The retired respondent experiences no more stress linked to the dental profession as such.</td>
</tr>
<tr>
<td>Sub theme 3.2: Not practising.</td>
<td>Not doing dentistry was a major stress factor for one respondent. Knowing that he could earn a living by practising his profession, but as a result of alcohol consumption could not practise dentistry anymore, created extreme stress because the respondent was financially broken.</td>
</tr>
</tbody>
</table>
Table 3: Illustrated discussion of category 3: Stress factors in the dental profession continued.

<table>
<thead>
<tr>
<th>Sub theme 3.3: Inability to cope.</th>
<th>One respondent avoided situations in his profession that caused stress, especially the situations he knew that he would not cope with.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 4: The need to have a drink.</td>
<td>All 3 respondents reported that they did not drink before performing a dental procedure.</td>
</tr>
<tr>
<td>Sub theme 4.1: Difficult dental procedures.</td>
<td>One respondent was stressed about performing certain procedures, but he did not use alcohol before a procedure; however, after the procedure he drank to unwind from the stress.</td>
</tr>
<tr>
<td>Sub theme 4.2: End of day.</td>
<td>All 3 respondents never used alcohol while performing dental procedures, even if they had a hangover. They suffered it through and then had a drink when their clinical dental work for the day was completed.</td>
</tr>
<tr>
<td>Sub theme 4.3: Stay away.</td>
<td>One respondent rather stayed away from his dental practices when he did not feel well as a result of alcohol abuse and tried to sleep his hangover off, rather than to take another drink in order to cope.</td>
</tr>
<tr>
<td>Sub theme 4.5: No drinking while practising.</td>
<td>One respondent never drank while he worked on patients because the stress linked to doing difficult dental procedures was not the cause for him becoming alcohol dependent.</td>
</tr>
<tr>
<td>Sub theme 4.6: Academic stress.</td>
<td>Other factors, not the stress of clinical dentistry, but factors such as academic related stress caused one respondent to use alcohol to cope.</td>
</tr>
</tbody>
</table>
Table 3: Illustrated discussion of category 3: Stress factors in the dental profession continued.

<table>
<thead>
<tr>
<th>Theme 5: How alcohol enabled the respondents to cope.</th>
<th>Alcohol definitely helped the respondents to cope.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub theme 5.1:</strong> To unwind.</td>
<td>Alcohol helped some respondents to calm down and unwind from the day’s procedures.</td>
</tr>
<tr>
<td><strong>Sub theme 5.2:</strong> Coping mechanisms.</td>
<td>Alcohol helped one respondent to cope with his work as a dentist, however, this was only a temporary measurement. The next day all the worries and bad feelings were back again and the situation was even worse.</td>
</tr>
<tr>
<td><strong>Sub theme 5.3:</strong> Academic dentistry.</td>
<td>Alcohol helped one respondent who was employed at a dental school to cope with the stress linked to the dental academic world.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 6: The stage of the respondents’ career they realized that their drinking habits had become a problem.</th>
<th>Alcohol dependency happened in different stages, and in different situations for the different respondents.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub theme 6.1:</strong> Post retirement.</td>
<td>During one respondent’s career he did not realize that he had an alcohol dependency problem. It was only after retirement that he realized that there was a problem.</td>
</tr>
<tr>
<td><strong>Sub theme 6.2:</strong> Type of employment.</td>
<td>One respondent, while working in a protected environment such as a government hospital was not alcohol dependent; however, once he entered into private practice, that had more occupational stress, he developed an alcohol dependency problem.</td>
</tr>
<tr>
<td><strong>Sub theme 6.3:</strong> Stage of career.</td>
<td>One respondent developed an alcohol dependency problem in the advanced stage of his career.</td>
</tr>
</tbody>
</table>
Table 3: Illustrated discussion of category 3: Stress factors in the dental profession continued.

| Theme 7: Dentistry as the cause of alcohol dependency. | One respondent linked his alcohol dependency to the stress of the dental profession. However, two of the respondents are of the opinion that although dentistry contributed to their alcohol dependency, but there are other outside factors that played a role. |
| Sub theme 7.1: Outside factors. | Practising dentistry as such, is not always the reason why some respondents became alcohol dependent. There were other outside factors, and should these respondents have had another profession it, is most likely that they would have became alcohol dependent. |
| Sub theme 7.2: Dental profession. | One alcohol dependent respondent linked his dependency directly to the stress and strain of his profession, and was of the opinion that he never would have become alcohol dependent if he was in another profession. |
| Sub theme 7.3: Stress in the profession. | All 3 respondents were of the opinion that dentistry is one of the most stressful professions and it definitely contributed to their alcohol dependency. |
| Sub theme 7.4: Quantity of alcohol use. | One of the respondents was of the opinion that many dentists use alcohol, some to a lesser degree, some a bit more, and some to an extreme degree. However, for whatever reasons dentists consume alcohol, only a small percentage become alcohol dependent. |
| Sub theme 7.5: Personality. | One alcohol dependent respondent was of the opinion that personality and other personal factors contributed to his alcohol dependency. |
Because it is generally accepted that dentistry is a very stressful profession, a study was conducted in South-Australia to investigate stress levels and alcohol consumption among South-Australian dentists. This study revealed that dentistry is well recognized as a stressful profession, and that there are conflicting views of how such stress contributes to hazardous drinking among dentists. This study concluded that dentists suffer high levels of occupational stress, and that stress and hazardous alcohol drinking are present among South-Australian dentists to a significant extent. During this study, it was found that hazardous alcohol consumption among certain dentists, especially male dentists and dentists in rural areas, were up to four times higher than that of the average South-Australian population. However, this study revealed that existing personal vulnerability factors may be much stronger predictors for hazardous alcohol consumption (Winwood, Winefield and Lushington, 2003: 102-109).

Thomas, Randall and Carrigan (2003: 1937-43) reported a high rate of alcohol consumption among individuals with high trait anxiety, which can lead to alcohol dependency in vulnerable individuals.

Forrest (1978: 361-71) suggested that dentists need to identify factors that cause stress and strain, and must take measures to eliminate, or at least reduce, the harmful effects of stress and strain on their health and emotions. As far back as 1984, O'Shea, Cora, and Ayer (1984: 48-51) reported that the physical strain of dental work is a great stressor amongst dentists.

6.3.4 Category 4: Quantity and frequency of alcohol use

When the respondents were asked if they ever used alcohol as dental students they responded as follows:
Respondent 1
Quote: “As a dental student I only used alcohol on occasions such as intervarsity events etc. In other words, as a student I only used alcohol to socialize”.

Respondent 2
Quote: “As a dental student I could not drink much because I did not have a lot of money. Maybe a couple of beers every Friday night, but not much. My alcohol problem definitely did not start as a student”.

Respondent 3
Quote: “As a student I only used alcohol to socialize, and this was very seldom. I concentrated on my studies, now and then I went out with the boys for a couple of beers, but as I said, this did not happen very often. Remember before I studied dentistry I studied for other degrees, worked for a while and then studied dentistry. My dental studies were a priority and I very seldom socialized with alcohol”.

When the respondents were asked to reflect on their alcohol drinking habits prior to treatment for alcohol abuse, they responded as follows:

Respondent 1
Quote: “Just prior to treatment I drank about a half of a bottle of whisky (Half Jack) per day”.

Respondent 2
Quote: “At this stage I drank a bottle of Whisky per day. The drinking was not so much in the day but more at night”.

Respondent 3
Quote: “Just prior to my first treatment for alcohol I only drank wine. I consumed about 3 bottles of wine per day”.

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When the respondents were asked if their alcohol drinking habits ever been reported to the Health Profession’s Council of South Africa (HPCSA), they responded as follows:

Respondent 1
Quote: “No, it has never been reported to the HPCSA, in fact I work for the HPCSA as a consultant”.

Respondent 2
Quote: “I don’t think the HPCSA is aware of my drinking because they have never contacted me in connection with my alcohol drinking problem. However, they have removed my name from the registrar, but only because for the last 10 years I never paid my annual fees”.

Respondent 3
Quote: “Yes, I was reported to the HPCSA. My departmental head reported me. He had no other choice”.

When the respondents were asked if they are currently using alcohol (all three respondents have had treatment for alcohol abuse), they responded as follows:

Respondent 1
Quote: “After my rehabilitation I stopped drinking for two weeks and then had a relapse but then stopped out of my own will. I do not know how successful the treatment was but it is now something of the past”.

Respondent 2
Quote: “Well I am still staying at a rehabilitation centre, but are not actually receiving any more treatment. For the last 10 years, while being here I did not use a drop of alcohol and I plan to keep it that way”.

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Respondent 3
Quote: “I discussed this matter with my therapist. She is of the opinion that once you have reached the stage of alcoholism you can never drink social again. I do not agree with her. I do not completely abstain from alcohol. When an opportunity arise I will have a glass of wine but I control it. My therapist is very unhappy about this, but I feel it is for my own best to play open cards with her. They say that there is not such a thing that a rehabilitated alcoholic can drink two glasses of wine and then stop. On weekends I still drink two glasses of wine. I still attend a support group once a week and the other day there was a man that sees himself as 8 years alcohol free, but he admits that he still has a glass of wine with his meals”.

When the respondents were asked to reflect on their alcohol usage to date they responded as follows:

Respondent 1
Quote: “I drink now, well so to say about nothing. On my own I will not have a drink, but with my wife or during dinner meals, we will have a glass of wine, otherwise I don’t use alcohol especially not on my own”.

Respondent 2
Quote: “As I said, for the past ten years I did not use any alcohol at all, and up to date I have not been using any alcohol. An alcoholic can never say that he will never drink again but my faith will help me not to drink again”.

Respondent 3
Quote: “On weekends I usually have about two glasses of wine but only when an opportunity arises such as going out for a meal, or invited to a party etc. There is no alcohol in my house and I don’t buy alcohol, but per occasion, with my friends, I will have a glass of wine”.

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In Table 4 the quantity and frequency of alcohol use are discussed.

Table 4: Illustrated discussion of category 4: The quantity and frequency of alcohol use.

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1:</strong> Alcohol consumption as dental students.</td>
<td>All 3 respondents only used alcohol at university as a means of socializing.</td>
</tr>
<tr>
<td><strong>Sub theme 1.1:</strong> Socialization.</td>
<td>The respondents did not use alcohol to cope with demanding dental studies, they only used alcohol to socialize.</td>
</tr>
<tr>
<td><strong>Sub theme 1.2:</strong> Contributing factors.</td>
<td>Alcohol dependency, for all three of these alcohol dependent dentists, did not start at dental school as a result of demanding dental studies. However, socializing with alcohol as a student could have been a contributing factor.</td>
</tr>
<tr>
<td><strong>Theme 2:</strong> Alcohol drinking habits prior to treatment.</td>
<td>All 3 respondents used excessive amounts of alcohol prior to treatment that indicated that they were alcohol dependent.</td>
</tr>
<tr>
<td><strong>Sub theme 2.1:</strong> Quantity of alcohol use.</td>
<td>The respondents drank alcohol in excessive amounts that indicated that they were addicted to alcohol. The quantity of alcohol used by all three of these respondents, prior to treatment, ranged from a half bottle of spirits to three bottles of wine per day.</td>
</tr>
<tr>
<td><strong>Theme 3:</strong> Alcohol drinking at hazardous levels reported to the HPCSA.</td>
<td>Only one of the respondents with an alcohol drinking problem has been reported to the HPCSA because his supervisor had no choice but to report him.</td>
</tr>
</tbody>
</table>
Table 4: Illustrated discussion of category 4: The quantity and frequency of alcohol use continued.

<table>
<thead>
<tr>
<th>Theme 4: Alcohol drinking habits after rehabilitation.</th>
<th>Two of the respondents did not stop drinking alcohol totally after rehabilitation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub theme 4.1:</strong> Abstinence.</td>
<td>One alcohol dependent respondent abstained from alcohol in total after treatment for alcohol abuse. However 2 of the respondents claimed that they returned to social drinking.</td>
</tr>
<tr>
<td><strong>Sub theme 4.2:</strong> Denial.</td>
<td>Two of the respondents believed that they could return to social drinking, and still had a drink on occasions after they received treatment for alcohol abuse.</td>
</tr>
<tr>
<td><strong>Theme 5:</strong> Alcohol usage to date.</td>
<td>Two of the respondents did not stop their drinking in total after rehabilitation.</td>
</tr>
<tr>
<td><strong>Sub theme 5.1:</strong> Denial.</td>
<td>Two of the respondents believed that they could restrict their alcohol use to certain occasions when it was in the company of other people.</td>
</tr>
<tr>
<td><strong>Sub theme 5.2:</strong> Abstinence.</td>
<td>Even after a long period of sobriety one alcohol dependent respondent still abstained, in total, from alcohol intake.</td>
</tr>
<tr>
<td><strong>Sub theme 5.3:</strong> Social drinking.</td>
<td>Two of the respondents believed that they could drink socially, within normal limits, on weekends after treatment for alcohol abuse.</td>
</tr>
</tbody>
</table>

A study among dental students at the University of Newcastle found that the proportion of dental students consuming alcohol, above the recommended low risk of alcohol intake, declined from 47% in their second year of dental study to 25% in their final year, and this figure increased to 41% among qualified dentists (Newbury-Birch, Lowry and Kamali, 2002: 646-49).
The South African Food Based Dietary Guidelines on sensible drinking recommends not more than 2 standard drinks per day for women and 3 standard drinks per day for men (Alcohol and Drug Abuse Research…, [Sa]).

Very little substance dependency is reported to councils, nationally or internationally. This phenomenon is called the “Conspiracy of Silence” that is unique to occupations (Lens and Van der Wal, 1997a: viii).

Meyer (1994: 165; cited in Doweiko, 1996: 50-51) states that what the research does suggest, is that it usually takes about ten years of heavy drinking before the typical person becomes dependent on alcohol. However, once a person does become dependent on alcohol, even if that person stops drinking for a period of time, he or she will again become dependent in a matter of days to weeks. Thus, once an individual becomes dependent on alcohol, it is unlikely that he or she can return to non-abusive drinking.

When a person does become dependent on alcohol, even if that person stops drinking for a period of time, he or she will again become dependent in a matter of days to weeks. Thus, once an individual becomes dependent on alcohol, it is unlikely that he or she can return to non-abusive drinking (Meyer, 1994: 165; cited in Doweiko, 1996: 50-51)

6.3.5 Category 5: Coping mechanisms

When the respondents were asked how they are currently earning a living, they responded as follows:

Respondent 1
Quote: “No, I am retired and I live from my pension”.
Respondent 2
Quote: “I am not practicing as a dentist anymore. I have been here at the rehab centre for the last 10 years or so, I am not receiving treatment anymore and I work as a driver for them. I am free to go out of the centre as I wish. On weekends I go to a club here nearby to watch television. It is mainly pensioners that go there and they usually drink, but I don’t. They are very strict here at Wedge, on your return after an outing, you have to underg0 a breathalyzer test for alcohol, and should you test positive they discharge you from the rehab centre immediately”.

Respondent 3
Quote: “I still work at the dental school of the university but in another department. Because I don’t use alcohol on a regular basis anymore, I changed my whole lifestyle. I am more often at home, but this is also a bit frustrating and sometime I am bored. I don’t work with patients anymore, still in the dental profession, but more admin orientated. I also work only half of the day”.

When the respondents were asked: What mechanisms do you currently apply to cope with the stress of the dental profession, they reported as follows:

Respondent 1
Quote: “I am retired and have no more stress linked to the dental profession”.

Respondent 2
Quote: “As I said, I am currently not practicing as a dentist, have not for more than 10 years. But it stresses me knowing that I am a dentist and not practicing as one. Therefore I read a lot to get my mind off things. I read a lot of books and magazines on nature, and I love to complete cross word puzzles, it keeps my mind busy”.
Respondent 3
Quote: “I make sure that I don’t land up in stressful situations. I don’t work with patients, I organise more. Clinical work was never a problem for me and it was not very stressful for me, but the academic curricula caused me a lot of stress and contributed to my drinking. Now I am out of that pure dental academic environment. I am more in a sort of managing post that is more stress free”.

When the respondents were asked: What other coping mechanisms did you apply in the past, apart from alcohol, to cope with the stress and strain of the dental profession, and whether these mechanisms were effective, they responded as follows:

Respondent 1
Quote: “As I said, I worked my stress off, I tackled the stress and handled it. I was seriously involved with golf but after a game we used to go to the pub for a drink. It was effective to lower my stress levels but it also contributed to my drinking pattern”.

Respondent 2
Quote: “My whole life long, I loved reading. Despite my drinking in the past, I loved reading and it also helped me to cope with the stress and strain of the dental profession”.

Respondent 3
Quote: “I used to visit the theatre quiet often and tried to avoid being alone”.

In Table 5 coping mechanisms are discussed.
Table 5: Illustrated discussion of category 5: Coping mechanisms.

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1: Current income (still practising as a dentist, or not).</strong></td>
<td>One respondent could not get his life in proper perspective and remained in a rehabilitation centre. One respondent changed his working environment and one respondent retired from dentistry.</td>
</tr>
<tr>
<td><strong>Sub theme 1.1: Retired dentist.</strong></td>
<td>One of the respondents is retired and he lives from his pension.</td>
</tr>
<tr>
<td><strong>Sub theme 1.2: Remained in a rehabilitation facility.</strong></td>
<td>One respondent has remained in a rehabilitation centre and had not been doing dentistry for ten years.</td>
</tr>
<tr>
<td><strong>Sub theme 1.3: Changed working environment.</strong></td>
<td>One respondent was still in dentistry, but did not work on patients. He only worked half a day and did administrative dental work during that time.</td>
</tr>
<tr>
<td><strong>Theme 2: Coping mechanisms currently applied.</strong></td>
<td>Two of the respondents changed their working environment in order to cope.</td>
</tr>
<tr>
<td><strong>Sub theme 2.1: Retirement.</strong></td>
<td>One respondent was retired and he did not need any coping mechanisms to cope with the stress of the dental profession.</td>
</tr>
<tr>
<td><strong>Sub theme 2.2: Reading.</strong></td>
<td>One respondent was still in a rehabilitation centre (had been there for ten years) but it stressed him that he was not practising dentistry anymore, so he kept his mind busy by reading.</td>
</tr>
<tr>
<td><strong>Sub theme: 2.3 Academic set-up.</strong></td>
<td>One respondent reported that he concentrated on managing rather than to be in the pure academic set-up that made him drink in the first place.</td>
</tr>
</tbody>
</table>
Table 5: Illustrated discussion of category 5: Coping mechanisms continued.

| **Theme 3**: Other coping mechanisms applied in the past, apart from alcohol. | These respondents reported that they did a lot of reading, exercise and sport. |
| Sub theme 3.1: Coping before treatment. | One alcohol dependent respondent worked his stress off, but after hours used alcohol to unwind and this contributed towards his alcohol dependency. |
| Sub theme 3.2: Other coping mechanisms used in the past. | One respondent did a lot of reading, one visited the theatre and this helped them to cope with the stress of the dental profession. |

Katz (1986: 29-36) found that the stress in the dental working environment is a topic of great importance, and the effective reduction of stress in the dental environment has emotional and health benefits for the dentist and everyone else involved.

Forrest (1978: 361-71) suggested that dentists need to identify factors that cause stress and strain, and must take measures to eliminate, or at least reduce, the harmful effects of stress and strain on their health and emotions.

### 6.3.6 Category 6: Recommendations

Finally the researcher requested the respondents of the qualitative phase of this research to make recommendations concerning the following:

- What can be built into the dental curriculum to address issues of stress and strain of the dental profession?

- To make recommendations for dentists to cope with dental stress.
These recommendations were used to reinforce the recommendations made by the respondents in the quantitative phase.

Theme 1: Dental curricula and stress of the dental profession.

To the question: What can be built into the dental curriculum to address issues of stress and strain of the dental profession?, the respondents reported as follows:

Respondent 1
Quote: “I think many things can be built into the dental curriculum. Being a consultant for the HPCSA I see a need for more training in dental ethics. There is also a lack in socializing skills. A dentist must not only attend work and return home. He should become a member of society, socialize with society and join different organizations such as to be active in his church, in a sport club, in a body corporate etc. Dentists must learn how to socialize, by that I don’t mean that they must use alcohol to socialize, alcohol is not needed to socialize. Dental students must learn that when they socialize they get bigger exposure to the public and this can also mean a lot for their practices, more patients and more money. I have told many young dentists that if they don't socialize and only rotate between work and home they will eventually get tired of their work, their homes and even their wife’s. So, what will they do then?, they will drink. All of this has to be made clear to dental students at dental schools”.

Respondent 2
Quote: “Yes, this is a difficult question. Point number one, don’t seek alternatives such as alcohol or medications to cope with stress related to the profession”.

Respondent 3
Quote: “A short coming in the dental curriculum, that should be built into the curriculum, is the fact that students do not see dental patients as humans, they see a patient as a mouth with teeth in it. Psychology on patient management
should be stressed. Dental students must learn to respect the feelings of a patient”.

Table 6.1 reflects recommendations made by the respondents concerning dental curricula at universities.

Table 6.1: Illustrated discussion: Category 6 theme 1: Dental curricula and stress of the dental profession.

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1:</strong> Dental curricula and stress of the dental profession.</td>
<td>All 3 respondents are of the opinion that dental students do not receive enough training concerning the stress of the dental profession and how to cope with it.</td>
</tr>
<tr>
<td><strong>Sub theme 1.1:</strong> Socializing.</td>
<td>Dental students must be taught how to socialize in a healthy manner. This will also promote their practices.</td>
</tr>
<tr>
<td><strong>Sub theme 1.2:</strong> Ethics</td>
<td>Dental students must receive more advanced courses in dental ethics.</td>
</tr>
<tr>
<td><strong>Sub theme 1.3:</strong> Alternative coping mechanisms.</td>
<td>Dental students must be taught not to seek alternative coping mechanisms, such as the use of alcohol or drugs to cope.</td>
</tr>
<tr>
<td><strong>Sub theme 1.4:</strong> Dental patients are humans.</td>
<td>Teach dental students to treat patients holistically because they are humans.</td>
</tr>
</tbody>
</table>

Theme 2: Coping with stress.

Recommendations made by the respondents of the qualitative phase for dentists to cope with dental stress:

Respondent 1
Quote: “As I said, socialize, not necessary with alcohol, there are many healthy ways”. 
Respondent 2
Quote: “Try to calm yourself in difficult situations by making your practice environment as comfortable as possible. Take your time in doing things. Plan your available time carefully, dentists usually try to do as much as possible in the shortest time, they squeeze patients in for financial reasons. More patients means more money. This is understandable because there are bills to be paid, which is a stressor on its own. So what do you do? You create additional stress by seeing more patients than what you can manage, to earn more money to enable you to pay your debts. I personally feel that you must distribute your patient load in such a way that it is easily manageable. Financially, this is not as rewarding, but it will definitely reduce your stress levels, and then you will not have the need to seek alternatives such as alcohol or what ever”.

Respondent 3
Quote: Well, dentists must follow all the recipes of stress management. Financial pressure in the sense of overspending creates a lot of stress. Don’t overload yourself with work, create time for yourself and your family.

Table 6.2 illustrates recommendations for coping with stress related to the dental profession.
Table 6.2: Illustrated discussion: Category 6 theme 2: Coping with stress.

<table>
<thead>
<tr>
<th>Themes and sub themes</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 2: Coping with stress.</td>
<td>All the respondents agreed that a dentist should follow healthy coping mechanisms.</td>
</tr>
<tr>
<td>Sub theme 2.2: Socializing.</td>
<td>Dentists must socialize more, not necessarily with alcohol.</td>
</tr>
<tr>
<td>Sub theme 2.3: Practice environment.</td>
<td>The dentist must have a comfortable practice environment, plan his available time and don’t overbook himself with patients for the sake of money.</td>
</tr>
<tr>
<td>Sub theme 2.4: Stress management.</td>
<td>Dentists must follow all the strategies for healthy stress management.</td>
</tr>
</tbody>
</table>

Mac Donald and Mac Innis (1991: 873-76) warned that the prevention of chemical dependency, among dentists, must begin in the curricula of dental schools, because chemical dependency can be prevented if it is recognized early enough.

Forrest (1978: 361-71) suggested that dentists need to identify factors that cause stress and strain, and must take measures to eliminate, or at least reduce, the harmful effects of stress and strain on their health and emotions. Linked to what Forrest said, Katz (1986: 29-36) found that the stress in the dental working environment is a topic of great importance, and the effective reduction of stress in the dental environment has emotional and health benefits for the dentist and everyone else involved.

6.4 Summary of the qualitative phase of the study

The researcher derived categories, themes and sub themes while analyzing the semi-structured interviews he had with three respondents that had had treatment for alcohol dependency.
6.4.1 Category 1: History of alcohol dependency and treatment of alcohol dependency

Theme 1: Start of alcohol dependency and what caused it.
Alcohol dependency for each of the three respondents basically started by socializing with alcohol, first at university and then later on as dentists.

Sub theme 1.1: Socializing events during the respondents’ university career contributed to their alcohol dependency.

Sub theme 1.2: The multiple drug treatment programme is longer and more intensive, than the treatment program for alcohol use only. Therefore one respondents was reluctant to admit that he also used other drugs simultaneously with alcohol.

Sub theme 1.3: For all 3 alcoholic respondents more than one treatment were required.

Sub theme 1.4: Family, spouses and other caring people convinced two of these respondents to go for treatment.

Sub theme 1.5: The direct family of one of the respondents separated from him because of his drinking.

Sub theme 1.6: The practice of one of the respondents was financially unstable.

Sub theme 1.7: One respondent felt too superior to go for treatment, and did not complete the treatment course and discharged himself from the treatment facility. This resulted in his being admitted for a second or even a third time.
Sub theme 1.8: All three of the respondents believed that the treatment for alcohol dependency is unsuccessful and it is a waste of time to go for treatment.

Sub theme 1.9: One respondent literally drank his practice into the ground and eventually had to close the doors.

Sub theme 1.10: One respondent, who refused treatment, started to roam about and eventually landed up in a rehabilitation centre because he had nowhere else to go.

Sub theme 1.11: For one respondent not even long term rehabilitation programmes were sufficient.

Sub theme 1.12: One respondent voluntary went for alcohol treatment because he was scared of losing his job, or being reported to the Health Professions Council.

Sub theme 1.13: One respondent with an alcohol dependency problem was forced by the Health Professions Council to go for treatment.

Sub theme 1.14: One respondent also used other substances such as tranquilizers with the alcohol.

Sub theme 1.15: Two of the respondents, despite serious financial problems, family problems and occupational problems as a result of alcohol abuse, did not believe that they were alcohol dependent and claimed that they could go back to social drinking after rehabilitation.
Category 2: Background information of the families who raised the respondents

Theme 1: Family history and stability.
All three respondents came from stable and happy families.

Sub theme 1.1: All three the respondents came from a very happy family which did not contribute to their alcohol dependency.

Sub theme 1.2: All the respondents came from stable families that did not contribute to their alcohol dependency.

Theme 2: All the respondents had a very good relationship with their parents with whom they grew up.

Sub theme 2.1: The respondents had a good relationship with their parent(s) / guardian(s) with whom they grew up and this relationship did not contribute to their alcohol dependency.

Theme 3: Alcohol drinking habits of the respondents’ parent(s) / guardian(s).
None of the respondents reported an alcohol dependency problem among their parents. Thus the genetic theory of substance dependency was not applicable in this study.

Sub theme 3.1: The parent(s) / guardian(s) of the respondents did not have an alcohol problem.

Theme 4: Prescription drugs or street drugs used by the respondents’ parent(s) / guardian(s).
None of the respondents’ parents used prescription drugs or street drugs.
Sub theme 4.1: The respondents’ parent(s) / guardian(s) did not use any prescription drugs or street drugs on a regular basis except for therapeutic reasons. Thus it could not have been a contributing factor to the respondents’ alcohol dependency.

Theme 5: Financial position of the respondents guardians with whom they grew up.

Sub theme 5.1: All of the respondents that participated in the qualitative phase of this study were, as children, not wealthy but definitely not poverty stricken.

Theme 6: Prescription or street drugs used on a regular basis by the respondents.

Sub theme 6.1: Multi-drug use - One of the respondents used one of the benzodiazepines, an anxiolytic drug, simultaneously with alcohol.

Category 3: Stress factors in the dental profession

Theme 1 : Causes of stress in the dental profession. Dental issues and working as a dentist caused the respondents some stress, but not extreme stress. However, one respondent reported that dentistry caused him extreme stress.

Sub theme 1.1: One of the respondent’s stress originated from punctuality.

Sub theme 1.2: Difficult patients with high expectations and difficult dental procedures caused one of the respondents stress and this contributed to his drinking above the norm.
Sub theme 1.3: For one of the respondents there were no situations in private dental practice that caused him to use alcohol to cope, he became alcohol dependent for different reasons.

Sub theme 1.4: One respondent, who worked as a lecturers at a dental school reported that the dental academic world, e.g. developing dental curricula etc. caused him a lot of stress. This caused him to drink a lot.

Theme 2: All three the respondents reported that they actually had other ways, excluding the use of alcohol, to cope with stress.

Sub theme 2.1: One respondent worked his stress off. He kept himself busy and tried not to think about the stress linked to the profession.

Sub theme 2.2: A good dental assistant helped two respondents to reduce stress levels in the dental practice.

Sub theme 2.3: Two respondents had one or two glasses of wine or a whisky (alcoholic drinks) in the evenings to unwind from the day's stress.

Sub theme 2.4 One respondent drank excessively in the evenings to unwind from the day's stress.

Sub theme 2.5: One respondent drank in the evenings, in the quiet, to unwind from the day's stress.

Sub theme 2.6 All three respondents did sport to relieve their stress.

Sub theme 2.7: One respondent was lonely (single and not married) and visited places where alcohol was served to seek companionship.
Theme 3: Ways that the respondents currently utilize to relieve stress.
One of the respondents changed his working environment. However, one respondent was retired and one was still in a rehabilitation centre.

Sub theme 3.1: The retired respondent experiences no more stress linked to the dental profession as such.

Sub theme 3.2: Not doing dentistry was a major stress factor for one respondent. Knowing that he could earn a living by practising his profession.

Sub theme 3.3: One respondent avoided situations in his profession that caused stress.

Theme 4: The need to have a drink.
All 3 respondents reported that they did not drink before performing a dental procedure.

Sub theme 4.1: One respondent was stressed about performing certain procedures, but he did not use alcohol before a procedure; however, after the procedure he drank to unwind from the stress.

Sub theme 4.2: All three respondents never used alcohol while performing dental procedures, even if they had a hangover.

Sub theme 4.3: One respondent rather stayed away from his dental practices when he did not feel well as a result of alcohol abuse.

Sub theme 4.4: One respondent never drank while he worked on patients because the stress linked to doing difficult dental procedures was not the cause for him becoming alcohol dependent.
Sub theme 4.5: Other factors, not the stress of clinical dentistry, but factors such as academic related stress caused one respondent to use alcohol to cope.

Theme 5: Coping with alcohol: Alcohol definitely helped the respondents to cope.

Sub theme 5.1: Alcohol helped some respondents to calm down and unwind from the day’s procedures.

Sub theme 5.2: Alcohol helped one respondent to cope with his work as a dentist, however, this was only a temporary measurement.

Sub theme 5.3: Alcohol helped one respondent who was employed at a dental school to cope with the stress linked to the dental academic world.

Theme 6: The stage of the respondents’ career they realized that their drinking habits had become a problem.

Sub theme 6.1: During one respondent’s career he did not realize that he had an alcohol dependency problem. It was only after retirement that he realized that there was a problem.

Sub theme 6.2: One respondent, while working in a protected environment such as a government hospital was not alcohol dependent; however, once he entered into private practice, that had more occupational stress, he developed an alcohol dependency problem.

Sub theme 6.3: One respondent developed an alcohol dependency problem in the advanced stage of his career.
Category 4: The quantity and frequency of alcohol use

Theme 1: Alcohol consumption as dental students.

Sub theme 1.1: The respondents did not use alcohol to cope with demanding dental studies, they only used alcohol to socialize.

Sub theme 1.2: Alcohol dependency, for these respondents did not start at dental school as a result of demanding dental studies. However, socializing with alcohol as a student could have been a contributing factor.

Theme 2: Alcohol drinking habits prior to treatment.

Sub theme 2.1: Quantity - The respondents drank alcohol in excessive amounts that indicated that they were addicted to alcohol. The quantity of alcohol used by all three of these respondents, prior to treatment, ranged from a half bottle of spirits to three bottles of wine per day.

Theme 3: Alcohol drinking at hazardous levels reported to the HPCSA.

Only one of the respondents with an alcohol drinking problem has been reported to the HPCSA because his supervisor had no choice but to report him.

Theme 4: Alcohol drinking habits after rehabilitation.

Two of the respondents did not stop drinking alcohol totally after rehabilitation.

Sub theme 4.1: One respondent abstained from alcohol in total after treatment for alcohol abuse. However two of the respondents claimed that they returned to social drinking.
Sub theme 4.2: Two of the respondents believed that they could return to social drinking, and still had a drink on occasions after they received treatment for alcohol abuse.

Theme 5: Alcohol usage to date.

Sub theme 5.1: Denial - Two of the respondents believed that they could restrict their alcohol use to certain occasions when it was in the company of other people.

Sub theme 5.2: Even after a long period of sobriety one alcohol dependent respondent still abstained, in total, from alcohol intake.

Sub theme 5.3: Two of the respondents believed that they could drink socially, within normal limits, on weekends after treatment for alcohol abuse.

Category 5: Coping mechanisms

Theme 1: Current income (still practising as a dentist, or not). One respondent could not get his life in proper perspective and remained in a rehabilitation centre. One respondent changed his working environment and one respondent retired from dentistry.

Theme 2: Two of the respondents changed their working environment in order to cope.

Sub theme 2.1: One respondent was retired and he did not need any coping mechanisms to cope with the stress of the dental profession.
Sub theme 2.2: One respondent was still in a rehabilitation centre (had been there for ten years) but it stressed him that he was not practising dentistry anymore, so he kept his mind busy by reading.

Sub theme: One respondent reported that he concentrated on managing rather than to be in the pure academic set-up that made him drink in the first place.

Theme 3: These respondents reported that they did a lot of reading, exercise and sport, apart from alcohol use to cope with stress.

Sub theme 3.1: Before treatment, one respondent worked his stress off, but after hours used alcohol to unwind and this contributed towards his alcohol dependency.

Sub theme 3.2: Other coping mechanisms used in the past - One respondent did a lot of reading, one visited the theatre and this helped them to cope with the stress of the dental profession.

Category 6: Recommendations

Theme 1: Dental curricula and stress of the dental profession.
All 3 respondents are of the opinion that dental students do not receive enough training concerning the stress of the dental profession and how to cope with it.

Sub theme 1.1: Dental students must be taught how to socialize in a healthy manner. This will also promote their practices.

Sub theme 1.2: Dental students must receive more advanced courses in dental ethics.
Sub theme 1.3: Dental students must be taught not to seek alternative coping mechanisms, such as the use of alcohol or drugs to cope.

Sub theme 1.4: Dental students must be taught how to treat patients holistically because they are humans.

Theme 2: Coping with stress.
All the respondents agreed that a dentist should follow healthy coping mechanisms.

Sub theme 2.2: Dentists must socialize more, not necessarily with alcohol.

Sub theme 2.3: The dentist must have a comfortable practice environment, plan his available time and don’t overbook himself with patients for the sake of money.

Sub theme 2.4: Dentists must follow all the strategies for healthy stress management.

It must be kept in mind that the findings of the qualitative phase of this study cannot be generalized to the rest of the South African dental population. Although this qualitative study was in-depth, it involved only a small number of respondents in order to gain insight in the live-world of an alcohol dependent dentist. This phase of the study succeeded in providing this. The information gained in the qualitative phase of this study was used to reinforce the findings of the quantitative phase of this study.