

Decompensation of the Ego in chronic alcohol consumption

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Abstract

Alcohol consumption is associated with numerous healths, behavioral and social problems. Alcohol abuse and addiction can affect all aspects of life. This research aims to explore the relationship between alcohol consumption, life events entered in the psycho-biography of the person and possible decompensation of the Ego in a group of patients. To this end, we collected data about the drinking behavior and its psychiatric, physical, social and relational consequences, and about the history of life events.

The experimental group included 30 participants (26 men and 4 women), aged between 24 years and 70 years, (N=30; Mage= 56.03; SD=11.407) hospitalized and monitored in the Gastroenterology Clinic of SUU Elias with various clinical conditions due to chronic alcohol consumption. The control group consisted of 30 non-clinical people, keeping the criteria of age. Some of the results obtained in the research reveal that life events marked by major crises of life have a significant influence in increasing alcohol consumption in investigated patients.

Keywords: *alcoholism, life events, drinking, decompensation of the Ego, patients*

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I. INTRODUCTION

Alcoholism is considered by the American Medical Association a disease that can be stopped, but not treated. Alcoholism is manifested by loss of self-control, slower at first, but progressive, withdrawal symptoms, change in the personality structure, and different forms of amnesia (Pfeffer et al., 1956). Drinking behavior is not always associated with alcoholism. Alcohol has great importance in the social life of people having an important role in socialization and the closing of ties of community members. Social learning, socialization process within the family and membership in a culture may be important factors determining alcohol consumption. "Objective" bio-chemical effects, on the short or long term, can be mitigated or, conversely, boosted by cultural beliefs and rules (Rădulescu & Dâmboeanu, 2006).

The alcohol is a cellular toxic, a stress factor for the whole body. The organs affected by alcohol are the liver and the brain, on the latter the alcohol acting as a central depressant, affecting memory and thinking skills. Psychiatric disorders are associated with alcoholism intoxication, withdrawal, delirium, behavioral disorders (e.g alcohol abuse and dependence), and disorders with persistent effect e.g persistent amnesic disorder, dementia, Korsakoff syndrome (Tudose et al., 2011).

All these consequences of dysfunctional nature are caused by biochemical imbalances caused by alcohol at the level of neuron transmitters - biochemical messengers that transmit signals and control the activity of all cognitive, emotional and volitional processes - (De Witte, 2004). Thus, alcohol, on the one hand exerts an inhibitory effect upon excitatory neurotransmitters resulting in a certain slowness/physiological slowdown (the cumbersome speech being the most obvious), and on the other hand, it increases the secretion of dopamine, which has the immediate effect of feeling well, pleasantly and peace of mind (Valenzuela, 1997).

According to global statistics on alcohol consumption, in 2014, conducted by the World Health Organization, in 194 countries, each person aged 15 years or older, consumes 6.2 liters of alcohol a year (WHO, 2014).

The report states that there is a higher percentage of deaths caused by alcohol consumption among men than among women, although there is evidence that women are more vulnerable in terms of health in case of heavy drinking than men. Romania is ranked fifth with 14.4 l of alcohol per year. According to the latest statistics, in Romania, 29% of young people consume alcohol weekly in very large quantities (WHO, 2014).

There are arguments in the research literature that support the fact that certain personality traits can influence alcohol (Williams & Clark, 1998). The justification of such combinations could be that difficult structures having particular sides / levels of the exacerbated personality cause a behavioral imbalance expressed concretely in the difficulty to control stress levels. Thus, in the

absence of internal adjustment mechanisms, they will be looking for outlets and external ways for balancing and obtaining the wellbeing (Allen, 1969).

The results of a study conducted by Luhtanen and Crocker (2005), on a batch of students, showed that those who have self-esteem based on physical appearance, narcissistic behavior or extraversion are more likely to engage in alcohol consumption behaviors than those whose self-esteem is based on conscientiousness and religious values. However, the study has argued that it is not the level of the self-image the one which projects alcohol consumption but rather narcissistic, religious, moral behaviors to the self-image formation.

Farber, Khavari and Douglass (1980) proposed a generalized psychological portrait of the people who abuse alcohol, described as being hesitant, anxious, with an advanced sense of guilt, focusing on negative aspects, more on disappointing events than on achievements, with a passive attitude and adjustment difficulties. We note the diversity of opinions and studies regarding alcohol consumption starting from those that claim that factors such as social stress, social anxiety, spirituality, and many other aspects of self-concept (Neighbors, Larimer, Markman Geisner, & Knee, 2004; Luhtanen et al., 2005) promote alcohol consumption, reaching those who argue that the problems of moral and personal values correlate negatively with alcohol (Berkowitz, Guerra, & Nucci, 1991).

Although research in this matter covers a vast area, there are topics that incite, such as the relationship between life events and alcohol consumption, impaired thinking processes, the autonomous functioning of the individual, but also the intensity of the social consequences for those who are consumers of alcohol.

In this research, we analyzed the variety of problems and consequences psychologically, cognitively and behaviorally related to alcohol consumption, the following objectives being established:

1. Investigating the possible relationships established between life events entered in the psycho-biography of the person, alcohol consumption and decompensation of the Ego.
2. Investigating the possible relationships between alcohol consumption and the degree of impairment of the sense of reality of one's self and of the world.
3. Exploring the relationship between life events, alcohol consumption and impaired thinking processes.
4. Highlighting the relationship between alcohol consumption, life events and the autonomous functioning of the person.
5. Analyzing the relationship between alcohol consumption, social consequences and possibilities of regulating and controlling impulses, emotions and tendencies of the Ego.

II. METHOD

1. The hypotheses proposed for this study were:

- There is an association between life events and alcohol consumption.
- There is a positive association between alcohol consumption and the decrease of the impairment of the reality sense of one's self and of the world.
- Thinking processes disorder intensity increases along with alcohol consumption.
- Life events and alcohol consumption can lead to a decrease in the autonomous functioning of the individual, with intra and interpersonal consequences.

The research design of this study was descriptive, the data being collected using an interview and based on an evaluation sheet with demographic features (name, age, sex, educational level, area of origin), and on application of tests and questionnaires.

2. Participants

The experimental was of 30 patients, 26 men and 4 women, aged between 24 years and 70 years old ($M_{age}= 56.03$; $SD=11.407$), 20 of them from urban areas (17 men and 3 women) and 10 from rural areas (9 men and a woman), known as chronic alcohol consumers, hospitalized and monitored from October to December 2015 in the Department of Gastroenterology, Hepatology and Digestive Endoscopy of Clinical Emergency Hospital Elias, with various disorders due to alcohol abuse.

Inclusion criteria were: medical conditions of toxic-nutritional etiology diagnosed prior to the study, the absence of clinical manifestations of hepatic encephalopathy, normal mental status and informed consent.

Exclusion criteria included the presence of concomitant neurological disorders or a history of neuroleptic treatment existence, major cognitive impairment and clinical signs of encephalopathy.

To confirm the results we used a control group, similar in terms of configuration as the test group, consisting of non-clinical subjects (30 persons aged 24-70 years, $M_{age}= 42.11$; $SD=8.309$). It should be stressed that no participant in the study was rewarded financially and that the right to privacy of the subjects has not been violated.

3. Instruments

3.1. AUDIT test (The Alcohol Use Disorders Identification Test, WHO, 1989).

Alcohol consumption assessment was made using the Alcohol Use Disorders Identification Test. This instrument was designed and developed by the WHO (World Health Organisation) in

1989 to provide a relatively simple and fast manner of identification of individuals who consume alcohol in a harmful, dangerous way for their health (Babor & Grant, 1989).

AUDIT is a structured test, and includes 10 short, simple questions: questions 1 to 3 measure the consumption of alcohol; questions 4 ÷ 6 consumer behaviour; 7, 8 side effects, and 9, 10 the problems given by alcohol. Each question allows its assessment on a scale from 0 to 4. The total score is calculated by adding the values to each question.

Sensitivity (proportion of people properly diagnosed as positive- who have the disease) is between 87% and 96% and specificity (proportion of people correctly evaluated as negative - without the disease) is in the range 81 ÷ 98%. For the threshold score of 8 we found the maximum sensitivity and for the score of 10 we found the maximum specificity, resulting that over this score we can speak of an individual with harmful alcohol consumption.

The Alcohol Use Disorders Identification Test is formulated in such a way that it can be easily used with different levels of professional staff (nurses, doctors, psychologists, sociologists). At the same time, it can be used as such or included in the history.

3.2. Social Readjustment Rating Scale of Holmes and Rahe (SRRS, 1967)

The history of life events was investigated using the Social Readjustment Rating Scale of Holmes and Rahe (SRRS, 1967).

This scale was composed and published by authors (Thomas Holmes and Richard Rahe) in 1967 and improved in 1970 as a way to quantify the life events effects. They say the most varied life changes (eg death, move, change service, divorce, etc.) have resulted in rehabilitation processes. The emergence of various life events causing stress involves adaptive responses from the individual. If these are not triggered because the requirements are beyond the individual's resources, mental and / or physical decompensation may occur.

SRRS contains life events contained in four categories: health, work, social and personal, family and home, each event being listed with a number of points (max. 100 - death of a spouse, min. 11 - holidays) which quantify the risk.

The authors' theory states that the summing of over 300 points in a short time (eg. 3-6 months) is almost a certainty for the disease risk, but this risk starts at more than 150 points for the same period. Even events with positive charge (birth, marriage, professional success) have stressful potential (and they require a process of adaptation).

3.3. The Drinker Inventory of Consequences (DrInC, Miller et al., 1995)

The Drinker Inventory of Consequences was developed by William R. Miller and J. Scott Tonigan in order to make an inventory and measure the consequences of alcohol abuse, psychological, physical, social and relational consequences. The inventory contains 50 questions

that reflect the consequences of alcoholism. It has 5 subscales, depending on the consequences area: the subscale of physical consequences (it contains 8 items), the subscale of interpersonal consequences (10 items that assess the relations of friendship, love, family), the subscale of intrapersonal consequences (8 items that assess the subjective perception of the individual on their own psychological, moral, spiritual and functional state), the subscale of impulse control (12 items - assesses the ability to control the impulsive actions, consumption, risk searching and sensations), the subscale of social responsibility (7 items – covers the issues related to the fulfilment of social roles). The test also contains a control subscale (5 items) for the evaluation of responses honesty. Lifetime version (used in this study) shows binary answers.

The inventory shows very good psychometric qualities and an optimum reliability (internal consistency coefficients are between 0.70-0.80). The total score is calculated by adding the scores obtained by the subject for the five subscales. A high score is an index of severity of the problems caused by alcohol.

3.4. Ego Functions Assessment (EFA, Bellak, 1988)

Ego Functions Assessment (EFA) is a test developed by Leopold Bellak (1989) and is an attempt to make a connection between psycho-dynamic and operational-descriptive, between conceptual and clinical. Different research supports the belief that EFA is a method of statistical validity and reliability (Juni & Stack, 2005). The test is divided into several subtests corresponding to each function of the Ego (free running, sense of reality of one's own self and of the world, regulating and controlling impulses, emotions and tendencies and thought processes). Each subtest contains 10 questions with four possible answers. The total score is calculated by adding the points earned for each item. A high score is an index of severity for Ego functioning.

III. RESULTS

After processing the data from the Audit test, Alcohol consumption evaluation, it follows that 16.67% of those patients, consume alcohol at least once a month, 70.0% consume weekly and 13.33% consume daily.

Also, a statistically significant correlation between alcohol consumption and life events history was recorded ($r = 0.832$, $p < 0.01$). As life events are more frequent, the subjects tend to consume alcohol with a higher frequency. 43.3% of the subjects, who had a major life crisis, drink alcohol weekly or daily. The data obtained show a statistically significant correlation between alcohol consumption as well as the decrease of the degree of impairment of the sense of reality of one's self and of the world ($r = 0.599$, $p < 0.01$). As alcohol consumption is greater and more frequent, the degree of impairment of the sense of reality of one's self and of the world increases.

In the group investigated, more than 50% of subjects had a high decrease of the sense of reality, drank alcohol weekly or daily. For the hypothesis referring to the fact that the intensity of thinking processes disorder increases along with alcohol consumption, the results showed a statistically significant association ($r = 0.306$, $p = 0.1 > 0.05$).

Regarding life events and alcohol consumption that could lead to the reduction of autonomous functioning of the individual, with intra and interpersonal consequences, we recorded no significant results. Significant results were recorded between alcohol consumption and the decrease of regulation and control of impulses, emotions and tendencies ($r = 0.475$, $p < 0.01$). As alcohol consumption is greater and more frequent, the decrease of regulation and control of impulses, emotions and tendencies will increase. Thus, this research hypothesis was supported in part, namely it has been observed that if a patient drinks alcohol frequently, then the degree of reduction of regulation and control of impulses, emotions and tendencies will increase, but it is not influenced by the intensity of the social consequences.

IV. DISCUSSIONS

The aim of this research was to analyze the relationship between alcohol consumption and decompensation of the Ego, using indicators such as life events history, degree of impairment of the sense of reality of one's self and of the world.

Also, we examined the thinking processes impairment and explored the social consequences and possibilities for regulating and controlling impulses, emotions and tendencies of the Ego.

The various life events causing stress, major life crises involve adaptive responses from the individual. If these reactions are not triggered because the requirements are beyond the individual resources mental and physical decompensation may occur with physical, intrapersonal, interpersonal, social consequences (Wurmser, 1974).

The data obtained from this research support the validity in terms of the increase of life events and the increase of impairment of the sense of reality of one's self and of the world, after a rise in the frequency of alcohol consumption (43.3% of subjects who had a major life crisis, drink alcohol weekly or daily). One possible explanation for the fact that life events perceived by an individual as stressful may cause drinking (moderately at first, than extensively), envisages that the phenomenon of psychological compensation can be performed by ingesting substances that reduce strong emotional experiences, cancelling painful situations, strengthening the body's ability to cope. Thus, life events seem to seriously impact the behavior in the form of excessive consumption of alcohol.

Defense mechanisms (by which individuals reduce or avoid stressful situations) merely determine the Ego run away from problems, without being able to evolve, leading to the deformation of the self-image and of the perception of the outside world, but over time, the person becomes vulnerable to stressful situations, leading to a tendency toward addiction in case of those who consume alcohol (De Vries, & Balazs, 1997).

The results raise questions about the degree of reduction of regulation and control of impulses, emotions and tendencies that grows after alcohol consumption, but is not influenced by the intensity of the social consequences.

The assumptions in the research related to reducing the autonomous functioning of the individual with intrapersonal consequences and on the intensity of thinking processes disorders in case of alcohol consumption are not supported by the data obtained. By associating the amount of alcohol consumed to the intensity of thought disorders with a negative correlation, we have obtained statistically significant results in this regard.

V. CONCLUSION

Our results converge with those obtained by Edelstein, Kritz-Silverstein, and Barrett-Connor (1998) who carried out research which concluded that there may be no association between cognitive function and alcohol consumption in men, revealing the existence of other factors related to the quality of life that influence the relationship between high consumption of alcohol and cognitive functions. Another study which certifies the results of this work was carried out by Perreira and Sloan (2001). The conclusion reached by the authors is that the history of chronic alcohol consumer is influenced by the association between certain life events (e.g, divorce, retirement) and changes in consumer behaviour.

Other research conducted by Constant, Le Gruyer, Le Lan, Riou, and Moirand in 2015 reveals that stressful life events promote both healthy and unhealthy alcohol consumption. Certain events impact alcohol intake temporarily, while other have long-term implications.

A meta-analysis, which included 30 experimental studies conducted by Bushman and Cooper in 1990, demonstrated that alcohol consumed in large amounts generates a low control of the aggressive impulse. We may conclude that the data obtained in the present research reveal that life events marked by major life crises have a significant influence in increasing alcohol consumption.

A limitation of the present study may be the small number of people included. In the given situation, the results obtained in this group of 30 patients must be treated as such and a subsequent application on a much larger number of participants should bring new information.

We believe that further studies would be needed for analyzing the impact that alcohol has on the autonomous functioning of the individual, on intra and interpersonal consequences. The force of the Ego is the size of the sense of self that increases the chances of a person to cope with various challenges encountered in everyday life (Dalbert, 2001).

From a practical perspective, the results obtained lead us to believe that by the diversity of manners to strengthen the Ego and the sense of competence and control, the mobilization of the resources necessary for overcoming obstacles is possible.

As stated in the introduction, this study attempted to answer certain questions about the relationship between chronic alcohol consumption and the decompensation of the Ego. Thus, based on the analysis of the quantitative and qualitative data obtained within the investigation, we can draw some general conclusions on the correlations between chronic alcohol consumption and the impaired sense of reality of one's own self and of the world, impaired thought processes, social consequences.

Psychologically, the psychotherapist plays an important role in treating and evaluating a patient who consumes alcohol. Besides testing the mental status and cognitive functions, through a plan of care appropriate for each case, he/she can motivate patients to quit alcohol, to find ways and techniques to strengthen their Ego, to increase patients' self-esteem, teach them relaxation techniques, so that they understand that there are other ways to cope with challenging life events.

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