

Reactions to Frustration among Alcoholic Adults

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ABSTRACT

The primary causes of Alcoholic adults are explored as negative family relationships, faulty development and stressful life events. The situational factors are also important along with the personality factors for the emergence of alcoholic. The major objective of the present research is to find out the level of reaction to frustration among Alcoholic adults. For the present research process, two alternative hypotheses are formulated –The alcoholic adults will be having different scores on categories of reaction to frustration categories. Alcoholic adults will be having higher score on I'-A, M'-A and N-P categories as compared to normal adults. In the present study alcohol dependency were selected as independent variables whereas reaction to frustration were taken as dependent variables. Findings suggested that as far as the frustration and alcohol is concerned it is reported that alcohol is highly associated with aggression and frustration in alcoholic persona as compared to non alcoholic persons.

Key words: *Reactions to Frustration, alcoholic and non-alcoholic*

In the last few years, world like alcohols, narcotics and addictions, which had long been considered as somewhat alien or as related to the activities only of very specific groups, have been appearing in the daily press in a number of countries, even in our country. There has been talk of scourge and epidemics. The authorities and public at large have been disturbed and sometimes a panic apprehension has developed. During these days alcohol

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Received: April 1, 2017; Revision Received: May 3, 2017; Accepted: May 25, 2017

abuse by many people has been recognized as a problem in a number of countries. There are three basic elements in the use of any alcohol, legal or illegal, medical or non-medical: (a) the substances; (b) the individual who uses it; and (c) the social and cultural context in which alcohol use occurs. Any approach must take account of all three factors. Action based exclusively on any one is doomed to failure. Each element is complex; the relative degree of complexity with which each is perceived usually depends on the experience, background, training and personal or professional investment of the viewer.

The primary causes of Alcoholic adults are explored as negative family relationships, faulty development and stressful life events. The situational factors are also important along with the personality factors for the emergence of alcohol dependency. Among the causal factors of drug dependency the psychological factors are of much importance particularly the psychopathic or sociopath personality or antisocial behaviour as an example of personality disorder. In addition, biological causes such as deficient emotional arousal, stimulation seeking, deficits in cognitive functioning and genetic influences there are psychosocial factors such as disturbed and unhealthy family relationships, fraudulent relations, early parental loss and emotional deprivation, parental rejection and inconsistency, faulty parental models and family psychopath and other socio-cultured and situational factors responsible for alcohol dependency. Drug dependency is a resultant of all the forces impinging upon the individual plus the characteristics of his personality (*Elliot and Merrill, 1947*).

There are four major points of view with regard to alcohol use and its three interacting components (substance, user and context): the traditional moral-legal, the medical or public health, the psycho-social and the socio-cultural. Each varies in its assumptions about

alcohol, about people, about social and cultural context, in terms of gross over-simplification, and recognizing that there are many variations in each, these views can be described as examples of the diversity of assumptions made about alcohol, about people and about societies. Each of these assumptions has implications for social action, education, prevention, treatment and legislation and policy formulation.

There has been wide-spread belief that alcohol, especially those producing intoxication, hypnotic state, elation and the like, often lead to habituation and alcohol dependence. At the first instance or at the initial stage a man may become aware of an alcohol through medical prescription of such agents who themselves have been addicts of one or the other varieties of alcohol. It is only a casual observation that not all persons are susceptible to habituation or to addiction, nor they have a tendency to take alcohol not by a way of medical intervention but for something else. This leads to an assumption that there are some predisposing factors present in the environment or in the personality of the person which lead to alcohol abuse.

Statement of the Problem:

The present investigation attempts to study the “***Reactions to Frustration among Alcoholic Adults***”

Objectives:

- To know the reaction as well as types of directions among Alcoholic adults.
- To find out the level of reaction to frustration among Alcoholic and non-alcoholic adults on various categories.

Conceptual Clarification:

In spelling out the specific terms involved in the present study like reaction to frustration operational definitions of these concepts are given below –

- Reaction to Frustration:- It is defined in terms of *Rosenzweig* (1967). It represents the direction and types of an individual in a given frustrating situation.

Hypotheses:

Thus, in order to find out the reactions to frustration among Alcoholic adults, certain expected relationship formulations are made. For the present research process, the following alternative hypotheses are formulated –

- The alcoholic adults will be having different scores on categories of reaction to frustration categories.
- Alcoholic adults will be having higher score on I'-A, M'-A and N-P categories as compared to normal adults.

Research Design:

Complex variables that operate in a natural setting alone compel to be studied in their proper context only. Though such field setting studies do not yield causal factors but they provide the next best level of results by revealing the degree of low variability of correlations among the variables of interest. Such an approach has been called as field study or co relational research. *D'Amato* (1977) describes the co relational research as that in which the variables under study are not directly manipulated rather, variation in the variables of interest is achieved by some sort of selection procedure.

The present study is not possible experimentally because of the nature of investigation. The variables like reaction to frustration can be studied through co relational field study type of research. In such an approach, the variables under study are not directly

manipulated rather; variation in the variables of interest is achieved by some sort of selection procedure (D'Amato, 1979). In the present study alcohol dependency were selected as independent variables whereas reaction to frustration were taken as dependent variables.

Controls:

The following controls were taken into account –

- All the alcoholic adults selected were mild neurotic cases.
- The sequence of the tests was similar for all the subjects
- For all the subjects care has been taken that the condition of testing should remain same.

Sample:

The random sampling technique was used in the selection of sample for the present study. In the present study a sample of 100 male persons were taken – 50 alcoholic adults and 50 normal adults. Age range of the subjects was 25 to 40 years. The subjects were selected from different cities of Rajasthan state. The detail of the sample is given below.

<i>Groups</i>	<i>N</i>	<i>Sex</i>	<i>Age group</i>	<i>Education</i>	<i>Type of family</i>	<i>SES</i>
<i>Alcoholic</i>	50	M	25 to 40 years	At least secondary	Joint	LM Class
<i>Normal</i>	50	M	25 to 40 years	At least secondary	Joint	LM Class

Tool:

In the present research study, the variable is reactions to frustration. Therefore, the important task before the investigator is that of selection of appropriate tests or instruments to be used to elicit the desired information in each area. Among the commonly employed tests and techniques, the use of standardized

instruments has been found to be very useful, convenient and appropriate for studies like the present one.

Therefore, for the present research study, the PF study scale was the main tool selected and used for collecting the data. A brief description of these is given below –

PF Study - Pareek et al. (1968)

The evidence however, we must be clear what is meant by a frustration. With Dollard and his associates, a frustration as the blocking of ongoing, goal-directed activity. It's important to realize that his "ongoing activity" can be in people's thoughts-for example, 'when they're thinking as reaching their desired objective and are anticipating its pleasures.

Procedure:

Each subject was given two tests in different sessions individually by the investigator. A gap of few minutes was given after every administration. Tests were administered in a counter balanced manner for all the subjects of the two groups. Test was administered under proper and adequate testing conditions. All the instructions were strictly followed which were given by the authors of the test in their respective manuals. Each session of test ended with an expression of thanks to the subjects for their co-operation.

Scoring:

Scoring of the obtained data was done with the help of stencils and manuals available for the test in the present study. The data had been arranged in the respective tables according to the statistical test applied.

Statistical Analysis:

In the present study to find out the significant difference between the alcoholic and normal persons Mean, Standard deviation and student 't' tests were used.

RESULT & DISCUSSION:

Table 1: Showing Mean, SD and significant difference on E' category of P.F study test between Alcoholic Group and Normal Group:

<i>Groups</i>	<i>Mean</i>	<i>S D</i>	<i>'t'</i>
<i>Alcoholic Group</i>	1.16	0.37	0.96
<i>Normal Group</i>	1.35	1.02	

Table No. 1 indicates that, alcoholic group has obtained less mean score on E' category as compared to the normal group. There is no significance difference between two categories at 0.05 level. It shows that Alcoholic group and normal group has tendency to express its aggression on environment by and large in similar manner.

Table 2: Showing Mean, SD and significant difference on I' category of P.F study test between Alcoholic Group and Normal Group

<i>Groups</i>	<i>Mean</i>	<i>S D</i>	<i>'t'</i>
<i>Alcoholic Group</i>	2.31	1.22	1.14
<i>Normal Group</i>	2.13	1.50	

Table 2 highlighted that alcoholic group has obtained higher mean on I' category as compared to normal group. The significance difference between two categories is not significant at 0.05 level. It shows that both high and normal groups have tendency to express their frustration in joy full manner. In fact frustrating situation does not affect their mental health.

Table-3: Showing Mean, SD and significant difference on M' category of P.F study test between Alcoholic Group and Normal Group:

Groups	Mean	S D	't'
Alcoholic Group	1.66	0.66	2.48
Normal Group	2.83	2.56	

Table No. 3 reveals that the normal group has obtained higher mean score on 'M' category as compared to high alcoholic group. The significance difference between two categories is significant level 0.01 level. It shows that normal group has tendency to express their frustration in joy full manner. In fact frustrating situation does not impact their mental health.

Table-4: Showing Mean, SD and significant difference on E category of P.F study test between Alcoholic Group and Normal Group:

Groups	Mean	S D	't'
Alcoholic Group	7.53	3.09	3.03
Normal Group	4.98	3.49	

Table No. 4 shows that high alcoholic group has obtained higher mean on E category as compared to normal group. The significance difference between two categories is significant at 0.01 level. It shows that alcoholic group has tendency to express their frustration on a person or human being. The frustrating situation does affect their mental health.

Table-5: Showing Mean, SD and significant difference on I category of P.F study test between Alcoholic Group and Normal Group:

Groups	Mean	S D	't'
Alcoholic Group	2.70	1.39	3.09
Normal Group	3.66	1.09	

Table No.5 reveals that normal group has obtained higher mean on I category as compared to high alcoholic group. The mean difference is significant at 0.01 level. It shows that normal group has tendency to express their frustration by guilt filling. In fact frustrating situation disturbs them internally whereas, for high alcoholic group such type of filling are reported but with less intensity.

Table-6: Showing Mean, SD and significant difference on M category of P. F. study test between Alcoholic Group and Normal Group:

<i>Groups</i>	<i>Mean</i>	<i>S D</i>	<i>t'</i>
<i>Alcoholic Group</i>	3.43	2.43	3.69
<i>Normal Group</i>	5.46	1.84	

Table No.6 highlight that normal group has obtained higher mean on M category as compared to alcoholic. There is a significance difference between two categories at level 0.1 level. It shows that normal group has higher tendency to express their frustration by gloss over the situation as compare to their counter parts.

Table 7: Showing Mean, SD and significant difference on e category of P.F study test between Alcoholic Group and Normal Group:

<i>Groups</i>	<i>Mean</i>	<i>S D</i>	<i>t'</i>
<i>Alcoholic Group</i>	1.80	0.84	0.61
<i>Normal Group</i>	2.01	1.75	

Table indicates that high alcoholic group has obtained lesser mean on I category as compared to normal group. The mean difference is not significant at 0.5 level. It shows that normal group and alcoholic group demand the solution from outside the world in equal manner.

Table 8: Showing Mean, SD and significant difference on i category of P.F study test between Alcoholic Group and Normal Group:

Groups	Mean	SD	t'
Alcoholic Group	5.83	2.30	3.88
Normal Group	3.46	2.48	

Table No.8 highlights that high alcoholic group has obtained higher mean on i category as compared to normal group. The mean difference is significant at 0.1 level. It shows that high alcoholic group tries to get the solution from themselves only or by their own.

Table 9: Showing Mean, SD and significant difference on m category of P.F study test between Alcoholic Group and Normal Group:

Groups	Mean	SD	t'
Alcoholic Group	1.76	2.11	2.27
Normal Group	0.85	0.82	

Table reveals that high alcoholic group has obtained higher mean on m category as compared to normal group. The mean difference is significant at 0.01 level. It indicates that alcoholic group tries to leave the solution for frustrating situation on time factor like “I will do it next time”. “I will get it when it will be available”.

Table 10: Showing Mean, SD and significant difference on GCR category of P.F study test between Alcoholic Group and Normal Group:

Groups	Mean	SD	t'
Alcoholic Group	7.83	0.98	5.5
Normal Group	8.82	0.48	

As far as the frustration and alcohol dependent is concerned it is reported that alcohol is highly associated with aggression and frustration. The following studies support the concept.

Some people are more likely than others to become aggressive after consuming alcohol. Researchers studying alcohol use and aggression hope to identify individual differences in behavior and biochemistry that exist among subjects who become aggressive following alcohol consumption. Research with nonhuman primates has shown that individual differences in brain chemistry predict impulsivity, aggression, and alcohol-induced aggression. These differences appear to be associated with early rearing experiences and remain stable throughout the individual's life.

Research has demonstrated a consistent relationship between alcohol use and violent behavior. Both perpetrators and victims of violent crimes are likely to have consumed alcohol prior to certain aggressive acts, such as rape, assault, domestic violence, and murder (*Collins and Messersmith 1993; Arseneault et al. 2000; Cunradi et al. 1999; Scott et al. 1999*). For example, in one study of domestic violence, prior alcohol consumption was likely in cases of physical violence but not in cases of verbal aggression, and prior alcohol consumption by both partners was more likely in episodes of severe violence (*Leonard and Quigley, 1999*). Moreover, high alcohol consumption by couples was predictive of future acts of violence by the male partner (*Quigley and Leonard, 2000*). Although not all alcoholics are violent, alcoholics are more likely than non-alcoholics to have a history of violent behavior (*Swanson, 1993*), and alcohol abuse is a major risk factor in spousal violence and homicide (*Soyka, 1999*).

There appears to be a growing consensus that alcohol consumption is related to violent behavior and aggression. In an extensive review of violence related injuries, *Cherpitel (1997)*

reported that compared with other injured emergency room patients admitted at the same time, people with violence related injuries entering an emergency room were more likely to have a positive blood alcohol concentration (BAC), to report drinking prior to the injury, and to report more frequent heavy drinking and alcohol related problems. In addition, recent comprehensive meta analyses analyzing a high number of studies from different laboratories have concluded that alcohol increases aggression under certain conditions (*Bushman* 1997; *Ito et al.* 1996), especially in certain individuals (*Zhang et al.* 1997).

This article examines the differences in brain chemistry among individuals that influence whether alcohol increases aggression. A nonhuman primate model is described that has been developed specifically to study these differences and the influence of environment and rearing on brain chemistry and alcohol-induced aggression.

Alcohol may encourage aggression or violence by disrupting normal brain function. According to the disinhibition hypothesis, for example, alcohol weakens brain mechanisms that normally restrain impulsive behaviors, including inappropriate aggression. By impairing information processing, alcohol can also lead a person to misjudge social cues, thereby overreacting to a perceived threat.

Individual differences in brain chemistry may explain the observation that excessive alcohol consumption may consistently promote aggression in some persons, but not in others.

A study in the December 2003 issue of *Alcoholism: Clinical & Experimental Research* found that between the three different components of anger – affective, cognitive and behavioral – it is

behavioral anger that contributes the most to alcohol-related aggression among both men and women.

To study the relationship between cocaine abstinence symptoms, personality, and aggression, *Donald* (2003) used the Point Subtraction Aggression Paradigm (PSAP) to measure aggression in 18 subjects admitted for the treatment of cocaine dependence. Eight subjects met criteria for antisocial personality disorder (ASPD). There was a significant correlation between presence of ASPD and frequency of aggressive responding by stepwise multiple regression. When presence of ASPD was factored out of the correlations, there was no significant relationship between aggressive responding and cocaine craving, withdrawal symptoms, amount of cocaine used, or length of time since use. These preliminary results suggest that in cocaine dependent individuals seeking treatment, current aggression is most dependent on the individual's previous aggressive behavior.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Tripathi S K (2017), Reactions to Frustration among Alcoholic Adults, *Int. j. Indian psychol*, Vol 4, (3) DIP: 18.01.313/20170403