MOOD STATES AND PATTERN OF ADJUSTMENT AMONG MALE ALCOHOLICS

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ABSTRACT

The purpose of the present study was to determine the mood states and pattern of adjustment among male Alcoholic patients. A test of Eight State Questionnaire and Hindi adaptation of Bell’s adjustment inventory by Mohsin and Shamshad (1970) was administered on 30 alcoholic and 30 normal persons. Significant differences have been found between the scores of alcoholic and normal control group on the different dimensions of eight state questionnaires and Bell adjustment inventory. Result showed that Alcoholics exhibit higher level of anxiety, stress, guilt feeling and extraversion than normal group. They differ significantly from normal group on all the four areas (Home, Health, Emotional, Social) and Overall adjustment.

Key Words: Alcoholic, Mood States and Adjustment.

Alcohol is a central nervous system depressant Alcohol abuse is likely to result in serious withdrawal symptoms. Chronic use has many negative psycho-social effects and can result in organic brain disorders, such as Korsakoff’s syndrome. A physiological predisposition to alcohol addiction may be genetically transmitted in some people. The predisposition may be a tolerance for alcohol or a peak-valley effect in which the person experiences extremes of euphoria and dysphasia related to drinking. There is no evidence for an alcoholic personality, but many alcoholics are impulsive, depressed or passive; and drinking seems to

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help them solve or avoid problems. Some people may abuse alcohol because they learn it decrease the effects of stress and reduces tension.


Several researchers reported that alcohol not only affects physical health of a person, it also causes considerable damage to their mental health and thought process. Alcoholism typically begins in adolescent and may be associated with medical, social and legal sequel. Studies reported that the great majority of alcoholics are men and women who are married and living with their families, still hold responsible job.

A number of studies have been reported in recent years on psychological changes following prolonged intake of such substances (Leroi, Sheppard and Lyket, 2002; Mukamal and Rim, 2001). Numerous studies have found that the comorbid conditions of depression and alcohol abuse tend to persist overtime (Peirce, Frone, Russell Cooper & Muder, 2000 & Vaillant & Mukamal, 2001). A large number of studies have been devoted to the study of personality characteristics and cognitive impairment of alcoholic and drug users. However, little work had been done on adjustment problems and mood states or emotional states of alcoholic and drug addict. The present study is an attempt to find out the effects of prolonged use of alcohol on emotional state and adjustment of individuals.

METHOD

Sample

The sample consisted of sixty subjects, thirty alcoholics and thirty normal controls. Alcoholics were taken from Disha Drug De-Addiction Centre, Patna, a non-government organisation sponsored by the Ministry of Social Justice and Empowerment (Government of India). Those drug addicts who reported to drug-addiction centre for detoxification and willing to participate in the study had been included in the study. All the subjects were male, age ranged from thirty to fifty years. Most of them belonged to married group. The control group consisted of thirty persons who never had drug of any kind. They were comparable in age education and socio-economic status with the group of alcoholics.

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Tools

(i) Eight State Questionnaire (8SQ):- For measuring mood states of the normal as well as alcoholics, it was decided to use Hindi version of Eight State Questionnaire by Kapoor and Bhargava, constructed and standardised by Curran and Cattell (1975). This Questionnaire measures eight mood states of the respondents i.e. anxiety, stress, depression, regression, fatigue, guilt extraversion and arousal.

(ii) Hindi Adaptation of Bell’s Adjustment Inventory by Mohsin and Shamshad (1970):- The inventory consists of 135 items measuring adjustment in four different areas: home, health, social and emotional, separately as well as it yields a composite score for overall adjustment. High scores indicate poor adjustment and low scores healthy adjustment.

Procedure

Each subject was tested individually in a separate room by the investigator. In case of alcoholic group the tests were administered at least six hours after alcohol taken. This was done to ensure that the effects of the alcohol intake are kept at minimum during the testing period. Administration of tests during withdrawal period was complete by avoided.

RESULT AND DISCUSSION

In order to fulfil the objective of the study the scores obtained were analysed with mean, SD and t values. The obtained data along with statistical treatment has been shown in table 1 and 2. It was evident from the Table 1 that two groups viz. alcoholic and normal control differed significantly on anxiety dimension of mood states. The alcoholic groups indicate higher anxiety level as compared to normal control group. The t – value obtained was 4.45 and was significant on or beyond one per cent level of confidence.

<table>
<thead>
<tr>
<th>Dimensions of mood states</th>
<th>Alcoholic (N = 30)</th>
<th>Normal (N = 30)</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Anxiety</td>
<td>26.6</td>
<td>4.09</td>
<td>17.5</td>
</tr>
<tr>
<td>Stress</td>
<td>27.5</td>
<td>3.62</td>
<td>16.8</td>
</tr>
<tr>
<td>Depression</td>
<td>18.6</td>
<td>3.41</td>
<td>12.8</td>
</tr>
<tr>
<td>Regression</td>
<td>8.8</td>
<td>5.44</td>
<td>5.1</td>
</tr>
<tr>
<td>Fatigue</td>
<td>18.6</td>
<td>3.41</td>
<td>15.0</td>
</tr>
<tr>
<td>Guilt</td>
<td>14.6</td>
<td>2.65</td>
<td>4.5</td>
</tr>
<tr>
<td>Extraversion</td>
<td>19.2</td>
<td>3.84</td>
<td>14.5</td>
</tr>
<tr>
<td>Arousal</td>
<td>17.0</td>
<td>3.35</td>
<td>14.05</td>
</tr>
</tbody>
</table>

*Significant at 0.05 level ** Significant at 0.01 level NS:- Not Significant
It was found that, two groups (alcoholic and normal control) differed significantly on stress scores. The obtained \( t \)-value (4.59), was significant at 0.01 level of confidence. Alcoholic with a mean score of 14.6, had more guilt than the normal group (4.5), the \( t \)-value was significant at 0.01 level. Vinay (1985) reported that alcoholics expressed more guilt, loneliness and depression than the normal persons.

The mean depression score of alcoholic was 18.6 where as mean depression score of normal group was 12.8. The \( t \)-value (2.15) was significant at 0.05 level. Several studies have shown that alcoholic suffer from acute depression (Rado, 1958; Khayiem and Khatzain, 1984).

The mean extraversion scores of alcoholic were higher (Mean 19.2) as compared to normal control groups (Mean 14.5). The \( t \) – value (2.27) was significant at 0.05 level. The study supported by several investigators. Jones (1975) found that males who became problem drinkers were impulsive, extroverted and overemphasised their masculinity. Rangaswami (1983) and Segal (1983) reported that alcoholics were impulsive and extrovert as compared to normal person. Alcoholics did not differ significantly on the mood state of regression, fatigue and arousal, differences in mean scores were not statistically significant.

Table 2: Comparisons of Alcoholic and Normal Control group on the mean scores of Bell Adjustment Inventory

<table>
<thead>
<tr>
<th>Area of Adjustment</th>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>( t )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Alcoholic</td>
<td>30</td>
<td>10.76</td>
<td>4.95</td>
<td>6.09**</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>30</td>
<td>5.03</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Alcoholic</td>
<td>30</td>
<td>6.85</td>
<td>4.10</td>
<td>1.95 NS</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>30</td>
<td>5.25</td>
<td>1.85</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>Alcoholic</td>
<td>30</td>
<td>12.40</td>
<td>4.16</td>
<td>6.03**</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>30</td>
<td>7.15</td>
<td>2.25</td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>Alcoholic</td>
<td>30</td>
<td>12.15</td>
<td>2.82</td>
<td>5.52**</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>30</td>
<td>8.62</td>
<td>2.15</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>Alcoholic</td>
<td>30</td>
<td>35.62</td>
<td>12.82</td>
<td>3.83**</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>30</td>
<td>25.88</td>
<td>5.40</td>
<td></td>
</tr>
</tbody>
</table>

** Significant at 0.01 level   NS: - Not Significant

A glance at Table 2 indicates that alcoholics differ significantly from normal control on all the four areas (home, health, emotional and social) of adjustment, the \( t \)-value being significant at 0.01 level. The mean scores of alcoholics was particularly higher in the emotional area indicating presence of anxiety, depression and nervousness. This finding confirms the contention that maladjustment appear as a common characteristics in most problem drinkers (Coleman, 1976).
CONCLUSION

1. Alcoholics differ significantly with normal control group on mood states of anxiety, stress, guilt, depression and extraversion. Alcoholics exhibit higher level of anxiety, stress, guilt, feeling and depression. They were more extrovert than normal group.

2. Alcoholics showed more problems in all areas (Home, Health, Educational and Overall) of adjustment.

REFERENCES


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