

Original Research Paper

Level of Depression and Suicidal Tendency among Alcoholic and Non-Alcoholic Adults

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ABSTRACT

Worldwide, alcohol consumption has increased in recent decades, with all or most of that increase occurring in developing countries. Suicide is an escalating public health problem, and use of alcohol has consistently been implicated in the precipitation of suicidal behaviour. The main objective of present study was to compare the level of depression and the suicidal tendency among alcoholic and non-alcoholic adults. For this purpose, the investigator has selected sample of 30 alcoholic and 30 non-alcoholic male adults (18 to 25 years) from various drug de-addiction centres of Surat district. All the alcoholic adults were screened by medical experts. Depression was measured through Beck Depression Inventory Scale (BDI), Similarly, the Suicidal tendency was measured through Suicidal Tendency Scale (S.T.S.) developed by Bhatt D. J. and Meghnathi R.G. Findings of present research revealed that level of depression and suicidal tendency were high among alcoholic adults. Depressive and alcoholic adults should be screened for other psychiatric symptoms and for suicidal ideation.

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Intervention programs must take into account to reduce drinking habits and should strengthen healthy behavioural patterns.

Keywords: *Assertiveness, Job Satisfaction*

INTRODUCTION:

The Global status report on alcohol and health (2011) demonstrates a comprehensive perspective on the global, regional and country consumption of alcohol, health consequences, patterns of drinking and policy responses in the Member States. It represents a continuing effort by the World Health Organization (WHO) to support the Member States in collecting information in order to assist them in their efforts to reduce the harmful use of alcohol, and its health and social consequences. The thirty-second World Health Assembly affirmed that “problems related to alcohol and particularly to its excessive consumption rank among the world’s major public health problems and constitute serious hazards for human health, welfare and life” (WHO, 1980). Abuse of alcohol is one of the main killers of young men in India today, with more than half of all alcohol drinkers in India falling into the criteria for hazardous drinking, alcohol abuse is emerging as a major public-health problem in the country.

Approximately 4.5% of the worldwide burden of disease and injury is attributable to alcohol. Consumption of alcohol is estimated to cause from 20% to 50% of cirrhosis of the liver, epilepsy, road traffic accidents, violence and several types of cancer. It is the third highest threat for disability and disease, after childhood underweight and unsafe sex. Alcohol contributes to traumatic outcomes that kill or disable individuals at a relatively young age, resulting in the loss of many years of life to death and disability. This section examines the causal links between alcohol and death, disease and injury.

Suicide is an act performed by someone who intends to kill him/herself. Acts having a high probability of death, whether performed consciously or not, without any self-killing intent, are considered to be accidents even though many of these acts may result in death. Suicide is an escalating public health problem, and alcohol use has consistently been implicated in the precipitation of suicidal behaviour. Alcohol abuse may lead to suicidal ideation through impulsiveness and impaired judgment; however, it may also be used as a means to ease the distress associated with committing an act of suicide.

Depression is a state of low mood and aversion to activity that can affect a individuals' thought pattern, emotions, behaviour and physical well-being. Depressive people may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, or restless. They may also lose interest in activities that ones were a pleasurable experience, overeating or loss appetite, or problems concentrating, remembering details or making a decision and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loose of energy or acnes pain or digestive problems that are resistant to may treatment may be present. Alcohol is the most common factor involved with suicide, and because alcohol abusers are so much more likely to commit suicide than non-abusers, it is safe to say that a large percentage of suicides can be prevented by treating alcoholism. Unfortunately, it also proves the relationship between the alcohol and suicide. Alcohol makes individuals act more impulsively, the previous suicidal thought may evolve into action with the use of alcohol. Alcohol inhibits the ability to reason, drunken people do not fully realize consequences, and are 120 times more likely to commit suicide. Regular alcohol abuse may cause depression among adults, which is the main emotional factor in suicide. Accidental suicide is not to be forgotten about, which includes alcohol poison deaths, and is extremely more likely while abusing alcohol than not.

Conceptual Clarifications:

Depression: In the present study, the term “Depression” refers to symptoms of depression such as hopelessness and irritability.

Suicidal Tendency: the Suicidal tendency is the propensity for a person to have suicidal ideation or to make suicide attempts and thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself.

Alcoholic: a chronic, a progressive, potentially fatal disorder marked by excessive and usually compulsive drinking of alcohol leading to psychological and physical dependence or addiction

METHODOLOGY

Statement of Problem:

The focal objective of the present study has been to compare the scores of depression and the suicidal tendency among alcoholic and non-alcoholic adults. The exact problem of the present research is **“Level of Depression and Suicidal Tendency among Alcoholic and Non-Alcoholic Adults”**

Objectives:

- To assess and compare the level of depression among alcoholic and non-alcoholic adults.
- To assess and compare the level of the suicidal tendency among alcoholic and non-alcoholic adults.

Hypotheses:

- **(H₀₁)** There will be no significant difference in the scores of depression between alcoholic and non-alcoholic adults.
- **(H₀₂)** There will be no significant difference in the scores of suicidal tendency between alcoholic and non-alcoholic adults.

Research Design:

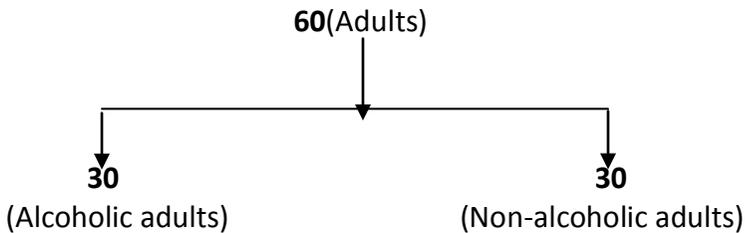
The present study is not possible experimentally because of nature of the investigation. The researcher adopted the

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quantitative descriptive research for gaining the objectives of the study. It is the survey quantitative research in which the event has already occurred and the effects of the variables were studied by qualitative analysis.

Sample:

The sample of 100 adults was screened for excessive consumption alcohol (alcoholic) and no consumption of alcohol (non-alcoholic). Finally, 60 adults were selected between age ranges of 18 to 25 years. Further, they were classified into two groups i.e. Alcoholic (30) and Non-alcoholic. The categorization and detail of the sample selection are as under:-



Inclusion criteria

- Adults those were diagnosed as alcoholic and non-alcoholic
- Adults who were in the age group of 18 – 25 years
- Adults those were willing to participate in the study

Exclusion criteria

- Adults those had medical and psychological disorders were not included

Tools:

The investigator after screening a number of available tests finally selected the following tool to collect the data:

- The Beck Depression Inventory Scale (BDI) has been used for screening of depression among study population which has been tested and validated. This is a subjective scale and used

for screening purpose, which has to be further evaluated to confirm the diagnosis.

- Suicidal Tendency Scale (S.T.S.) was developed by Bhatt D. J. and Meghnathi R.G. Suicidal tendency Scale is made for normal adolescence and handicapped but it can be used for any person above 16 years of age. This scale is easy to administer and score which is scored all the 40 item of the scale are presented in simple and brisk style. Each of 40 items has a set of at least four possible answer choices, ranging in intensity.

Procedure:

The investigator along with medical professional had screened these 60 alcoholic and non-alcoholic adults (age group 18 to 25 years). They were placed into two groups as per screening result. The first group was an alcoholic group and the second group was a non-alcoholic group of adults, participants in both the alcoholic as well as the non-alcoholic group were administered for depression and suicidal tendency. Then researcher had explained the importance of research work and collected the data after ensuring the confidentiality of them. Each subject was given a questionnaire of both the scale. All were requested to read all statements one after the other and give their responses in the responses column by choosing appropriate responses for each statement, which they felt correct and appropriate.

Scoring:

Scoring of the obtained data was done with help of respective manuals available for the tests in the present investigation. The data have been arranged in the respective tables according to the statistical test applied.

Statistical Analysis:

In the present research work to find out the significant mean difference between pre and post-test scores of depression and

suicidal tendency of alcoholic and non-alcoholic adults. Statistical measures like independent sample 't' tests, Mean and SD were conducted.

RESULT AND DISCUSSION

Table 1:- Showing Mean, SD and 't' value between alcoholic and non-alcoholic adults for depression.

Measures	Groups	N	Mean	SD	't' Value
Depression	Alcoholic	30	42.46	16.82	6.84 $p < .01$
	Non-alcoholic	30	18.73	8.82	

A perusal of table 1 shows that the two groups under study i.e. alcoholic and non-alcoholic adults differ significantly on the level of depression. The significant mean difference is to be reported for the depression between an alcoholic and non-alcoholic group of adults ('t'=6.84, $p < .01$). Alcoholic group of adults have scored higher mean (M=42.46, SD=16.82) than a non-alcoholic group of adults (M=18.73, SD=8.82). Therefore, H_0_1 is declined, it may be said that excessive consumption of alcohol has an impact on a depression level of adults. Non-depressive adults have a mild level of depression whereas alcoholic adults have severe symptoms of depression.

Table 2:- Showing Mean, SD and 't' value between alcoholic and non-alcoholic adults for the suicidal tendency.

Measures	Groups	N	Mean	SD	't' Value
Suicidal tendency	Alcoholic	30	82.06	45.05	3.32, $p < .01$
	Non-alcoholic	30	50.76	25.19	

It is evident from Table 2 that significant difference is to be found between scores of alcoholic and non-alcoholic adults on suicidal tendency ('t' = 3.32, $p < .01$). The mean scores of alcoholic and non-alcoholic adults are 82.06 (SD=45.05) and 50.76 (SD=25.19) respectively. On the basis of this significant difference, one can say conclusively that consumption of alcohol plays a significant role in aggravating the suicidal thoughts

among adults. Hence, H_{02} is also rejected. Alcoholic adults have a greater tendency of suicide than the non-alcoholic adults.

CONCLUSION

The present research did not investigate the cause of association between depression, suicidal thoughts and alcohol dependence. People with depression and alcoholism have a heightened risk of suicide, vehicular accidents, as well as other harmful and risk-taking activities. Together, the illnesses can advance an existing depressive state, impair judgment and increase impulsiveness. Alcohol and depression can be a deadly combination. The finding indicated a high prevalence rate of depression and suicidal thoughts among alcoholic adults. Several studies have demonstrated the extent of co-morbidity between depression and alcohol use disorders (*Spaner et al.1994, Grant and Harford 1995, Kessler et al. 1997*)

IMPLICATIONS:

- The need for screening for depression and the suicidal tendency among alcohol-dependent adults and continuous monitoring for it during treatment of alcohol dependence cannot be overemphasized.
- The research on the link between alcoholism, depression and suicidal thoughts is important because it can inform treatment for both conditions. When being treated for depression, a patient may be warned about the risks of substance abuse.

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Conflict of Interest

The authors colorfully declare this paper to bear not conflict of interests

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