

## **WORSENING OF PSYCHOLOGICAL SYMPTOMS IN ALCOHOLICS COMPARED TO NONALCOHOLIC ANALYZED IN BRAZILIAN RESEARCH**

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### **Abstract**

This article resulted from a research done on the psychological symptoms in alcoholic and non-alcoholic individuals and the analysis of differences between groups of alcoholics and nonalcoholic men and women. From the hypothesis whether there is difference in symptoms between alcoholic and nonalcoholic subjects some guided interviews were conducted for the application of the SCL 90-R instrument (*Symptom Check List 90 - Revised*) (Derogatis, 1983). This instrument intends to measure the intensity of symptoms, specifically in cases of alcoholism. The psychological symptoms evaluated were: Psychosis, Interpersonal Relationships, Anxiety, Paranoid Ideation, Hostility, Depression, Phobia and Obsessive Compulsive Disorder. The study population included not consuming alcohol persons in the community and alcoholic persons belonging to AA (Anonymous Alcoholics). It was found that, generally, there are differences between alcoholic and nonalcoholic subjects regarding to psychological symptoms, and that symptoms in alcoholics subjects are worsened.

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**Keywords:** Psychological Symptoms, Alcoholic Individual, Non Alcoholic Individual

### **Introduction**

Alcohol substance abuse produces dependence among different effects. Predisposing or risk factors account for a multifaceted context, so that, in terms of alcoholism, it is not possible to speak of a key factor. People develop a relationship with alcohol in a gradual manner, which evolves into dependence.

The National Policy on Drugs in Brazil published in 2011, a handbook to guide and prevent Brazilian young people on the use and abuse of alcohol. One such study was conducted at the Forensic Medicine Institute of São Paulo, in 1994, which examined the reports of all the people who died from accidents or violence in the Metropolitan Region of São Paulo.

Therefore it was found that 52% of homicide victims, 64% of deaths from drowning and 51% of those who lost their lives in traffic accidents had alcohol in the bloodstream at higher levels than allowed by law at that time for drivers of vehicles (0,6 grams of alcohol per liter in blood). In 2007 the Brazilian Center for Drug Information presented a survey done involving the 108 largest cities in Brazil. The result shows that between 12 and 17 years old, 47% of boys and 49% of girls never tried alcohol. Another study introduced in 2007 shows that 66% of adolescents aged 14 to 17 years never drank or drank less than once a year. For adults older than 18 years, the survey indicates that 48% of respondents are abstinent, ie, never drank or drank less than once a year.

Such aspects motivated this research that tried to identify the differences in psychopathological symptoms for alcoholic and non-alcoholic people, as well as differences between genders with regard to the aggravation. It opens thus, the possibility of clinical work

as well as social and communitarian considering the news of incidence of toxic substance use by individuals, as well as the rate of violence in families and individuals in the community.

### Research findings of psychological symptoms among alcoholics and non-alcoholics of both sexes

Statistical findings of the comparative study of psychopathological symptoms in a Brazilian sample of alcoholics and non-alcoholics, men and women, are arranged in the sequence below in table with the information of the evaluated symptoms, groups of alcoholics and non-alcoholics and the number of individuals per group and the averages, standard deviation and p\* corresponding to each symptom evaluated per group.

Symptom	Group	No.	Average	Standard deviation	P*
Psycho	Alcoholics	30	1,08	0,66	0,000
	Non Alcoholics	30	0,48	0,47	
Paranoid Ideation	Alcoholics	30	1,59	0,69	0,001
	Non Alcoholics	30	1,00	0,64	
Phobia	Alcoholics	30	1,22	0,67	0,000
	Non Alcoholics	30	0,56	0,53	
Hostility	Alcoholics	30	1,35	0,69	0,292
	Non Alcoholics	30	1,14	0,79	
Anxiety	Alcoholics	30	1,47	0,68	0,001
	Non Alcoholics	30	0,87	0,63	
Depression	Alcoholics	30	1,45	0,64	0,003
	Non Alcoholics	30	0,95	0,70	
Interpersonal Relationship	Alcoholics	30	1,75	0,72	0,000
	Non Alcoholics	30	1,03	0,65	
Obsessive Compulsive Disorder	Alcoholics	30	1,50	0,62	0,022
	Non Alcoholics	30	1,13	0,59	
Somatization	Alcoholics	30	1,59	0,73	0,000
	Non Alcoholics	30	0,94	0,54	

Descriptive statistics and comparison of means of each symptom among groups (Men + Women).

It was found that there is a statistically significant difference between the average scores of alcoholics and non-alcoholics in all symptoms, except Hostility ( $p=0,292$ ) through the Student's t test, by using a significance level of 5%. Although alcoholics show a higher average, the difference is not statistically significant in the symptom Hostility. In all other symptoms, the averages of alcoholics were invariably higher, indicating a greater symptom severity.

### Discussion on the Results

Several considerations have resulted from the research on the symptoms that were analyzed in detail. In alcoholics, the Interpersonal Relationship symptom ( $p = 0.000 < 5\%$ ) was in first place when it comes to average (1,75), followed by Paranoid Ideation ( $p = 0.001 < 5\%$ ) and Somatization ( $p=0,000 < 5\%$ ), second in the average (1.59), and the Obsessive-Compulsive symptoms ( $p = 0.022 < 5\%$ ) thirdly, compared to the average (1,50). The evaluated symptoms suggest a range of reactions that are symptomatic, so the result of something that was happening with the subject analyzed at the time of the survey.

Considering the group of symptoms related to the Interpersonal Relationship ( $p=0,000 < 5\%$ ) refers to the projective aspects of self-esteem and self-referral of alcoholics and non-alcoholics studied. Derogatis (1983) and Laloni (2001) state that the alcoholic feels shy, insulted, criticized by others, and feel inferior, as if people did not like him. The alcoholic feels embarrassed and uncomfortable with other people, as evidenced by the survey,

which showed that self-esteem in alcoholics is less than in non-alcoholics, according to definition of terms. In the survey, the results suggest that alcoholics had a higher average in this symptom compared with non-alcoholic individuals.

For Robaina (2010), alcoholism seems to be one of the main consequences of abandonment of school, family conflicts, fights and many different anti-social factors. Marques et al. (2010) in a sample of 2346 individuals over 18 years found that drinkers have a high level of risk consumption. The prevalence of problems related to the use, abuse and dependence on alcohol is statistically significant.

Ramos and Bertolote (1997) and Vespucci and Vespucci (1999) show that with unemployment the alcoholic social crisis increases. The economic disorganization appears as one of the inducing factors of alcohol potentiating the group of symptoms Interpersonal Relations. Not paying bills or delaying them, not keeping the house with dignity, ie, clean, tidy, on minimum conditions for living, without cut of minimal resources, make social life negatively affected. Alcoholic keeps neighbors and friends away, and gets isolated and distant from family members and community.

Regarding the symptom Paranoid Ideation ( $p=0,001<5\%$ ) the items in the table above suggest that the subject does not have sufficient internal resources to ensure safety, because cannot trust people, feels himself observed by others and believes that does not have the deserved value, according to Derogatis (1983) and Laloni (2001).

Apart from not being able to trust others, the alcoholic believes that others do not give real value to his work, which leads to low self-esteem making him distrustful.

The alcoholic feels like his place, existence as a person, and emotional support were failed. The results found can be compared to what Melman (2000) says when describing that the alcoholic person does not feel that gets some feedback from the others against his own supposed effort. For Freud (1917/1980) a part of the ego is against the other taking it as its object and criticizing it. The recriminations, which alcoholic apparently does to others can be recriminations to a part of himself, the result of the displacement of the object over his own ego. For Edwards, Marshall & Cook (2005), alcohol dependence causes jealousy, being the psychodynamic explanation, that for fear of losing his manhood, men seek alcohol. However, alcohol also causes impotence, and the consequent pathological jealousy, common in alcoholics, is explained by the "alcoholic paranoia".

The Somatization ( $p = 0.001 <5\%$ ) symptom stood out statistically significant in the comparison between alcoholic and non-alcoholic, along with the symptoms of Paranoid ideation, as a set of symptoms related to sensations that is present in the body. According to Laranjeira and Pinsky (2001); Focchi et al (2001) and Edwards, Marshall and Cook (2005), Somatization refers to the physical manifestations that are added to anxiety, due to the reality faced by the alcoholic, which comes from deterioration of his body. The complaints raised by alcoholics are true with respect to complications with alcohol consumption and the Somatization.

The Obsessive Compulsive symptom ( $p = 0.022 <5\%$ ) was the symptom that appeared in third place when comparing the averages between alcoholics and non-alcoholics. The Obsessive Compulsive symptoms for Derogatis (1983) and Laloni (2001) point to the following items: unpleasant thoughts, negligence, difficulties in doing any work or doing everything slowly, since alcoholic is not sure if what is being done is well done.

The family, as well as the employment of the problem drinker, is constantly threatened. Unpleasant and risky situations occur because the alcoholic's actions are, in most cases, structured around alcohol obsessively. Compulsively reliving memories on alcohol is one of the findings on the involvement of the person who drinks with the alcohol. For the authors, Campbell and Graham (1991), Vespucci and Vespucci (1999), Vaillant (1999), and

Edwards, Marshall and Cook (2005), alcohol is part of the life of the alcoholic person and its absence does not mean that the subject is not around alcohol.

As for the Obsessive-Compulsive symptom in which difficulty in making decisions is present, concentration difficulties, forgetfulness, difficulty in remembering past and present things also occur. For Campbell and Graham, (1991) and Vaissman (2004), this symptom reflects in the lives of workers who consume alcohol, becoming a problem within the organizations.

Regarding the symptom Hostility ( $p = 0,292 > 5\%$ ) in the finding results there is no statistically significant difference between the average scores of alcoholics and non-alcoholics. From 1995 to 1999 it was applied CAGE an instrument of problems detection related to alcohol use (CAGE), so named because it contains in its structure four questions related "Cut down", "Annoyed", "Guilty" and "Eye-opener", by performing a General Review of Chronic Alcoholism through a simple four-question questionnaire that allows detecting alcoholism translated and validated in Brazil (SEIBEL, 2010). The research demonstrated the relationship between alcoholism and violence among workers, with the occurrence of ten deaths among workers in an institution, all of which are determined directly or indirectly by violent attitude of subjects consuming alcohol.

The Hostility symptom can also be understood from the core of the human development. In Freud (1915/1980), the instincts of life lead to growth, development, reproduction and extension of life. The death drive struggles to make the body back to inertia, to the inorganic. However, the death drive taken as a manifestation of aggressive behaviors helps in the pulse of life, because the aggression must be shown so that the person can fight, survive and extend life. Only when there are very intense conflicts, the death drive is exacerbated and overlaps the pulse of life. The Hostility symptom, therefore, when not stood out in the alcoholics in this comparison may suggest that, at the time of the research, is shown as a manifestation of impulse control or the pulse of life.

## Conclusion

Alcoholism is linked to psychological factors in which characteristics of psychic structures associated with alcohol consumption are identified, such as depression, anxiety, obsessive compulsive symptoms, difficulties in interpersonal relationships, hostile reactions, psychotic symptoms and paranoid.

Hostility, according to the results of this research, is not a symptom that is more prevalent in alcoholics. These results indicate a discrepancy in relation to the theoretical findings, which found that symptoms of Hostility occur more frequently in alcoholics. Research shows that violence and death are related to alcohol consumption. For Gigliotti, A.; Guimarães, A. (2010), alcohol is responsible for about 60% of traffic accidents and is found in 70% of cadaveric reports of violent deaths shown in the Brazilian research. Alvarez (2007) found among the risk factors that favor recidivism of alcoholism, negative emotional states such as anxiety, depression and anger.

The research was conducted with alcoholics from the AA in abstinence. The conclusion is that the Hostility shown in the observable behaviors of alcoholics, is not necessarily generated by the consumption of alcohol, but prior to its consumption, because when not differentiated it is understood that being hostile is in the subject and the use of the drink just brings out what he does not want or can not reveal.

The alcohol consumed generates effects and works as a symptoms release. It is highlighted that the theories, research findings and statistics suggest that an alcoholic manifests himself in a most symptomatic form with respect to psychological aspects when consuming alcohol. Thus, it is assumed that alcohol is the substance that reveals the mask of symptoms of the alcoholic. The alcoholic regardless the type presents similar symptoms

which makes believe that alcohol is a masking for conflicts, psychological structuring for both the man and the woman

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