EUDAIMONIC WELL-BEING IN PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME

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Abstract— The aim of the study was to assess eudaimonic well-being and emotion regulation in patients with alcohol dependence syndrome. **Research design**: The study was meticulously designed, comprising two distinct groups: patients with alcohol dependence syndrome (clinical group) and general community participants (non-clinical group). The research design was cross-sectional in nature, and purposive sampling was employed for the clinical group, ensuring a comprehensive and representative sample.

Tools: Highly reliable tools were employed in this study. The brief Psychiatric Rating Scale was used to exclude participants with psychopathology in the clinical group, while the Kessler-10 was used to exclude participants with psychological distress in the non-clinical group. Additionally, a questionnaire for Eudaimonic Well-being (QEWB) (Waterman et al., 2008) was used to assess eudaimonic well-being in both groups, ensuring the accuracy of the results. **Statistical analysis**: Descriptive statistics were used to determine mean, standard deviation, and normality of the variables. Mann-Whitney U-Test (Nonparametric test) was employed for examining differences between the two groups on eudaimonic well-being. **Results**: The results of the study are as follows: (i) According to the first objective, results found that patients with alcohol dependence syndrome have lower eudaimonic well-being than non-clinical sample. **Conclusion**: The findings of the present study show that patients with alcohol dependence syndrome have lower levels of eudaimonic well-being than participants from the general community.

Index Terms **- Eudaimonic Well-Being, Alcohol Dependence Syndrome, Clinical Group and Non-Clinical Group**

I. INTRODUCTION

The harmful use of alcohol is a worldwide problem (Global status report on alcohol and health, World Health Organization, 2014). The harmful use of alcohol is one of the world's leading health risks. It is a causal factor in more than 200 major types of diseases and injuries. Globally, alcohol consumption results in approximately 3.3 million deaths each year and approximately 5.9% of all deaths worldwide are attributable to alcohol consumption; this accounts for more deaths than those caused by HIV/AIDS or tuberculosis (WHO, 2014).

There are, believed to be, 160 million people (14.6 % of population) in India drink alcohol (Magnitude of Substance Use in India, 2019. Unlike many western countries, the consumption of alcohol in India is witnessing a dramatic rise. For instance, between 1970 and 1995 there was a 106.7 % increase in per capita consumption.

Eudaimonic Well-Being

According to Waterman (1990), the daimon or "true self" is comprised of unique and (nearly) universal potentials that, when developed through the pursuit of personally expressive activities, promote a sense of eudaimonic well-being (EWB). Eudaimonic Well-Being (EWB) refers to the quality of life derived from the development of a person's best potentials and their application in the fulfilment of personally expressive, self-concordant goals (Sheldon, 2002; Waterman, 1990). From the hedonic point of view, a happy person experiences more positive effects and less negative effects. In contrast, more positive affect is seen by eudaimonics because of a self-actualizing lifestyle and not as a definition of well-being (Ryan & Deci, 2001). Perceived development aspects of the "true self" during personally expressive activities (eudaimonia) are considered instrumental to the attainment of EWB (Waterman, 1993; Waterman et al., 2010). The core theme of Waterman and colleagues' concept of EWB involves the perceived identification and development of one's "true self" (i.e., one's best potential and fullest capacities).

Waterman and colleagues (2008) conceptualized EWB as consisting of the following six components:

- Self-discovery
- Perceived development of one’s best potentials,
- A sense of purpose and meaning in life
- Investment of significant effort in pursuit of excellence
- Intense involvement in activities
- Enjoyment of activities as personally expressive.

People with higher eudaimonic well-being showed better regulation of subcortical emotion centres (Amygdala) by higher cortical brain regions (anterior cingulate cortex). Individuals with these brain patterns showed reduced emotional responses to negative stimuli (Van Reekum et al. 2007). Deployed emotion regulation in the response phase using reappraisal skills is more successful and provides higher well-being than other methods (Schutte, Manes, & Malouff, 2009). It is widely recognized that alcohol can be used as an emotional anesthetic to numb feelings of negative affect (Cooper et al, 1995). Torres et al. (2014) found that there were modest to moderate negative correlations between alcohol use and eudaimonia.

BASIC EQUATIONS

Aim of the Study

To assess eudaimonic well-being in patients with alcohol dependence syndrome

Objectives

- To assess eudaimonic well-being of patients with alcohol dependence syndrome and a non-clinical group.
- To examine differences on eudaimonic well-being between patients with alcohol dependence syndromeand non-clinical group.

METHOD

The present study followed a cross-sectional design. 30 male patients with Alcohol Dependence Syndrome (clinical group) from OPD or admitted to indoor services of LGBRIMH, Tezpur, for de-addiction treatment and 30 male participants (non-clinical group) with a score of 19 and below on the Kesseler-10 (K-10) from the community were selected for the study. Sample selection is based on a purposive sampling technique. The period of data collection was 4 months, from November 2015 to February 2016.

Tools

The following tools were used in the study

1. **Socio-demographic data sheet for the non-clinical group and patients and clinical profile of patients**. These were developed by the researcher himself.

   Socio-demographic data sheet comprised of age education, occupation, etc. For the non-clinical group questions also consisted of history of substance use etc. Clinical details for the clinical group comprised of age of onset of alcohol intake, duration of illness, etc.

2. **Brief Psychiatric Rating Scale (BPRS)** Developed by Overall & Gorham, (1962)

   It is a 24-item scale measuring general psychopathology, affective symptoms and positive symptoms. Each item of this scale is rated on 7-point Likert scale ranging from not present to extremely present.

3. **Kessler -10 (K-10)** Developed by Kessler, (1992)
   It is a short measure of non-specific psychological distress. Items assess levels of nervousness, agitation, Psychological fatigue and dépression. The score above 19 indicates that the client or

patient may be currently experiencing significant feelings of distress (*Kessler -10 Training Manual* by Australian Mental Health Outcomes and Classification Network 2005).This tool was used to screen participants out with significant psychological distress. Tool was used with non-clinical group.

4. **Questionnaire for Eudaimonic Well-Being (QEWB)** Developed by Waterman et al. (2010)

   The QEWB consists of 21 Likert scale items and was developed to measure well-being in a manner consistent with how it is conceptualized in the model of Waterman et al.(2010),

Procedure of Data Collection

In the pilot Phase translated and back-translated the tools to Assamese and checked for face validity of the tools by giving them to 3 mental health professionals after administering the tools to 2 patients and 2 participants in the community to familiarize the researcher with the process of administration and determine the time taken. Later, the main faces of data collection Patients (Clinical population) were identified through admission records in LGBRIMH. They were informed about the nature and purpose of the study, and written informed consent was obtained from them. The socio-demographic and clinical data sheet was used to elicit the socio-demographic and clinical profiles of each patient. BPRS was administered to screen for active psychopathology and selected people who scored 31 and below. Data collection was also done with community participants (Non-Clinical Group) to match this group with the clinical group. Informed consent was obtained from participants, and individuals were screened with Kessler -10. Those who scored 19 and below were selected for the study. A questionnaire for Eudaimonic Well-Being (QEWB) was administered to both groups. Data was coded and was subjected to the statistical analysis.).

Statistical Analysis

Statistical analysis was done using IBM SPSS statistics-22nd version. Descriptive statistics was used to determine mean, standard deviation, and normality of the variables. Mann-Whitney U-Test (Nonparametric test) was employed for examining differences between the two groups on eudaimonic well-being.

RESULTS AND DISCUSSIONS

RESULTS

Socio-Demographic and Clinical Profile of Participants in Both Groups

Table: 1. Distribution of Age in the Clinical and Non-Clinical groups

Study Population	Clinical	Non-Clinical
Number of Participants	30	30
Age Mean (years)	39.30	34.50
Age Range	18 (30-48)	15 (30-45)
Age Standard Deviation	4.662	3.676

Table:2. Socio-demographic Details of Participants

SOCIO-DEMOGRAPHIC DOMAINS	CATEGORIES	NUMBER OF PARTICIPANTS FROM EACH CATEGORY	
		CLINICAL (n=30)	NON-CLINICAL (n=30)
Religion	Hindu	29	18
	Islam	1	12
	Others	0	0
Marital Status	Un-married	1	9
	Married	27	21
	Divorced	2	0
Level Of Education	Matriculation	17	10
	Higher secondary	7	3
	Graduation	3	8

	Post Graduation	5	9
Occupation	Government Employees	12	11
	Business	9	14
	Cultivation	1	0
	Daily wages	3	0
	Others	5	5
Socio-Economic Status	Lower	10	5
	Middle	7	22
	High	3	3
Type Of Family	Nuclear	18	11
	Joined	12	19
Geographical Area	Rural	24	16
	Semi urban	2	1
	Urban	4	13

Table: 3. Mean and Standard Deviation Value of Duration of Alcohol Intake (In Dependent Level) among Clinical Group

Total Duration of Alcohol Intake (Clinical Group)	**Mean**	10.07(Years)
	Standard Deviation	3.26 (Years)

Mean score of dependent level intake of alcohol among clinical sample is 10.07 years and standard deviation is 3.26 years.

Descriptive statistics of variables in both groups

Table: 4. Descriptive Statistics of the Study Variables in the Clinical and Non-Clinical Groups

Variables	Study Group	Number	Mean	Standard Deviation
Eudaimonic Well-Being	**Clinical**	**30**	**45.40**	**8.28**
	Non-Clinical	**30**	**58.03**	**5.30**

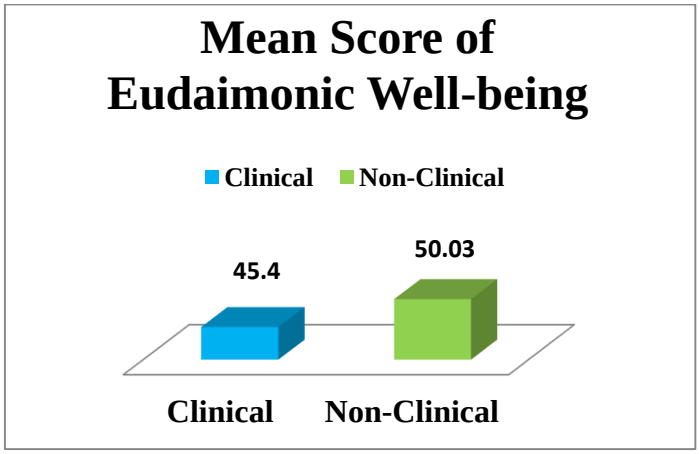

Figure: 1. Comparative Figures of Eudaimonic Well-Being Mean Score of both Groups

It has been shown in the table 4 as well as in the figure 1 that Eudaimonic well-being mean score of clinical group is 45.4 and mean score from non-clinical group is 58.03. Among clinical group standard deviation of score is 8.28 and among non-clinical group the standard deviation score is 5.30.

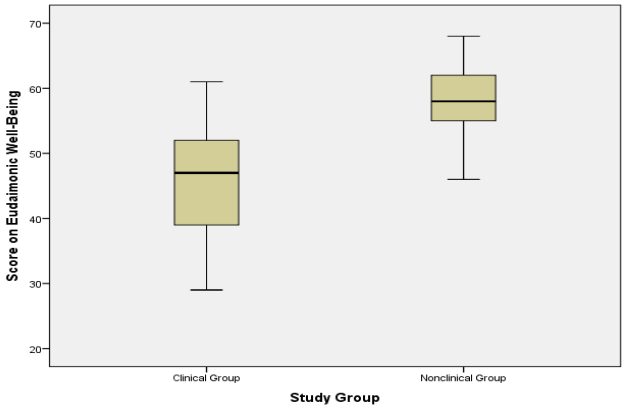

Figure: 2. Eudaimonic Well-Being Score Distribution across Both Groups

It has been clear from figure representation of Eudaimonic well-being scores across the groups is following normality. However, the variances of the two groups are markedly different and hence for the group comparison non parametric test was used.

Group Differences on Eudaimonic well-being and Emotion Regulation

- **Table:5. Results of the Mann-Whitney U-Test between Clinical and Non-Clinical Groups**

Variables	Study Group	Mean	Median	Mann-Whitney U	Z-Value	P-Value (2-tailed)
Eudaimonic Well-being	Clinical	45.40	47.00	88.00	5.36	0.01
	Non-Clinical	58.03	58.00			

It is clear from the table 5 that Eudaimonic well-being mean score is 45.40 in clinical group and 58.03 in non-clinical group. The test results show that U value = 88.00 and Z value 5.36, which is significant at 0.01 p value levels. It is interpreted that two groups are different in terms of Eudaimonic well-being. It was found from the results that non-clinical group have higher level of Eudaimonic well-being than patients with alcohol dependence syndrome.

DISCUSSION

The study helped to better understand alcohol's effect on Eudaimonic well-being and emotion regulation. The results showed clearly that the Eudaimonic well-being mean score is 45.40 in the clinical group and 58.03 in the non-clinical group. A study by Waterman et al. (2010) among a large number of American community samples found the mean score of eudaimonic well-being to be 67.5 and in an Asian sample to be 53.11. In comparison to the American community sample, the mean score in the non-clinical sample in the current study is lower. This can be understood as the Americans being strongly motivated towards independence and following an independent self, so they exert more personal control in their activities. In contrast, Asians are more collectivistic and pursue activities that enhance interdependence (Markus & Kitayama, 2010). People in a country like India place more emphasis on family, tradition, hierarchy, and group-centred norms. It prevents them from pursuing purely personally expressive activities, which could be the reason for lower scores on eudaimonic well-being. The mean score in the non-clinical sample (58.03) is close/comparable to the mean score that was obtained in the Asian sample (53.11) in the study conducted by Waterman et al (2010).

In the present study, the test results show that U value = 88.00 and Z value 5.364, which is significant at 0.01 p-value levels. It was clearly found from the results that the non-clinical group has a higher level of

Eudaimonic well-being than patients with alcohol dependence syndrome. The results indicate that alcohol intake has harmful effects on Eudaimonic well-being. This finding was supported by a study which was conducted by Tristan and Torres (2014) among 66 social workers, who also found that eudaimonia was found to have significant negative correlations with alcohol use. Waterman et al. (2008) suggested that identity development will proceed most successfully when individuals are able to identify their best potentials and engage in activities that move toward realizing those potentials.

CONCLUSION

The present study shows that patients with alcohol dependence syndrome have lower levels of eudaimonic well-being than general community participants.

IMPLICATIONS OF THE STUDY

This research helps in understanding the level of emotion regulation and well-being among people with alcohol dependence. The understanding of how alcohol affects the eudaimonic well-being of an individual brings focus to this area of the patient. By highlighting the deficits in eudaimonic well-being in patients with alcohol dependence syndrome, this study provides a platform to develop an evidence-based intervention program for addressing eudaimonic well-being.

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