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Psychosocial functioning in alcohol dependence: A study of self-efficacy and global adjustment

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Abstract

Background: Alcohol Dependence significantly affects psychological, social, and occupational functioning, impacting emotional stability, family relationships, health, and social environment. While self-efficacy is crucial in managing alcohol use, its broader impact on global adjustment domains is underexplored. Understanding these impacts is essential for developing comprehensive interventions.

Objective: The objective of the present study is to assess self-efficacy and global adjustment in individuals with alcohol dependence and compare these measures to those of a normal control group.

Methodology: A cross-sectional study was conducted with 200 participants, comprising individuals with Alcohol Dependence (N=100) and Normal Controls (N=100). Data were collected using purposive sampling. Sociodemographic variables were matched between the groups to ensure comparability. Participants were assessed using standardized self-efficacy and global adjustment scales. The data were analyzed using Independent Samples t-tests and chi-square tests.

Results: The analysis showed no significant differences in sociodemographic variables between the two groups. However, individuals with Alcohol Dependence exhibited markedly lower self-efficacy scores (Mean \pm SD: 20.870 \pm 6.50) compared to Normal Controls (Mean \pm SD: 29.440 \pm 4.87, P=0.000). Furthermore, significant disparities were observed across all domains of global adjustment, including emotional stability, family relationships, health, occupational functioning, sex-related behavior, and social environment (P=0.000 for all domains).

Conclusion: The study highlights that Alcohol Dependence profoundly impacts self-efficacy and multiple domains of global adjustment. These findings underscore the need for comprehensive and multifaceted interventions addressing both substance use and associated psychosocial challenges to improve overall well-being and functioning in individuals with Alcohol Dependence.

Keywords: Alcohol dependence, self-efficacy, global adjustment, psychosocial challenges

Introduction

Alcohol dependence is a chronic, relapsing disorder characterized by an inability to control alcohol consumption despite adverse effects. Alcohol is the most commonly used psychoactive substance in the country, with approximately 14.6% of the population between the ages of 10 and 75 consuming alcohol, equating to around 16 crore individuals (Parmar *et al.*, 2021) ^[11]. According to the National Mental Health Survey (NMHS, 2016), the prevalence of alcohol use disorders was 4.6%, and it was reported to be higher in males. The prevalence was also higher in rural areas compared to urban non-metro and urban metro areas (Murthy, 2017) ^[10].

Alcohol dependence is marked by a powerful desire for alcohol, the inability to control alcohol consumption, and persistent use despite negative consequences. It is a chronic disorder that frequently relapses and has harmful consequences for physical health, mental well-being, and social functioning (American Psychiatric Association, 2012).

The ramifications of alcohol dependence are extensive, affecting not only the individuals directly involved but also their immediate social environments. These effects span across physical, psychological, and social domains, contributing to a broad spectrum of psychosocial difficulties. Among these, issues such as poor self-efficacy, emotional instability, occupational challenges, strained relationships, environmental stressors, and health problems, including sex-related issues, are prevalent. Self-efficacy is a psychological concept developed by Albert Bandura. It refers to an individual's belief in their ability to achieve a certain level of performance and influence events that impact their lives.

These beliefs can influence a person's emotions, thought processes, motivation, and behavior. Self-efficacy can have diverse effects on an individual through four major processes: cognitive, motivational, affective, and selection processes (Bandura & Wessels, 1994) [3].

Alcohol dependence significantly affects a person's motivation, confidence, sense of achievement, and overall well-being, leading to a cycle of dependence that is hard to break. However, having a strong sense of self-confidence can greatly and positively impact human achievement and overall well-being. Self-efficacy plays a significant role in the recovery, coping, and rehabilitation process of individuals who suffer from substance dependence. It refers to the belief an individual has in their ability to successfully overcome their dependence on drugs or alcohol by coping with the challenges that arise during the recovery process (Kadden & Litt, 2011) [8]. Abstinence self-efficacy stands out from other forms of self-efficacy as it pertains to the ability to abstain from specific behaviors, rather than the proficiency in performing a particular task (Young & PS Oei, 1993) [18].

Adjustment is the process of getting used to new situations or environments and becoming familiar with them. The ability to integrate, adapt, compromise, coordinate, and interact effectively with oneself, the environment, and others is what is referred to as adjustment. However, when changes occur rapidly and drastically, it can be challenging to adjust, which may result in conflicting experiences, stress, confusion, and conflicts (Saghi & Rajai, 2009) [13].

Global adjustment refers to an individual's ability to adapt and function effectively in various domains of life, including personal, social, and occupational spheres. It encompasses the capacity to handle life's demands, maintain healthy relationships, perform well at work or school, and achieve overall psychological well-being. High levels of global adjustment indicate that a person can navigate life's challenges and thrive in their environment, leading to a balanced and fulfilling life (Saghi & Rajai, 2009) [13].

Global adjustment is a comprehensive measure of an individual's ability to adapt and thrive in various life domains. Alcohol dependence significantly impairs this ability, affecting psychological well-being, relationships, occupational functioning, and physical health. Understanding these impacts is crucial for developing targeted interventions that address the multifaceted nature of alcohol dependence, ultimately supporting individuals in achieving better overall adjustment and a higher quality of life.

Assessing self-efficacy and global adjustment in alcohol-dependent individuals, compared to a normal control group, can provide valuable insights into the specific challenges they face. Understanding these differences is crucial for developing targeted interventions and improving treatment outcomes.

Objective

The objective of the present study is to assess self-efficacy and global adjustment in individuals with alcohol dependence and compare these measures to those of a normal control group.

Methodology

The present study was a cross-sectional study conducted at the Ranchi Institute of Neuro-Psychiatry & Allied Sciences

(RINPAS) in Kanke, Ranchi. The sample consisted of 200 male participants, with 100 individuals diagnosed with alcohol dependence according to ICD-10 DCR criteria, and 100 normal controls. The normal controls were matched on social characteristics with the individuals with alcohol dependence and met the inclusion and exclusion criteria of the study. The purposive sampling method was used to select the participants.

Inclusion criteria for Individuals with Alcohol dependence

1. Alcohol dependence as per ICD-10, DCR criteria.
2. Married male, age range between 25 to 45 years.
3. Education up to the 5th standard.
4. Intake of alcohol for more than 5 years.
5. Those who will give written informed consent.

Inclusion criteria for the Individuals with Normal control

1. Married male age range between 25 to 45 years
2. Education up to 5th standard.
3. Those who will give the written informed consent

Tools

General Self-Efficacy scale (Schwarzer & Jerusalem, 1995; Sud, Schwarzer, & Jerusalem, 1998) [19, 14]

The Generalized Self-Efficacy Scale (GSES) is a ten-item scale, which has been translated by Mary Wegner from the original German version by Schwarzer and Jerusalem (1995) [19] and in Hindi by Sonali Sud (1998) [14]. For each item, there is a four-choice response from 'Not at all true' which scores 1 to 'Exactly true' which scores 4. The scores for each of the ten items are summed to give a total score. 10-25 score showed a lower level of self-efficacy and 26-40 showed a high level of self-efficacy.

Global Adjustment Scale (GAS) (Psy-com Service, 1994; Vohra, 2013) [17]

Global Adjustment Scale was designed and developed by Psy-com-service India (1994). Global adjustment scale adult form age range 20 years and above. The adult form tries to obtain information from an individual is concerning what he thinks and feels about themselves. There are six domains are follow:

- a) **Family Relationships** i.e., with the spouse and children, concerning freedom and cohesion in the family.
- b) **Health** i.e., about the physical functioning of his body.
- c) **Social Environment**, friends and acquaintances outside the home, about how hostile or submissive he is around them and how hostile or submissive he is around them, and how much trust the person has in people around him.
- d) **Emotion** in terms of maturity and sensitivity.
- e) **The occupation** focuses mainly on job satisfaction and job involvement.
- f) **Sex-Related Behaviour** i.e. about sex-related knowledge, anxiety, myths, satisfaction, etc.

Procedure

Individuals diagnosed with alcohol dependence according to ICD-10 DCR criteria and receiving treatment at RINPAS were recruited as the experimental group for the study. Those who did not consume alcohol and matched the socio-

demographic characteristics of the experimental group, living in Kanke and adjacent areas, were selected as normal control participants. A total of 200 participants were selected based on the purposive sampling technique, comprising 100 individuals with alcohol dependence and 100 normal controls. Written informed consent was obtained

from all study participants. Socio-demographic details were collected using a self-prepared socio-demographic datasheet. All participants were then assessed using the self-efficacy scale and the global adjustment scale.

Results

Table 1: Comparison of Sociodemographic variables of individuals with alcohol dependence and normal controls

Variables		Sample (N=200)		DF	X ² / Fisher Exact Test	P
		Alcohol Dependence (N=100), (N)	Normal Control (N=100) (N)			
Education	5 th	14	12	4	2.593	.628
	6 th -8 th	23	16			
	9 th -10 th	16	15			
	11 th -12 th	30	34			
	Graduation & above	17	23			
Family Type	Nuclear	51	52	1	.020	.887
	Joint	49	48			
Occupation	Daily wages Labor	20	18	4	3.357	.500
	Govt. Job	7	13			
	Private Job	16	21			
	Self employed	36	30			
	Unemployed	21	18			
Religion	Hindu	61	58	3	.572	.903
	Muslim	13	14			
	Christen	17	16			
	Other	9	12			
Domicile	Rural	47	45	2	.921	.631
	Urban	39	36			
	Semi-Urban	14	19			

Table 1 presents a comparison of sociodemographic characteristics between two groups: Individuals with Alcohol Dependence (N=100) and Normal Controls (N=100). The sociodemographic variables analyzed include education, family type, occupation, religion, and domicile, with chi-square and Fisher's Exact Tests applied to determine significant differences between the groups. The chi-square tests indicate that there are no statistically

significant differences in sociodemographic characteristics between individuals with Alcohol Dependence and Normal Controls in terms of education (P=0.628), family type (P=0.887), occupation (P=0.500), religion (P=0.903), and domicile (P=0.631). This suggests that these Sociodemographic factors are similarly distributed across the two groups.

Table 2: Comparison of age of individuals with alcohol dependence and normal controls

Variables	Sample (200)		DF	T	P
	Alcohol Dependence (N=100) (Mean ± SD)	Normal Control (N=100) (Mean ± SD)			
Age	32.160±6.87	32.990±5.98	198	-.910	.364

Table 1.2 presents a comparison of the ages of individuals with Alcohol Dependence and Normal Controls. The analysis, conducted using an Independent Samples t-Test, shows no statistically significant difference between the two

groups (P=0.364). This indicates that the average age of individuals with Alcohol Dependence is similar to that of the Normal Control group.

Table 3: Comparison of self-efficacy of individuals with alcohol dependence and normal controls

Variables	Sample (200)		DF	T	P
	Alcohol Dependence (N=100), (Mean ± SD)	Normal Control (N=100) (Mean ± SD)			
Self-efficacy	20.870±6.50	29.440±4.87	198	-10.549	0.000

Table 2 presents a comparison of the self-efficacy scores of individuals with Alcohol Dependence and Normal Controls. The analysis, conducted using an Independent Samples t-test, shows a statistically significant difference between the two groups (P=0.000). This indicates that the average self-

efficacy score of individuals with Alcohol Dependence is significantly lower than that of the Normal Control group. The results suggest that individuals with Alcohol Dependence have notably lower self-efficacy compared to those without alcohol dependence.

Table 4: Comparison of domains of global adjustment of individuals with alcohol dependence and normal controls

Global Adjustment	Sample (200)		T (DF=198)	P
	Alcohol Dependence (N=100), (Mean ± SD)	Normal Control (N=100) (Mean ± SD)		
Emotion	21.590±5.68	13.180±4.34	11.753	0.000
Family Relationships	21.170±5.37	12.950±5.77	10.420	0.000
Health	14.500±6.18	7.630±4.73	8.822	0.000
Occupation	22.020±5.68	14.650±5.47	9.337	0.000
Sex-Related Behavior	23.440±6.07	12.150±5.49	13.786	0.000
Social Environment	24.540±5.95	14.880±5.66	11.753	0.000

Table 3 presents a comparison of the domains of Global Adjustment between individuals with Alcohol Dependence and Normal Controls. The analysis, conducted using Independent Samples t-tests, reveals statistically significant differences across all domains ($P=0.000$). The results indicate that individuals with Alcohol Dependence have significantly higher scores across all domains of Global Adjustment compared to the Normal Control group, highlighting considerable differences and poorer emotional stability, family relationships, health, occupational functioning, sex-related behavior, and social environment among individuals with Alcohol Dependence.

Discussion

The present study found no significant differences in sociodemographic variables such as age, education, family type, religion, and domicile between individuals with Alcohol Dependence and Normal Controls. This lack of significant differences may be because the Normal Control group was matched with individuals with alcohol dependence based on these social characteristics. Matching participants based on sociodemographic variables helps control for their potential influence on study outcomes. This matching strategy enhances the validity of the study findings by minimizing confounding variables that could otherwise obscure the true relationship between Alcohol Dependence and the outcomes under investigation.

The self-efficacy score of individuals with Alcohol Dependence is significantly lower than that of the Normal Control group, indicating that individuals with Alcohol Dependence have notably lower self-efficacy compared to those without alcohol dependence. Previous research has shown that higher levels of self-efficacy are associated with lower levels of alcohol use (Taylor, 2000; Uzun & Kelleci, 2018) ^[15, 16] and play a crucial role in maintaining abstinence (Tate *et al.*, 2009). However, the relationship between self-efficacy and problematic alcohol use has been less thoroughly investigated outside of treatment settings.

Individuals with Alcohol Dependence have significantly higher scores across all domains of Global Adjustment compared to the Normal Control group, highlighting considerable differences and poorer outcomes in emotional stability, family relationships, health, occupational functioning, sex-related behavior, and social environment. This finding is supported by previous research, which has demonstrated lower job satisfaction (Luquini *et al.*, 2018) ^[9] and difficulties in maintaining employment (French *et al.*, 2011) ^[6] among those with substance abuse issues. Additionally, impaired interpersonal relationships (Reinaldo & Pillon, 2008; Chinnusamy, Eugin, and Janakiraman, 2021) ^[12, 5], negative effects on physical and mental health (Cargiulo, 2007) ^[4], and sexual dysfunction (Johnson, Phelps, and Cottler, 2004; Acharya *et al.*, 2022) ^[4, 1] have all

been correlated with substance abuse. These studies support the present study's findings regarding the broader impact of Alcohol Dependence on various aspects of an individual's life.

Conclusion

The study highlights that Alcohol Dependence profoundly impacts self-efficacy and multiple domains of Global Adjustment. Individuals with Alcohol Dependence exhibit significantly lower self-efficacy, reflecting a diminished ability to cope with and manage life's challenges effectively. Additionally, they experience poorer outcomes in key areas of life, including emotional stability, family relationships, health, occupational functioning, sex-related behavior, and social environment. These widespread effects emphasize the complexity of Alcohol Dependence, affecting not just the individual's physical health but also their mental and social well-being. Consequently, the findings underscore the urgent need for comprehensive and multifaceted interventions that address both the substance use and the associated psychosocial challenges. Effective interventions should aim to enhance self-efficacy, promote emotional and relational stability, and support overall health and occupational functioning. By adopting a holistic approach, these interventions can better support individuals in achieving sustained recovery and improved quality of life.

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