

A Study of Self Concept, Anxiety and Adjustment among Anxiety Neurotics, Alcoholics and Normals

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Abstract

The purpose of the investigation is to study self-concept, anxiety and adjustment in anxiety neurotics, alcoholics and normals. Twenty male subjects between 18 and 45 years were studied in each group. Analysis of data showed that normals differ significantly from the Clinical groups, i.e., they show higherr self-concept, lower annxiety and better adjustment. Both alcoholics and anxiety neurotics had low self-concept, high anxiety and were both personally and socially maladjusted.

Key words -

**Self-esteem,
Anxiety,
Adjustment,
Neurotics,
Alcoholics**

According to Jourard [1] a person's selfstructure is an important aspect of his personality and healthy personality is manifested when an individual has a positive attitude toward his self.

Studies carried out in areas of clinical psychology, psychiarty, personality and social psychology have shown that psychoiatic patients have unhealthy self-structures by way of poor self-concept and self- esteem and that individuals with unhealthy self-structures have problems in interpersonal relationships and adjustment.

Anxiety neuroses and alcoholism are two examples of poor adjustment [2] and according to Laughlin [3], one of the sources of anxiety is low self-esteem.

Studies by Blum [4], Pushkash and Qureshi [5], Hull and Young [6] and Neeliyara [7] have shown that alcoholics have a lower self-esteem than normals and studies by Rajini [8], Rao [9] and Senthilnathan et al [10] have shown that neurotics and alcoholics are more maladjusted than normals and also have a lower self-esteem.

From a review of literature, it can be seen that self-concept, anxiety and adjustment have not been studied together comprehensively. The present study attempted to do so.

The reason why alcoholics have been selected for the study along with anxiety neurotics is that, anxiety is aetiologically significant in alcoholics. But is the anxiety seen in alcoholics the same as the anxiety seen in anxiety neurotics, or is it

different? If the nature of anxiety in the two groups is different, perhaps different therapeutic approaches are necessary. Secondly, like anxiety alcohol also affects the self-concept and adjustment of individuals. It is essential to compare alcoholics and anxiety neurotics with normals on these three measures to see in what way they differ so that appropriate treatment plans may be carried out.

Aims of the study

1. To study the self-concept of anxiety neurotics, alcoholics and normals. Self-concept here refers to both self-image (self-acceptance and self-criticality) and self-esteem.
2. To examine the nature of anxiety in anxiety neurotics, alcoholics and normals.
3. To study the nature of adjustment in anxiety neurotics, alcoholics and normals.

Sample

A group of anxiety neurotics and another group of alcoholics constituted the two experimental groups. The third group of normals was the control group. Twenty male subjects in the age range of 18 and 45 years with an education of VI standard and above, were studied in each group.

The experimental groups were selected from both out-patient and in-patient services of the NIMHANS on the basis of the diagnosis made by the psychiatry consultants. Normals were selected from the general population on the basis of frequency matching.

Tools used in the present study

1. A personal data sheet
2. Personality word card [11]
3. Self-esteem index [12]
4. State vs. trait anxiety inventory [13]
5. California test of personality [14].
6. Multiphasic questionnaire [15], [16], [17], [18].

The subjects were interviewed individually and testing carried out in two sessions. The results were analysed using ANOVA, t-test and median test.

Results and Discussion

ANOVA was carried out to see if there was a significant relationship among the three groups on the three variables namely, self-concept, anxiety and adjustment. Since for all the three variables ANOVA was significant, t-tests were carried out to test the significance of difference between two groups at a time.

Analysis of the data revealed the following findings:

1. Alcoholics are significantly different from normals (0.01) in having a low self-concept i.e., poor self-esteem and low self-acceptance (Tables 1&2).

Table 1 - Self-esteem values of the 3 groups

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Table 2 - Values on personality word card

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Self-acceptance and self-criticality (within brackets)

Low self-esteem indicates a feeling of failure, unhappiness and meaninglessness [22]. The finding is in accordance with those reported by Gough et al [19], Rao [9], Brown [20], and Neeliyara [7]. The difference between alcoholics and normals and between anxiety neurotics and normals on self acceptance is significant at the 0.01 level. Normal subject is satisfied with oneself, one's qualities, one's aptitudes and of recognizing one's limitations.

There is no significant difference in self-criticality among the three groups.

2. Anxiety neurotics and alcoholics are significantly different from normals (0.01) in having higher anxiety. Alcoholics have higher state anxiety while anxiety neurotics have higher trait anxiety (Table 3).

Table 3 - Values on state-trait anxiety inventory

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Values within brackets are those of the trait scale.

This indicates that anxiety in alcoholics is transitory and varies in intensity and can be more easily modified [21], Scature and Lesure [22] Shanmugam and Kaliappan [23] and Chattopadhyaya et al [24].

3. Depression is significantly higher in alcoholics and anxiety neurotics than in normals (0.01). The finding [26] and Whitelock et al [25].

4. Normals are significantly better adjusted both personally and socially than alcoholics and anxiety neurotics (0.01) (Table 4). Alcoholics show maladjustment more in social adjustment while anxiety neurotics are personally more maladjusted. Alcoholics show especially poor adjustment on areas of sense of personal freedom and social standards. They show antisocial tendencies and problem in family relations and community relations. Anxiety neurotics on the other hand, show poor adjustment in self reliance, sense of personal worth, feeling of belonging, social skills and occupation relations.

Table 4 - Values of personal and social adjustment on C.T.P

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Values within brackets refers to social adjustment.

These results are supported by Smith et al [27] Kureshi and Husain [28], Rao [9], Senthilnathan et al [10].

On the whole, alcoholics are characterized by poor self-esteem, low self-acceptance, high state anxiety, depression, psychopathic features and poor adjustment in the areas of personal freedom, social standards, family relations and community relations. Anxiety neurotics have poor self-esteem, low self-acceptance, high trait anxiety, depression, psychopathic features and poor adjustment in the areas of social skills and occupation relations. They have a lack of feeling of belonging and suffer from nervous symptoms. Normals on the other hand, are characterized by high self-esteem and self-acceptance, low

anxiety, depression and psychopathic features and show good adjustment in both personal and social areas of life.

However, since the study was based on a small sample, generalisations cannot be made.

The study draws attention to the necessity for a suitable therapeutic intervention for the two clinical groups by understanding the psychopathology. Treatment would have to include psychotherapy aimed mainly at increasing feelings of self-reliance and personal worth; behaviour therapy aimed at reducing anxiety and improving interpersonal and social skills and family relations.

1. Jourard S M, *Personal Adjustment-An Approach Through the Study of Healthy Personality*. New York: Macmillan Publishing Co. Inc. 1963
2. Lazarus R S, *Psychological stress and the Coping Process*. New York McGraw Hill 1966
3. Laughlin H P, *The Neuroses*. Washington: Butterworths
4. Blum S, *Changes in alcoholic's self-esteem in relationship to perceptions of drinking and sober roles during treatment*. Dissertation. Abstract International
5. Pushkash M & Qureshi M Y, Perception of self and significant others by male and female alcoholics
Journal of Clinical Psychology Page: 36 :571-576, 1980
6. Hull J G & Young P D, Self-consciousness, self-esteem and success-failure as determinants of alcohol consumption in male social drinkers
Journal of Personality & Social Psychology Page: 44 :1097-1109, 1983
7. Neeliyara T, Psycho-social aspects in alcoholism
Unpublished M. Phil dissertation. Department of Clinical Psychology, NIMHANS, Bangalore 1985
8. Rajini M R, Self-concept in relation to locus of control
Unpublished. M. Phil dissertation . Department of Clinical Psychology, NIMHANS, Bangalore 1982
9. Rao S, Social competence in schizophrenics, neurotic depressives and normals
Unpublished M. Phil disserataion. Department of Clinical Psychology, NIMHANS, Bangalore 1984
10. Senthilnathan S M, Sekar K, Radha V, Sheriff I A, Social adjustment of industrial alcoholics
Indian Psychological Abstract Page: 22 :913, 1984
11. Sarbin T R & Jones S, An experimental analysis of role behaviour
Journal of Abnormal & Social Psychology Page: 51 :236-241, 1955
12. Mackinnon N J, *Self-esteem Index*. Ontario : University of Guelph 1981
13. Spielberger C D, Gorsuch R L, Lushene R, Vagg P R & Jacobs G A, *State-trait Anxiety Inventory*. California : Consulting Psychologists Press 1970
14. Thrope L P, Clarke W & Tiegs E N, *California Test of Personality Manual*. Montey. California, California Test Bureau 1953
15. Murthy H N, Development and validation of the schizophrenia scale
Trans. AIIMH 1965
16. Murthy H N, Development of paranoid, depression, mania and anxiety scales
Tans. AIIMH 1965
17. Murthy H N, Lakshminarayan C S & Sathyavathi K, Development of the psychopathic deviation scale
Trans. AIIMH 1969
18. Lakshminarayan C S & Murthy H N, Development of the K-scale
Trans. AIIMH 1970
19. Gough H G, Fioravanti M & Lazzeri R, Some implications of self vs ideal self congruence on the revised adjective check list
Journal of Personality & Social Psychology Page: 44: 1214-1220, 1983

20. Brown R A, Personality measure in gamma delta alcoholics- a brief note
Journal of Clinical Psychology Page: 36: 345-346, 1980
21. Donham G W, Ludemia K, Sandas M H & Molzer T D, Cross validation of the state-trait anxiety inventory with an alcoholic population
Journal of Clinical Psychology Page: 40 :629-631, 1984
22. Secature D T & Lesure K B, Symptomatic correlates of alcohol abuse as a presenting problem
Journal of Clinical Psychology Page: 41 : 118-123, 1985
23. Shanmugam T E & Kaliappan K V, Trait anxiety in branchial asthma, peptic ulcer and anxiety patients
Indian Journal of Clinical Psychology Page: 9 : 38-42, 1982
24. Chattopadhyay P K, Dasgupta S & Lala M, Physiological and psychological aspects of anxiety
Indian Journal of Psychiatry Page: 4 : 159-163, 1982
25. Whitelock P R, Overall T E & Patrick T M, Personality patterns and alcohol abuse in a state hospital population
Journal of Abnormal Psychology Page: 78 : 9-16, 1971
26. Goss A & Morosko T E, Alcoholism and clinical symptoms
Journal of Abnormal Psychology Page: 74 : 682-684, 1969
27. Smith T W, Ingram R E & Brehm S S, Social anxiety, anxious self-preoccupation and recall of self-relevant information
Journal of Personality & Social Psychology Page: 44 :1276-1283, 1983
28. Kureshi A & Husain A, Neuroticism, anxiety and self-concept-a study of inter-relationship
Indian Journal of Clinical Psychology Page: 6 : 199-200, 1979
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