

State- Trait Anxiety and Social Identity among Drug Dependent

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Abstract:

Background: The term identity is infrequently used within social psychology; related terms like self-concept, self-perception, and self-image are common concepts in this field. Social identity theory posits that people derive an important part of their identity from being a member of a social group or category. Aim: The aim of the present study is to examine the social identity and state –trait anxiety in Drug Dependent. Sample: Total sample of the study is 100 individual within the age range of 25 to 40 yrs of age and male sex. In which 50 were drug dependents and another 50 were non drug abuser. Drug dependent sample were collected from the out-patient and inpatient department of De Addiction centre of Patna and non drug dependent were collected from same habitat area. Sample was chosen with the help of purposive method. Tools: Socio demographic and clinical data sheet especially designed for the study, General health questionnaire-5 items (Shamsundar et al, 1986), Conduct impairment scale (Sarbin 1970, and State Trait Anxiety Inventory (STAI): Hindi Adaptation (Speilberger, Sharma & Singh, 1974) were used as sample. Result: Drug dependent have significantly poor social identity and high level of trait as well state anxiety in comparison to non drug abuser.

Keywords: Social identity, anxiety, drug dependence.

Background:

Despite the common knowledge of the health risks involved, many adolescents choose to adopt behaviours such as smoking, alcohol, and other drug use (Nielsen et al, 2002; WHO, 1997). ‘Identity’ has been defined and described from various theoretical perspectives. Erik Erikson (1968), developmental psychologist and founder of identity development theory, defined identity as “a sustained sense of self - a subjective perception of who we are in the eyes of other people”. Without this sense of self, people would feel uncertain about their self and about their place in society, a state that Erikson described as “identity crisis”. Although the term identity is infrequently used within social psychology, related terms like self-concept, self-perception, and self-image are common concepts in this field. Social identity theory posits that people derive an important part of their identity (i.e., their social identity) from being a member of a social group or category. Group membership is believed to provide people with a valuable mean to achieve and maintain positive self-esteem. According to social identity theory, people secure positive social identity and self-esteem by evaluating their own group more positively than other groups. Although social influences are believed to play a significant role in adolescents’ involvement in health-risk behaviour, much remains unknown about how these influences operate (Kobus, 2003). Social identity/self-categorization theory may provide a unique framework for understanding the social processes that underlie adolescent behaviour (Tarrant et al., 2001). From this perspective, adolescents’ decision to engage in risk behaviour will depend upon the importance of the behaviour to the identity of one’s group. If the behaviour is relevant to the group and group identity is salient, adolescents are expected to adopt the behaviour. Previous studies that examined the role of social identity/self-categorization in predicting health-related behaviour found, for instance, identification with the group university students, mediated by the perceived norm of the group, to predict students’ intentions to engage in binge drinking. Sussman and colleagues (1994) investigated the prospective relationship between cigarette smoking and identification with six discrete peer groups. The results of this study revealed that group-self identification indeed predicts smoking

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involvement 1 year after. However, in a later publication (Sussman, Dent & McCullar, 2000) the same research group found self-group identification not to be predictive of smoking behaviour a year later. Social identity is assumed to influence individual behaviour through the mediating role of group norms. This means that people will be more likely to engage in particular behaviour if the behaviour is in accord with the norms of their group, especially if identification with the group is strong (Terry & Hogg, 1996). A greater understanding of young people's motivations to engage in these behaviours will put us in a better position to design programmes that tackle this major public health problem. Very few studies were done regarding social identity in drug dependent. So this study was carried out.

Aim: The aim of the present study is to examine the social identity and state –trait anxiety in Drug Dependent.

Sample: Total sample of the study is 100 individual within the age range of 25 to 40 yrs of age and male sex. In which 50 were drug dependents and another 50 were non drug abuser. Drug dependent sample were collected from the out-patient and inpatient department of De Addiction centre of Patna and non drug abuser were collected from same habitat area. Sample was chosen with the help of purposive method. Following inclusion and exclusion criteria were applied for the selection of sample;

Inclusion criteria for Drug dependent:

- Individual must be within the age range of 25-40 yrs
- Individual must be fulfill the ICD 10 criteria for drug dependence
- Individual must be co operative for study
- Individual must be educated minimum upto 10 th class

Exclusion criteria for Drug dependent:

Individual have no other significant mental or neurological illness

Inclusion criteria for Non –drug Drug Abuser:

- Individual must be within the age range of 25-40 yrs
- Individual have no history of significant drug abuse or drug dependence
- Individual must be co operative for study
- Individual must be educated minimum upto 10 th class

Exclusion criteria for Non -Drug Abuser:

Individual which scored above the cut-off point on GHQ-5 scale

Tools:

Following tools were applied for data collection:

- Socio demographic and clinical data sheet especially designed for the study.
- General health questionnaire-5 items(Shamsundar et al,1986)
- Conduct impairment scale (Sarbin1970)(the scale has 59 items and subject is required to answer by yes or no to each item. A high score on the scale indicates loss of social identity or degraded social identity.
- State Trait Anxiety Inventory (STAI): Hindi Adaptation (Speilberger, Sharma & Singh,1974).

Procedure:

First at all individual who fulfill the ICD -10 criteria for substance dependence and consulted to the De- addiction centre for treatment selected for the study. Normal sample / non drug abuser were taken from the same habitat area that scored below cut off point on GHQ-5. After that all selected questionnaire was administered on each sample individually according to procedure given in manual.

Statistical Analysis:

Raw data was analyzed with the help of mean, SD and t-ratio for continuous variables and number and chi square for discrete variable.

Result:

Socio demographic profile of the sample was given in table-1. This table shows profile of subjects with regard to sex, age, occupation, marital status, domicile, education and family type. In both the groups majority of the subjects were unemployed .Majority of the subjects were single, and belongs to the urban area of the habitat .Majority of the sample were belongs to the nuclear family setup. The mean age of drug dependent group was 31.05(SD=2.34) years and age range was 26-35 years. Similarly, the mean age of non drug abuser group was 29.07(SD=4.05) years and age range was 25-34 years. Mean of years of education of drug dependent group was 14.56(SD=1.12) and mean of years of education of the non drug abuser group was 14.07(SD=1.98) yrs. Both groups were comparable on all the socio demographic and family factors.

Table-1 Socio demographic profile of the sample

Variable		Drug dependent Group N=50	Non drug abuser Gr N=50	t/ χ^2 df=48
Sex	Male	50	50	
Occupation	Unemployed	36	33	1.68
	Self Employed	14	17	
Marital status	Single	41	39	.24
	Married	09	11	
Domicile	Urban	34	32	.28
	Rural	07	09	
	Semi-urban	09	09	
Type of family	Nuclear	43	41	1.02
	Joint	07	09	
Age (in Yrs)		31.05±2.34	29.07±4.05	1.12
Education(in Yrs)		14.56±1.12	14.07±1.98	1.09

Table-2: Comparison of Drug dependent and non drug abuser on Social identity scale

Group	Drug dependent Group N=50 M±SD	Non drug abuser Group N=50 M±SD	t-ratio
	23.45±2.89	13.78±1.78	29.56**

**Sig on .01 level

Above table shows that both group differed significantly on the social identity group (t= 29.56). Mean score of drug dependent group is significantly very high which reflect that they have degraded social identity.

Table-3 Comparison of State-trait anxiety between drug dependent and non drug abuser

STAI Scale	Drug dependent N=50		Non- drug abuser N=50		t-ratio	P
	Mean	SD	Mean	SD		
State anxiety	43.29	7.68	39.22	9.12	2.49*	.05

Trait anxiety	47.98	5.09	42.13	3.23	5.97**	.01
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Table-3 reveals that the significant difference appears between drug dependent and non dependent in respect to state and trait dimension of scale. Drug dependent have obtained more on state and more on trait in comparison to non-drug abuser. These shows that subjective, consciously perceived feelings of apprehension, tension and worry are significantly more in the drug dependent than the nondrug abuser. However significant difference appears between drug dependent and non dependent in respect to trait anxiety scale.

Discussion:

Present study showed that both group differed significantly on the social identity group. Mean score of drug dependent group is significantly very high which reflect that they have degraded social identity. Earlier studies also supported the present finding. Virukunen (1987) found that those with anti social personality disorder showed more physical dependence on drug. Suman and Nagalakshmi(1987) reported higher degree of social maladjustment among drug addicts. Present study also showed that drug dependent and non dependent in respect to state and trait dimension of scale. Drug dependent have obtained more on state and more on trait in comparison to non-drug dependent state and trait. Singh et al (2010) found that substance abuser have significantly higher level of anxiety and poor coping resources, higher on neuroticism and lower on agreeableness and conscientiousness in comparison to non smokers. Some study shows that i.e. Chopra and Chopra (1965) drug abuse is a defense against anxiety and stress. Individual try to adopt with his or her anxiety by using substance intake.

Conclusion:

Drug dependent have significantly poor social identity and high level of trait as well state anxiety in comparison to non drug abuser.

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