A Study of Counseling Effect on Anxiety and Self Esteem of Alcohol Addicts

Mr. Hari Kishan Sharma

Email id-hkhaluwasiyabwn@gmail.com

Abstract

Anxiety and Alcohol addiction are the serious and most important problems in the society but mostly we can see in adolescence. Anxiety is a psychological response to a real or imagined threat. It is a complex emotional state characterized by a general fear or foreboding usually accompanied by stress and tension. On the other Alcohol and substance addiction is a growing problem all over the world. Alcohol and substance addiction have genetic, environmental and psychological causes. It effect the physically or body image self-esteem and social relation on society level but Counseling is one of the most important variables and concepts that might have a meaningful influence on these problems. This study aims to investigate the effect of counseling on Anxiety and self esteem of alcohol addicts.

Key Words- Counseling, Anxiety, Self esteem of alcohol addicts.

Introduction

The term anxiety is derived from the Latin word "anxiety" which means to choke, throttle, trouble, and upset and encompasses behavioural, affective and cognitive responses to the perception of danger. Anxiety is a normal human emotion, it is considered excessive or pathological when it arises in the absence of challenge or stress, when it is out of proportion to the stressful situations in duration or severity, when it results in significant distress, and when it results in psychological, social, occupational, biological, and other impairment. Anxiety is a psychological response to a real or imagined threat. It is a complex emotional state characterized by a general fear or foreboding usually accompanied by stress and tension. It is associated with apprehension and fear and is frequently linked with failure, either real or anticipated. It often has to do with interpersonal relations and social circumstances and situations. Feelings of refusal and insecurity are usually a part of anxiety. According to Frost (1970), anxiety is an uneasiness and feeling of foreboding often seen when an individual is

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about to embark on a hazardous venture; it is often lead by a strong desire to excel. Therefore, anxiety state arises from flawed adaptations to the stress and is caused by over actions in an attempt to meet this complicatedness. A certain level of anxiety is needed for peak performance of human being Our body autonomous nervous system prepares for completion with the fight or flight response which quickness reaction time, sharpens our sense and increases our strength.

The ability for self-reflection is one of the elemental human attributes. The capacity to think consciously about oneself is a unique human characteristic. Much of our behaviour may be performed "mindlessly" without conscious consideration of its implications for oneself (Langer, 1978), but many behaviours that are considered uniquely human require the capacity to hold ourselves as the object of our thoughts. The ability to think consciously about ourselves facilitates us to consider the impact of our behaviours upon other people, to think over the significance of our actions and lives, systematically plan for the future or firmly attempt to better themselves. Each of these actions needs the competence to consciously self-reflect. Psychological difficulties can occur from this capacity for self-reflection. It permits us to struggle over past hardships, reflect our shortcomings, worry about the future, and dread our inevitable deaths, there by setting the stage for a variety of psychological problems such as depression, loneliness, guilt and anxiety.

An alcoholic beverage is a drink that contains ethanol commonly known as ethyl alcohol. Alcoholic beverages are classified in to three general groups 'beers, wines and spirits. Addiction to alcohol is commonly known as alcoholism. People suffering from alcoholism are often called alcoholics. According to W H O there are 140 million people worldwide with alcoholism. (Ms. Leanne, Riley. 2003). A dual classification of alcoholism is supported by American Medical Association which includes both physical and mental components. Social environment, stress, mental health, family history, age, ethnic group and gender all influence the risk factors. (Glavas. M. M et.al, 2006).

A standard method of dealing with anxiety is psychological counseling. It includes cognitive behaviour therapy, psychotherapy, or a combination of both therapies. The main aim of

cognitive-behaviour therapy is to recognize and modify the thinking pattern of the client that is associated with the anxiety and feelings of upset. This therapy has two parts, a cognitive part is designed to limit distorted thinking and a behavioural part is designed to change the way people respond to the objects or situations that provoking anxiety. For example clients, those receiving this treatment for obsessive- compulsive disorder for cleanliness may work with a therapist to get their hands dirty and wait increasingly longer amounts of time before washing them. Post-traumatic stress disorder sufferers will work with a therapist to recall the traumatic event in a safe situation to alleviate the fear it produces. Exposure-based therapies such as cognitive behaviour therapy essentially have people confront their fears and try to help them become desensitized to anxiety-triggering situations. Psychotherapy is another type of counseling treatment for anxiety disorders. It consists of talking with a trained mental health professional, psychiatrist, psychologist, social worker, or another counselor. Sessions may be used to explore the causes of anxiety and possible ways to cope with symptoms.

Rationale of the Study

This research examines the relationship between self-esteem, anxiety issues and their effect on interpersonal relationship of drug addicts. A variety of psychological difficulties are encountered by the drug addicts. Low self-esteem has been linked to a number of emotional and behavioral problems. According to the sociometer model of self-esteem the behavioural concomitants of low self-esteem are best viewed as reactions to real, anticipated, or imagined rejection. Evidence relevant to this hypothesis is reviewed as it relates to dysphoric emotions, substance abuse, irresponsible sexual behaviour, aggression, membership in deviant groups, and eating disorders. Low self-esteem ranks among the strongest predictors of emotional and behavioural problems. Compared to people with high self-esteem, people with low self-esteem tend to be more anxious, depressed, lonely, jealous, shy, and generally unhappy. They are also less assertive, less likely to enjoy close friendships, and more likely to drop out of school. Furthermore, they are more inclined to behave in ways that pose a danger to themselves or others: low self-esteem is associated with unsafe sex, teenage pregnancy, aggression, criminal

behaviour, the abuse of alcohol and other drugs, and membership in deviant groups (for reviews, see Baumeister, 1993; Bednar, Wells, & Peterson, 1989; Mecca, Smelser, & Vasconcellos, 1989). Low self-esteem lies at the root of so many psychological difficulties. Neuroanatomical, neuropsychological and neurophysiological dimensions are the origin for social pain and social threat in individuals with alcohol or drug dependence. Intrapersonal traits and interpersonal environments interact to increase an addict's risk of relapse, substance-dependent individuals have high trait rejection sensitivity. Interpersonal conflict and stress are aversive to humans because of they elicit "social pain". Social pain, like physical pain, causes suffering. Individuals differ in their tolerance of social pain, which is analogous to differences in coping abilities and behavioral responses to physical pain.

A number of symptoms are associated with addiction to drugs and alcohol. A person can be diagnosed with a substance abuse disorder if they show at least 2 of these symptoms at any point in the past 12 months: Taking more of a drug or alcohol than they meant to, Continued use despite the knowledge of legal or social consequences and negative impact. They have strong craving for the substance of abuse, inability to cut back on drugs or failure to do what you expect to do at work. Drugs or alcohol become more important than any other thing in life like hobbies and interests. Alcohol and drugs take up most of your time. Either you are using drugs and alcohol, or you are trying to get over using, or trying to get hold of more drugs and alcohol.

REVIEW OF LITERATURE

Jichuan Wang,*Harvey A. Siegal*,*Russel S. Falck* &*Robert G. Carlson*, 19 Nov 2009,Factorial Structure of Rosenberg's Self-Esteem Scale Among Crack-Cocaine Drug Users, They gave the Nine different confirmatory factor analysis (CFA) models, including CFAs with correlated traits, uniqueness's, and methods, were employed to test the factorial structure of Rosenberg's (1965) self-esteem scale in a sample of crack-cocaine drug users. The results partially support earlier research and show that (a) there exists a single global self-esteem factor underlying responses to Rosenberg scale; (b) method effects associated with item

wording exist; and (c) the method effects were associated primarily with positively, rather than negatively, worded items.

Methodology

Objective

1. To measure the effect of psychological counseling on the adults who have substance use disorder

2. To measure the effect of psychological counseling on the self esteem of adults who have substance use disorder

3. To understand the relationship between self esteem and anxiety of adults who have substance use disorder.

Hypothesis

1. There will be a significant difference in the self esteem of adults suffering with substance use disorder who were given psychological counseling for 2 months and those who were not given psychological counseling

2. There will be a significant difference in the anxiety of adults suffering with substance use disorder who were given psychological counseling for 2 months and those who were not given psychological counseling

3. There will be no relationship between the self esteem and anxiety of adults who have substance use disorder.

Research Design

This study is a comparative study. The sample was divided into two gorups- experimental group and control group.

Sample

The research aims to study the married population from adult age group which consists people of 18-35 years old. The sample will be collected from psychiatric OPDs of hospitals where the adult males will be receiving treatment for alcohol addiction. 50 were treated as experimental group and 50 was treated as control group.

The personal information was conducted offline while using the questionnaire to collect the data about the self esteem and anxiety issues.

TOOLS

Tools and techniques in research are the statistical methods of collection, analysis, interpretation, presentation, and organization of data. Statistics provides numerous tools and techniques to analyze the data and interpret the results of the analysis.

1)**Rosenberg self-esteem**

2)The **State-Trait Anxiety Inventory (STAI)**

STATISTICAL ANALYSIS

T-test was used to compare the experimental and control group. Pearson's moment correlation was used to find out the relationship between the two variables.

RESULTS AND DISCUSSION

- **H1: There will be a significant difference in the self esteem of adults suffering with substance use disorder who were given psychological counseling for 2 months and those who were not given psychological counseling**

It was hypothesized that the adults who are suffering with substance use disorder will be difference on the levels of self esteem-those who were given psychological counseling sessions for a duration of 2 months and those who were not given any sessions. The results are shown below in table 1-

Table 1. T difference between adults on self esteem

Variables	N	Mean	SD	t'
Control group	50	22.34	5.12	**1.79**
Experimental group	50	24.33	5.91	

(p>0.05)

It can be seen in the table above that the mean score of the adults suffering with substance abuse who were a part of the control group was 22.34 on self esteem, and the score of experimental group on self esteem was 24.33. The SD of control group is 5.12 and the SD of experimental group is 5.91. And the t score is 1.79. This score is not statistically significant, and hence it can be said that there is no significant difference between the adults who receive and who do not receive psychological counseling. Therefore, there is no difference in the self esteem of adults who abuse alcohol and those who received psychological counseling and those who did not.

Therefore the hypothesis has been rejected.

- **H2: There will be a significant difference in the anxiety of adults suffering with substance use disorder who were given psychological counseling for 2 months and those who were not given psychological counseling**

It was hypothesized that there will be a significant difference in the anxiety level of adults who receive counseling and those who do not receive counseling (experimental group and control group reps) who are suffering with substance use disorder. The results are shown below in table 2-

Table 2- T difference between adults on anxiety

Variables	N	Mean	SD	t'
Control group	50	49.17	9.12	**3.58****
Experimental group	50	42.77	8.72	

(p<0.01)

It can be seen in the above table the mean score of control group on the measure of state anxiety is 49.17 and that of the experimental group is 42.77. The SD of the control group is 9.12 and that of the experimental group is 8.72. The t score came out to be 3.58 which is statistically significant. It means that the adults who are suffering with substance use disorder and who received psychological counseling have significantly lower levels of anxiety than the adults who are suffering with substance use disorder but did not receive any counseling under the study.

A higher score on this scale means more anxiety.

Hence the hypothesis has been rejected.

- **H3: There will be no relationship between the self esteem and anxiety of adults who have substance use disorder**

It was hypothesized that there will be no correlation between the self esteem and anxiety of the adults who are suffering with substance use disorder. Results were computed by Pearson's moment correlation. The results are shown below in table 3-

Table 3- correlation between self esteem and anxiety of adults

Correlations			
		Anxiety	**Self esteem**
Anxiety	**Pearson Correlation**	1	-0.19
	Sig. (2-tailed)		0.000
	N	100	100
Self esteem	**Pearson Correlation**	-0.19	1
	Sig. (2-tailed)	0.000	
	N	100	100
*. Significant at the 0.05 level, ** Significant at 0.01 level			

It can be seen in the above table that the sample size is 100 because both the control and experimental group participants were taken. The value of correlation coefficient came out to be -0.19, which is not statistically significant. The minus sign doesn't affect the value; it only means that the relationship between both the variables is negative in nature, which means that if one of them increases the other one decreases. But which variable is dependent on which is not

clear because a correlation relationship has been studied and not a regression relationship.

The hypothesis has therefore been rejected as there is no significant relationship between the self esteem and anxiety of the adults who have substance use disorder.

CONCLUSION

This study was done to understand the "EFFECT OF COUNSELLING ON ANXIETY AND SELF ESTEEM OF ALCOHOL ADDICTs". A sample of 100 men suffering with substance use disorder was selected based on the inclusion criteria from from psychiatric OPDs of hospitals, and they they were divided into two groups- control group and experimental group, aged between 18 to 35 years old (married). The subjects in the the control group were not given any psychological counseling, however the subjects in the experimental group were given counseling sessions for 2 months, once a week. They were then assessed on the following scales- Rosenberg self esteem scale and State and Trait Anxiety scale (only state part). It was concluded from the results that the there is no difference in the self esteem of the control group and experimental group, but the participants of the experimental group are significantly less anxious than the control group participants. Also, the self esteem and anxiety of adults suffering with substance use disorder was not related with each other.

LIMITATIONS AND SUGGESTIONS-

The study has the following limitations and suggestions for future research work-

1. The sample is small in size and a bigger resample should be selected.

2. The patients who are already receiving treatment from psychiatric OPDs were selected as sample. The stage of illness was not considered.

Other protective factors like family environment, aggression, childhood trauma etc were not considered and should be in the future studies.

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