Original Research Article

To Study The Effect Of Perceived Social Support On Depressive Symptoms Among Male Alcoholics In Early And Middle Adulthood

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ABSTRACT

Background: Alcoholism, formerly called alcohol dependence or alcohol addiction is the more severe end of the alcohol use disorder spectrum. Alcoholism is appropriately considered a disease rather than a weakness of character or chosen pattern of bad behavior. Statistics about alcohol dependence include its pattern of afflicting about 4% of women and 10% of men. The current study aimed to study the effect of perceived social support on depressive symptoms among male adult alcoholics
Methodology: Sampling was procured through the method of purposive sampling. Participants' ages ranged from 21-40 years. The scales used for Social Support was Multidimensional Scale of Perceived Social Support and Beck's Depression Inventory.
Results: There was a significant difference in the level of depressive symptoms who have low social support and those who have moderate to high social support. Results obtained can help in designing the intervention in decreasing the depression which is influenced by social support and age in alcohol dependent populations.
Conclusion: As hypothesized, there was a significant difference in the level of depressive symptoms exhibited by male alcoholics in between the age group of 21-30 and those in between the age group of 31-40. And there would be a perceived social support and those who have moderate to high perceived social support. Also no interaction effect was observed between age group and perceived social support. The correlation was found to be significant between perceived social support and depression as well as that between age group and depression. However, low negative correlation was found between perceived social support and age group of males with alcoholism.

Key Words: Alcoholism, Social Support, Depressive symptoms, early adulthood, middle adulthood.

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INTRODUCTION

Alcoholism is a destructive pattern of alcohol use that includes tolerance to or withdrawal from the substance, using more alcohol or using it for longer than planned, and trouble reducing its use or inability to use it in moderation [1]. It is the third most common mental illness, affecting more than 14 million people in the United States. Other facts and statistics about alcohol dependence include its pattern of afflicting about 4% of women and 10% of men [2]. It costs more than $165 billion per year in lower productivity, early death, and costs for treatment [3]. Significant alcohol intake produces changes in the brain's structure and chemistry, though some alterations occur with minimal use of alcohol over a short term period, such as tolerance and physical dependence [4]. These changes maintain the person with alcoholism's compulsive inability to stop drinking and result in alcohol withdrawal syndrome if the person stops. Identifying alcoholism may be difficult for those affected because of the social stigma associated with the disease that causes people with alcoholism to avoid diagnosis and treatment for fear of shame or social consequences [5].

Social skills are significantly impaired in people suffering from alcoholism due to the neurotoxin effects of alcohol on the brain, especially the prefrontal cortex area of the brain. The social skills that are impaired by alcohol abuse include impairments in perceiving facial emotions, prosody perception problems and theory of mind deficits; the ability to understand humor is also impaired in alcohol abusers [6].

Severe cognitive problems are common; approximately 10 percent of all dementia cases are related to alcohol consumption, making it the second leading cause of dementia. Excessive alcohol use causes damage to brain function, and psychological health can be increasingly affected over time [7].

Psychiatric disorders are common in alcoholics, with as many as 25 percent suffering severe psychiatric disturbances. The most prevalent psychiatric symptoms are anxiety and depression disorders. Psychiatric symptoms usually initially worsen during alcohol withdrawal, but typically improve or disappear with continued abstinence [8]. Psychosis, confusion, and organic brain syndrome may be caused by alcohol misuse, which can lead to a misdiagnosis such as schizophrenia. Panic disorder can develop or worsen as a direct result of long-term alcohol misuse [9].

The co-occurrence of major depressive disorder and alcoholism is well documented. Among those with comorbid occurrences, a distinction is commonly made between depressive episodes that remit with alcohol abstinence (substance-induced), and depressive episodes that are primary and do not remit with abstinence (independent" episodes) [10]. Women who have alcohol-use disorders often have a co-occurring psychiatric diagnosis such as major depression, anxiety, panic disorder, bulimia, post-traumatic stress disorder (PTSD), or borderline personality disorder [11]. Men with alcohol-use disorders more often have a co-occurring diagnosis of narcissistic or antisocial personality disorder, bipolar disorder, schizophrenia, impulse disorders or attention deficit/hyperactivity disorder [12].

Social Effects

The social problems arising from alcoholism are serious, caused by the pathological changes in the brain and the intoxicating effects of alcohol. Alcohol abuse is associated with an increased risk of committing criminal offences, including child abuse, domestic violence, rape, burglary and assault. Alcoholism is associated with loss of employment, which can lead to financial problems [13]. Drinking at inappropriate times and behavior caused by reduced judgment, can lead to legal consequences, such as criminal charges for drunk driving or public disorder, or civil penalties for tortuous behavior, and may lead to a criminal sentence [14].

An alcoholic's behavior and mental impairment, while drunk, can profoundly affect those surrounding them and lead to isolation from family and friends. This isolation can lead to marital conflict and divorce, or contribute to domestic violence [15]. Alcoholism can also lead to child neglect, with subsequent lasting damage to the emotional development of the alcoholic's children [16].

Alcohol dependence is the leading cause of lost productivity resulting from missed work days, as well as, home and industrial accidents. Legal costs from drunk driving and the prosecution of rapes and homicides also contribute to the high cost of alcohol dependence [17].

The current study aimed to study the effect of perceived social support on depressive symptoms among male adult alcoholics.

METHODOLOGY

The participants were explained the aims oand objectives of the study and were assured that confidentiality shall be maintained and gave a written informed consent prior to participating in the study. Age group was a variable where the participants were divided into two groups (21-30 and 31-40). Only males diagnosed with alcoholism, between the ages of twenty-one to forty and presently undergoing treatment for de-addiction of alcohol dependency or alcohol abuse were considered for this study. The participants were recruited from the NGO's like Kripa Foundation, Alcoholics Anonymous and

Muktangan De Addiction Center and that all will be citizens of Mumbai And Pune. Purposive sampling was used as a method of data collection.

Scales used in the study –

1. **Multi Dimensional Social Support Scale**- Multi Dimensional Social Support scale is adapted by Winefield, Winefield and Tiggemann [18] and developed by Neuling and Winefield [19]. It is a 7 point Likert scale ranging from 1= Very strongly disagree to 7= very strongly agree. The items tended to divide into factor groups relating to the source of the social support, namely family, friends or significant other. There is no reverse scoring. Alpha coefficients of internal reliability for the six subscales are characteristically high (0.75 and above). Subscale scores particularly for the adequacy of support, correlate significantly with affect measures (e.g. the more satisfied with support, the less depressed).
2. **Beck's Depression Inventory-** The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression [20]. The BDI has been developed in different forms, including several computerized forms, a card form, the 13-item short form and the more recent BDI-11 [21]. The BDI takes approximately 10 minutes to complete and also clients require fifth to sixth grade reading level to thereby understand the questions. Internal consistency for the BDI ranges from 0.73 to 0.92 with a mean of 0.86 [22].

STATISTICAL ANALYSIS

The research is a 2x2 between subjects or independent measures design with each participant undergoing different levels of the variables (high or low perceived social support). The dependent measure i.e., depression scores was tabulated within these four categories and further analyzed for statistically significant results. All the statistics and analysis was carried out using SPSS trial version 20.0 for Windows 7. Two way ANOVA and correlation coefficient was used in the analysis.

RESULTS

This research was carried out to study the effect of perceived social support on depressive symptoms among male alcoholics in early and middle adulthood. It was hypothesized that there would be a significant difference in the level of depressive symptoms exhibited by male alcoholics in between the age group of 21-30 and those in between the age group of 31-40. And also that there would be a significant difference in the level of depressive symptoms who have low perceived social support and those who have moderate to high perceived social support. The mean and standard deviation for BDI (depression) was 21.47 and 11.58. The minimum and maximum obtained scores were being 0 and 50. Similarly the mean and standard deviation for perceived social support (PSS) was 41.74 and 17.07. And the minimum and maximum obtained scores were being 15 and 81 respectively.

The analysis of the distribution on perceived social support shows that the data is almost normally distributed, where Skewness was 0.623 and Kurtosis was -0.857**.** From Figure 1, it can be seen that the data is almost normally distributed forming a normal bell curve. The analysis of the distribution for Age group shows that the data was normally distributed where Skewness was 0.000 and Kurtosis was -2.034. From Figure 2, it can be seen that the data is normally distributed because of which a normal bell shaped curve is formed. The analysis of the distribution on Depression (BDI) shows that the data is also almost normally distributed, where Skewness was -0.154 and Kurtosis was -0.469. Figure 3, it can be seen that the data is almost normally distributed forming a normal bell curve. Since the data was normally distributed parametric test was conducted to compare the data (more precisely, the distribution of the data) with the mean and standard deviation of the perceived social support and depression (BDI).

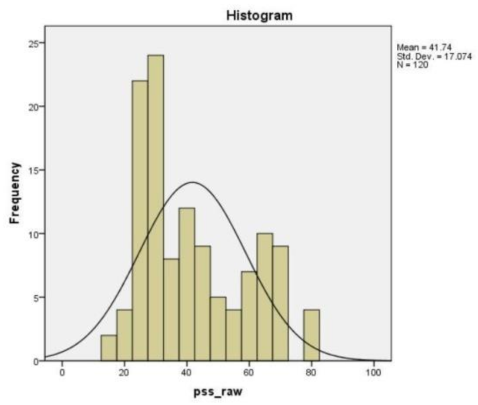

Figure 1 – Graph of a distribution for perceived social support

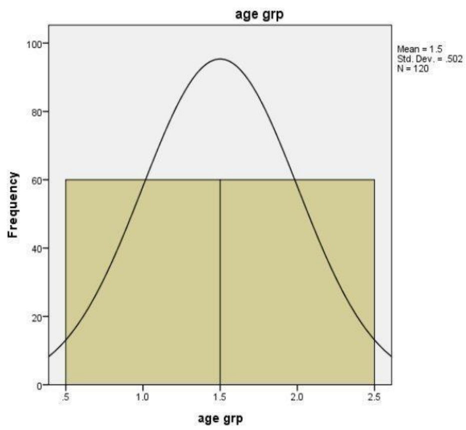

Figure 2 – Graph of the distribution of age

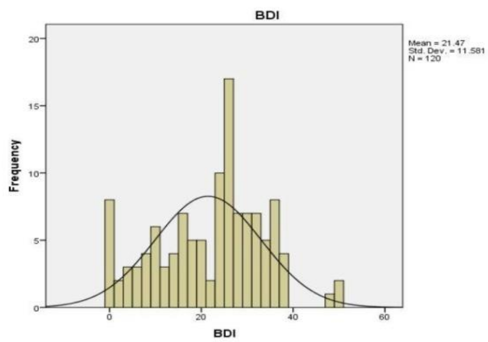

Figure 3 – Graph of a distribution BDI scores

Univariate analysis of variance (ANOVA) was the statistical procedure of choice for the current analyses. The general purpose of univariate analysis of variance (ANOVA) is to determine whether two or more levels of independent variables on their own or in combination with one another have an effect on the dependent variables. Prior to conducting the univariate analysis, the data was analyzed to determine if the assumptions for ANOVA were in place. Firstly the dependent variable which is measured i.e. Depression using BDI scale was normally distributed in the population. Secondly individuals being observed were assigned to groups based on their age and PSS score. The assumptions of ANOVA were in place as the dependent variable was normally distributed and groups were also randomly distributed.

Correlation was used to examine the relationship between variables in the study. The correlation between perceived social support and age group is a low negative correlation and was found to be significant [r(118) = -0.371, p < 0.001 level]. The correlation between perceived social support and depression was found to be significant [r (118) = -0.536, p < 0.001 level] and that between age group and depression was found to be significant [r (118) = 0.310, p < 0.001 level].
(F=10.059) p value for the perceived social support is less than that of 0.05 level indicating significant difference between the means of social support and low social support. (F= 5.034) p value for the age group is less than that of 0.05 level indicating difference between the means of age group 21-30 and 31-40. (F=0.057) p value for the interaction effect of perceived social support age group is more than that of 0.05 level indicating no difference between the means of both age group and perceived social support

DISCUSSION

The purpose of this study was to understand the effect of perceived social support on depressive symptoms among male adult alcoholics in early and middle adulthood. As hypothesized, there would be a significant difference in the level of depressive symptoms exhibited by male alcoholics in between the age group of 21-30 and those in between the age group of 31-40. And there would be a significant difference in the level of depressive symptoms who have low social support and those who have moderate to high social support. Perceived social support showed an impact on the depressive symptoms of male alcoholics. And even Age group showed an impact on the depressive symptoms of male alcoholics. The interaction effect between the independent variables, i.e., Age group and Perceived social support however showed no impact on the depressive symptoms of males with alcoholism.
Two-way analysis of variance was further carried out and this showed that there was a significant difference in the level of depressive symptoms exhibited by male alcoholics in between the age group of 21-30 and those in between the age group of 31-40. Therefore it verifies the hypothesis. There is no previous study done on the age groups and depression.
A 2010 study on alcohol misuse and depression symptoms among males and females examined the association between alcohol misuse and depression symptoms as it varies among male and female patients. This was a cross-sectional survey of 412 randomly selected adult patients who sought care in the emergency department. Alcohol misuse, stress, and education level all correlated with greater depression in men whereas age was most significant for women. Men who misused alcohol were 2.5 times more likely to report greater depression. In women, a 10-year increase in age was associated with a 36% increase in the odds of depression [23].
There was a significant difference in the level of depressive symptoms who have low social support and those who have moderate to high social support. Therefore it again verifies the hypothesis. Some previous studies on personality traits and perceived social support among depressed older adults showed that conscientiousness and extraversion were personality traits that were significantly predictive of changes in perceived social support over this time interval [24]. Based on these results it appears that, among depressed older adults, those with conscientious or extraverted personality traits are more likely to resist impulses to withdraw from relationships. In addition, these traits may lead to more satisfying interactions and greater perceived social support over time [25].

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