Analysis of the effect of emotional variables on the intensity of depression symptoms in alcohol-addicted men and women

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ABSTRACT

The aim of the study was to analyse the effect of emotional variables on the intensity of depression symptoms in women and men addicted to alcohol. 120 people took part in the study, 60 of whom were women addicted to alcohol and 60 men addicted to alcohol. All of the study participants were asked to complete the following tests: SIE-T - a scale which measures facial emotion recognition; PSS-10 – perceived stress scale; TOE – a scale of emotional empathy; BDI – Beck Depression Inventory; CECS – Courtauld Emotional Control Scale, TAA-SR – Trauma assessment for adults – self-report version. It has been shown that the intensity of depression in addicted women was affected by the level of perceived stress and empathy. The intensity of depression in addicted men was affected by anxiety control, level of stress perceived, as well as, the number of traumas. Men and women addicted to alcohol differed in the effect of emotional variables on depression symptoms intensity.

Keywords: Depression, addiction to alcohol.

INTRODUCTION

The term “depression” is used in everyday language to describe various feelings and emotional states - from temporary and mild worsening of one's mood to very deep disorders (Hammen, 2006). Depression undoubtedly has a negative effect on every aspect of human functioning: from an emotional, cognitive aspect through physical and social capability.

Kępiński (2003) indicates that depression is accompanied by an absence of normal dynamism of life, which includes both mental and physical activities and everyday matter which becomes difficult to cope with. A sick person is helpless towards the reality surrounding him or her.

There are around 900 million people worldwide suffering from different forms of depression. The number of people with depression has been found to decrease with age. Compared to the population of younger people, the incidence of depression among those aged 65 years and more is the lowest. It is estimated that this disorder occurs in 1 to 3% of this population, whereas there are 6 to 8% of people with depression among middle-aged population (30 to 45 years) and over 10% among young adults. However, the rate increases rapidly in the population aged 80 and over (Seligman et al., 2003).

The co-existence of particular mental disorders with alcohol addiction was analysed in a large study, the National Comorbidity Survey (NCS) and found that in the year before the study more than a quarter of people addicted to alcohol also met the recognition criteria for depressive episodes. The authors found that alcohol addiction increases the probability of depression almost four times. At the same time, the study demonstrated that chances of alcohol addiction for both men (2.95) and women (4.05) were much higher among those people who met the criteria for depression (Kessler et al., 1997).

Studies on the correlation between mental disorders and alcohol addiction indicate that about 80% of alcohol addicts show symptoms of affective disorders, while 40%
of them meet the criteria of depression (Shivani et al., 2002). Numerous clinical experiences and the results of studies indicate that people addicted to alcohol often display symptoms characteristic of depression. Usually, these symptoms appear due to uncontrollable drinking and accompanying behaviour and lifestyle complications (Schuckit et al., 1997; Davidson, 1995).

The consumption of alcohol has been shown to be linked to depression (Chojnicka-Szawłowska, 2009) and the correlation between alcoholism and symptoms of depression has been identified based on the results of several epidemiological studies (Grant and Harford, 1995; Ross, 1995; Kessler et al., 1997). The coexistence of particular mental disorders with alcohol addiction was analysed in a large study, the National Comorbidity Survey (NCS), which found that in the year before the study more than a quarter of people addicted to alcohol also met the recognition criteria for depressive episodes. The authors found that alcohol addiction increases the probability of depression almost four times. At the same time, the study demonstrated that chances of alcohol addiction for both men (2.95) and women (4.05) were much higher among those people who met the criteria for depression (Kessler et al., 1997). Studies on the correlation between mental disorders and alcohol addiction indicate that about 80% of alcohol addicts may show symptoms of affective disorders, while 40% of them meet the criteria of depression (Shivani et al., 2002). Numerous clinical experiences and the results of studies indicate that people addicted to alcohol often display symptoms characteristic of depression. Usually, these symptoms appear due to uncontrollable drinking and accompanying behaviour and lifestyle complications (Schuckit et al., 1997; Davidson, 1995).

Several authors indicated that episodes of depression often precede the appearance of alcoholism, especially in women (Kessler et al., 1997; Helzer and Pryzbeck, 1988). Lesch and Walter (1983) distinguished four subtypes of patients addicted to alcohol, among whom type III (depressive) includes patients who regard alcohol as a kind of "anti-depressant". In this subcategory, to which women are most often put, there are usually patients with a double diagnosis: addiction and depression that drinks alcohol in order to lighten their moods and alleviate insomnia.

The co-occurrence of alcohol addiction and other mental disorders, including depression and alcohol addiction appears in different correlations. Between depression and alcohol addiction there are basically the following connections (Helzer and Pryzbeck, 1988; Woronowicz, 2009):

1) Addiction to alcohol may be secondary in relation to originally existing mental disorders (For example, depression); - Mental disorders, for example, depression, which may appear as a result of existing problems with alcohol;
- Drinking alcohol may be a method of "self-treating" the symptoms of co-occurring mental disorders which, as a result, may lead to addiction in the future;
- Mental disorders as a result of abstinence syndrome;
- Addiction as well as, other mental diseases may appear independently.

As it results from numerous epidemiological data, the connection between depressive disorders and alcohol addiction is quite common. The results of studies indicate that it is necessary to include the issues of the co-occurrence of other mental diseases in a psychiatric or psychological history questionnaire for people who start treatment for alcohol addiction. An important limitation of such studies is the impossibility to precisely explain which of the persistent symptoms was primary. From a therapeutic point of view, it is significant and if it is possible, it is worth determining which of the observed problems appeared first. It increases the chance of greater success in therapy, reduces the risk of relapse into drinking and relieves the symptoms described as secondary (Klimkiewicz et al., 2015).

The recognition of the co-occurrence of both disorders is very important for successful therapy and underlines the need for specialist therapeutic programs, of which there is currently a deficiency.

Aim

The main aim of the study was an attempt to answer the following question: Does the effect of emotional variables on the intensity of depression symptoms in women addicted to alcohol differ from that in men who are addicted to alcohol?

MATERIALS AND METHODS

120 people took part in the study, 60 women and 60 men who were addicted to alcohol. The participants took part in the study voluntarily and were informed about the aim and procedure of the study. All participants were asked to complete the following tests:

1) SIE-T - a scale which measures facial emotion recognition;
2) PSS-10 – perceived stress scale;
3) E – a scale of emotional empathy;
4) BDI – Beck Depression Inventory;
5) CECS – Courtauld Emotional Control Scale,

The study design was approved by the Scientific Research Ethics Committee.
Table 1: Results of the regression analysis for addicted women.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Parameter of regression</th>
<th>95% confidence interval for the parameter of regression</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suppressing anger (CECS)</td>
<td>-0.048</td>
<td>-0.543 - 0.447</td>
<td>0.846</td>
</tr>
<tr>
<td>Suppressing depression (CECS)</td>
<td>0.054</td>
<td>-0.57 - 0.678</td>
<td>0.863</td>
</tr>
<tr>
<td>Suppressing anxiety (CECS)</td>
<td>0.099</td>
<td>-0.471 - 0.67</td>
<td>0.728</td>
</tr>
<tr>
<td>Level of stress perceived (PSS-10)</td>
<td>0.987</td>
<td>0.656 - 1.317</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Emotional intelligence (Sie-T)</td>
<td>0.029</td>
<td>-0.115 - 0.173</td>
<td>0.687</td>
</tr>
<tr>
<td>Empathy (TOE)</td>
<td>-0.148</td>
<td>-0.24 - -0.055</td>
<td>0.002</td>
</tr>
<tr>
<td>Number of traumas</td>
<td>0.904</td>
<td>-0.294 - 2.101</td>
<td>0.136</td>
</tr>
</tbody>
</table>

Table 2: Results of the regression analysis for addicted men.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Parameter of regression</th>
<th>95% confidence interval for the parameter of regression</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suppressing anger (CECS)</td>
<td>0.355</td>
<td>-0.211 - 0.921</td>
<td>0.214</td>
</tr>
<tr>
<td>Suppressing depression (CECS)</td>
<td>0.356</td>
<td>-0.373 - 1.085</td>
<td>0.332</td>
</tr>
<tr>
<td>Suppressing anxiety (CECS)</td>
<td>-0.721</td>
<td>-1.229 - -0.213</td>
<td>0.006</td>
</tr>
<tr>
<td>Level of stress perceived (PSS-10)</td>
<td>0.958</td>
<td>0.618 - 1.298</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Emotional intelligence (Sie-T)</td>
<td>-0.139</td>
<td>-0.336 - 0.057</td>
<td>0.162</td>
</tr>
<tr>
<td>Empathy (TOE)</td>
<td>-0.091</td>
<td>-0.189 - 0.008</td>
<td>0.071</td>
</tr>
<tr>
<td>Number of traumas</td>
<td>1.102</td>
<td>0.191 - 2.012</td>
<td>0.019</td>
</tr>
</tbody>
</table>

RESULTS

A measurement of the effect of measured emotional variables on the intensity of depression symptoms was made and a linear regression analysis was carried out in order to determine the effect of emotional variables on the intensity of depression symptoms in men and women addicted to alcohol.

The variables taken into account in the model included: PSS10 - perceived stress scale and sub-scales included in the main emotional control scale (CECS): suppressing anger, suppressing depression and suppressing anxiety; BDI - depression scale, SIE-T - scale of emotional intelligence based on facial expression. TOE – a scale of emotional empathy and the number of traumas suffered. The analysis took into account the sex of the participants.

Women addicted to alcohol

A linear regression analysis showed that the following factors affect the intensity of depression symptoms in women (p < 0.05):

1) The level of perceived stress (p < 0.001); the parameter of regression is 0.987, so each additional point on the PSS-10 scale increases the score in the Beck Inventory by 0.987 points on average (Table 1).

Men addicted to alcohol

A linear regression analysis showed that the following factors affect the intensity of depression symptoms in addicted men (p < 0.05):

1) Controlling (suppressing) anxiety (p < 0.01); the parameter of regression is -0.721, hence, each additional point on the anxiety sub-scale in the CESC questionnaire decreases the score in the Beck Inventory by 0.721 points on average;
2) The level of perceived stress (p < 0.001); the parameter of regression is 0.958, hence, each additional point on the PSS-10 scale increases the score in the Beck Inventory by 0.958 points on average;
3) The number of traumas (p < 0.05); the parameter of regression is 1.102 and as such each additional trauma increases the score in the Beck Inventory by 1.102 points on average (Table 2).

DISCUSSION

These analyses have shown that emotional variables affect the intensity of depression symptoms to a different extent between women and men addicted to alcohol. It was found
that the intensity of depression symptoms in addicted women was affected by the level of stress perceived and the level of empathy.

These findings confirm those of other authors, who also found a high correlation between stress intensity (PSS-10) and depression (BDI) (Juczyński and Ogińska-Bulik, 2009; Cohen et al., 1983). Since the perceived stress index PSS-10 is also a measure of chronic stress, which is a risk factor in many diseases (Chojnacka-Szawłowska, 2009; Chojnacka-Szawłowska, 2012), it can be used in health predictions and in identifying people who qualify for psychological assistance medical services (Juczyński and Ogińska-Bulik, 2009).

An effect of perceived stress on the intensity of depression symptoms in women addicted to alcohol can also be attributed to socio-cultural factors, which impose excessive expectations on women (Aneshensel et al., 1981). Furthermore, the necessity of playing a "double role" when one is addicted to alcohol may intensify issues arising from the impossibility of fulfilling many obligations and a subjective sense of pressure. This probably affects the level of perceived stress and, in consequence, the intensity of depressive symptoms. Another factor which affects the link between the perceived stress and the intensity of depression symptoms may be the fact that women have a deeper sense of guilt and are more critical of their addiction compared to men. In consequence, both they and the society may admit that one has an alcohol issue as an example of a failure to fulfil their obligations as a mother and wife. Women addicted to alcohol get divorced more frequently than addicted men and some of them also attempt suicide. They are prone to drinking of alcohol as a consequence of stressful events and they also abuse psychotropic drugs (Mellibruda and Sobolewska-Mellibruda, 2006; Wodylło, 2005).

Empathy in addicted women probably plays the role of a moderator of depressive symptoms, which means that the higher its level, the greater the self-consciousness and sense of identity (Kuśpit, 2007). Empathy also has a positive impact on personal emotional and social development, on the quality of relations with other people and the ability to solve issues in a constructive manner (Kliś, 1998; Kliś and Kossewska, 1994). This means that the higher the level of empathy in addicted women, the better their interpersonal relations, which can favour the expression of unpleasant emotions and help to win support in difficult situations (Pennebaker, 2001; Isen, 2005).

These reports can explain to some extent, the findings presented in this paper, according to which an additional point on the empathy scale in addicted women decreases the score in the Brock Depression Inventory. A linear regression analysis showed that the following factors affect the intensity of depression symptoms in addicted men: control of anxiety, the level of perceived stress as well as, the number of traumas.

Addicted men live in a system of illusions and denial, which helps them to protect the positive image of themselves and the surrounding reality. In their own world, they can experience a sense of effectiveness and power. When they lose control over the course of events, they seek to control their emotions (Mellibruda and Sobolewska-Mellibruda, 2006; Mellibruda, 1997).

This defence mechanism fits into the clinical picture of addiction (associated with an impairment of the emotional sphere) and it can explain the results which showed that control of anxiety among men addicted to alcohol reduces the intensity of depression. It may be that owing to controlling their anxiety, men are deluded into believing that they can control their lives, it distorts their relatively objective opinion about themselves, reduces information about the negative effects of drinking and protects against unpleasant emotions.

On the other hand, two more variables should be taken into account which affects depression intensity in men: the level of perceived stress and the number of traumas.

Considering that a large number of addicted men are victims of traumatic events, this result of the linear regression analysis confirms their contribution to depression in this group. It is probable that the trauma(s), which persists as recollections, thoughts and nightmares, was/were also a source of intensive anxiety. This was confirmed in a study by Mayou et al. (2001), who found that people with a traumatic experience complained much more frequently of the symptoms of generalized anxiety.

The existence of a relationship between stress resulting from a trauma and depression has been confirmed (Breslau et al., 1991; Kessler et al., 1995). Controlling one's anxiety could be an attempt of coping with traumatic events experienced by men addicted to alcohol.

Conclusions

Men and women addicted to alcohol differed in regards to the effect of emotional variables on the depression symptoms intensity. This study has shown that the intensity of depression symptoms in addicted women was affected by the level of perceived stress and the level of empathy. The intensity of depression symptoms in addicted men was affected by anxiety control and the level of perceived stress as well as the number of traumas.

The research results may be involved in a discussion on the risk factors of alcohol addiction. The results of the carried out analyses may be an indication for therapeutic work among the patients with a dual diagnosis: alcohol addiction and symptoms of post-traumatic disorders. The diagnosis of co-occurrence of both disorders is very important for the success of the therapy. The prevalence of various disorders, including depression symptoms in the addicted patients involves a higher risk of failure in the treatment, lower effectiveness and increased mortality due
to continuous alcohol abuse or recurrence (Ouimette et al., 1998).

REFERENCES


