



## Locus of Control, Assertiveness and General Well-Being among Alcoholics and Non-Alcoholics

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### Abstract

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Alcoholism, Assertiveness, General well-being, Locus of control.

The present study investigates the levels of locus of control, assertiveness and general well-being among alcoholics (N=60) and non-alcoholics (N=60). Locus of Control Scale, Rathus Assertiveness Schedule and Psychological General Well-Being Index were used for the study. Results revealed that more external control orientation and low levels of general well being in alcoholics compared to non-alcoholics. No significant difference in assertiveness scores is identified between the two groups. A positive correlation is identified between assertiveness and general well-being and locus of control and general well-being.

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The etiological model of alcohol dependence conceptualizes dependence as a process in which multiple interacting factors influence alcohol-using-behavior and the loss of flexibility with respect to decisions about using it. It is postulated that different factors may be more or less important at different stages of the process. Thus, factors influencing initial experimentation with alcohol can be availability of the substance and peer pressure (Sadock & Sadock, 2007). When light to moderate drinkers are considered, as they feel more relaxed after their drinking episode, the 'positive' effects of alcohol use as tension reduction, enhancement of feelings of power and reduction of psychological pain reinforces their drinking behavior. But when used in high doses, feelings of nervousness and tension are said to increase which may be left unrecognized by the person. But compulsive drinking behavior cannot be fully explained by these factors. Because two factors *viz.*, individual biology and personality has a dominant role to play in development of alcohol dependence.

It has been asserted that, the addiction is a 'brain disease' that the critical processes, which transform voluntary substance use to compulsive use, are changes in the structure and neurochemistry of the brain of the user. The perplexing and unanswered question is that whether these changes are both necessary and sufficient to account for the substance using behavior (Sadock & Sadock, 2007).

'Personality factors associated with alcoholism' has been a subject of detailed study in psychology. Though the evidence for the addictive personality concept is not fully accepted, identified groups of addicts in treatment are found to be markedly deviant from general population on personality scale scores. However, differential prediction of who will become addicted from personality scale score in the general population has not yet been demonstrated (Merchant & Dorkings, 1994).

Rotter (1966, 1975) is credited for introducing the term - 'Locus of Control' (LOC) to the field of Psychology. The term refers to people's beliefs about whether the results of their actions are under their own control. Such beliefs, he concluded, are as important as the actual reinforcers and punishers in the environment. Thus people who have an internal LOC tend to believe that they are responsible for what happens to them, that they control their own destiny. People who have an external LOC tend to believe that they are victims (or sometimes beneficiaries) of luck, fate or other people (Tavris & Wade, 1997).

Alberti and Emmons (1995) define assertive behavior as that which enables a person to act in his own best interest, to stand up for himself without undue anxiety and to express his rights without denying the rights of others (*cf.* Weiten & Lloyd, 2004). Rimm and Masters (1979) described assertive behavior as a socially appropriate interpersonal behavior involving honest and straightforward expression of thoughts and feelings. When a person is behaving assertively the feelings and welfare of others are taken into account. Assertive behavior according to Alberti and Emmons (1995) is said to foster high self esteem, satisfactory interpersonal relationships and effective conflict management (*cf.* Weiten & Lloyd, 2004).

Subjective well-being represents people's evaluations of their lives, and includes happiness, pleasant emotions, life satisfaction and a relative absence of unpleasant moods and emotions. In other words, we gauge a person's evaluation of his or her life by his cognitive and emotional reactions (Ed Diener & Diener, 2000). A synthetic model proposed by Ryff (1995) suggests six dimensions of well-being. They are self acceptance, positive relationships with other people, autonomy, environmental mastery, purpose in life and personal growth. Kairouz and Dube (2000) have introduced such terms as happiness, satisfaction, positive and negative affect and meaning in life to depict the multidimensional construct of subjective well-being.

### Objectives

1. To compare locus of control, assertiveness and general well-being in alcoholics and non-alcoholics.
2. To analyze the correlation between the three variables, locus of control, assertiveness and general well-being in alcoholics and non-alcoholics.

### Method

#### Participants

Participants of this study include two groups of people. Those who are clinically diagnosed as alcohol dependents (N=60) and non-alcoholics (N=60). All the subjects are men between the age range 20 and 60. The participants are selected by purposive sampling technique.

#### Instruments

1. Locus of Control Questionnaire: Locus of control questionnaire designed to measure the I-E locus of control for the Malayalam speaking population of India by Kunhikrishnan and Mathew (1986). The questionnaire contains 46 items with two response alternatives, 'right' and 'wrong'. The responses are scored in the external direction. The total score determines the extent of external orientation of the subject. Split-half reliability of the measure is found to be 0.825 estimated on the responses of 200 subjects (Kunhikrishnan & Mathew, 1986). Construct validity is reported as moderately high according to the correlation coefficient of 0.72 obtained between the two test scores administered to 30 subjects in a two month interval (Kunhikrishnan & Mathew, 1986).
2. Rathus Assertiveness Schedule: Rathus Assertiveness Schedule is a 30 item schedule developed by Nevid and Rathus (1978) to measure the level of assertiveness among college students and adults. Each item has 6 response alternatives, 'very much like me', 'rather like me', 'slightly like me', 'slightly unlike me', 'rather unlike me' and 'very much unlike me'. Items are scored in positive or negative direction and total score is calculated. Higher the total score, higher the assertiveness. The test-retest reliability of the scale is 0.78 established by administering the instrument to 68 subjects at 8 weeks interval. The validity of the scale was established by comparing scores to the 6 class I scales of California Psychological Inventory and scores are found to be significantly related (Harris & Brown, 1979).

3. The Psychological general well-being index (PGWBI): It is a 22 item health related quality of life questionnaire developed by Dupuy (1984). Each item has 6 response alternatives. The questionnaire consists of 6 subscales. They are Anxiety, Depressed mood, Positive well-being, Self control, General health, Vitality. Test-retest reliability coefficient was found to be 0.68 and in internal consistency 0.95 (Dupuy, 1984).

### Procedure

The needed data were collected from de addiction centers and by making home visits from Thrissur and Ernakulam Districts of Kerala state. Prior appointment for data collection was made from supervisors or the concerned individuals and the purpose, importance and nature of the study were discussed with them. The instruments were administered to the sample selected after giving necessary instructions. Assurance was given to each subject that the information gathered from him will be used only for research purposes and identity will be kept confidential. The completed instruments were collected back. After scoring the individual questionnaires statistical analysis was carried out. The statistical techniques used are Student's t test, and Correlation Analysis.

### Results and Discussion

The mean Locus of control scores of alcoholics and non alcoholics are first compared. The mean of the first group is found to be 20.22 and the second group is 17.98. This shows that alcoholics have a more external orientation as compared to non alcoholics.

Table 1

*Mean, Sd and t-value of Locus of control for Alcoholics and Non Alcoholics*

Groups	Mean	SD	N	t value
Alcoholics	20.22	4.15	60	2.34*
Non-alcoholics	17.98	6.10	60	

\* $p < .05$

Results of the Student's t test indicate that the difference in means noticed in the sample is generalizeable to the population. The results are consistent with the findings that alcoholics are on the average more external in 'powerful others control orientation' and in 'chance control orientation' and are more hopeless (Krampen, 1980). Jamuna (1988) studied Locus of control and self esteem among alcoholics and non alcoholics and came up with similar results i.e., increased external orientation among alcoholics. Lack of control over the substance can be one of the ways in which external control orientation is manifested. Strickland (1974) stated that 'internals' tend to take better care of themselves (*cf.* Baron, Byrne and Kantowitz, 1980). Nowicki and Hopper (1974) reported that internals are better than externals at avoiding the use of alcohol (*cf.* Baron, Byrne and Kantowitz, 1980). Thus in more general terms it can be concluded that having an internal orientation helps an individual to keep away from engaging in unhealthy behaviors.

The mean assertiveness scores of alcoholics and non alcoholics are compared. The mean score of alcoholics is found to be 16.10 and that of non alcoholics is 17.17, and t-test revealed that there is no significant difference exist in the mean scores of these groups.

Table 2

*Mean, Sd, and 't' value of Assertiveness for Alcoholics and Non Alcoholics*

Groups	Mean	SD	N	t value
Alcoholics	16.10	17.52	60	0.55
Non-alcoholics	18.27	25.15	60	

Thus taking into consideration, the population as a whole, the study shows that no significant difference exists in the assertiveness skills of alcoholics and non alcoholics. Studies conducted on assertiveness skills among alcoholics and non alcoholics have come up with mixed results. For instance Ganeshan (1987) studied the assertive behavior of alcohol dependent subjects and found that alcohol dependent group has low assertive capacity. Miller and Eisler (1977) compared alcoholic and non-alcoholic psychiatric patients on self reported assertiveness and behavioral assertiveness. Results indicated that while alcoholics reported themselves to be more assertive than non alcoholics, both groups were equally non-assertive on behavioral tests measuring negative assertion.

The above mentioned study shows that the particular assessment technique that is used for measuring assertiveness has a very important role to play. In contrast to the LOC related beliefs and subjective general well-being levels, individuals may find it difficult to express accurately how assertively they will behave in a particular situation. On the other hand, when observational studies are made more appropriate results can be inferred. Results of a self reported assertive inventory shows an individual's subjective perception of his own assertiveness skills rather than his real assertiveness skills. Whether one group has better assertiveness skills than the other is difficult to test using a self report inventory.

The total general well-being score of alcoholics and non alcoholics are compared. The alcoholics are found to have a mean general well-being score of 52.68 and non alcoholics have a mean score of 81.07. Student's t test is computed to find out the significance of difference in mean scores and the results revealed that there exist a significant mean difference in the mean scores of alcoholic and non alcoholics on their general well-being.

Table 3

*Mean, Sd and 't' value of General Well-Being for Alcoholics and Non Alcoholics*

Groups	Mean	SD	N	t value
Alcoholics	52.68	20.86	60	7.61**
Non-alcoholics	81.07	20.01	60	

\*\*p< .01

Different aspects of GWB as well as quality of life, among alcoholics and non alcoholics are well studied. They had come up with findings that are similar to the results of the present investigation. Welsh, Buchsbaum and Kaplan (1993) compared perceived quality of life of alcoholics and non alcoholics and the results indicated that alcoholics experience a lower quality of life than their non alcoholic counterparts.

In order to answer the question of why general well-being of alcoholics is less than that of non alcoholics, we have to define explicitly the determinants of general well-being. Efforts have been made to find out factors determining general well-being and Weiten and Lloyd (2004) have come up with a list of least important to most important influential factors. According to them, important ingredients of general well-being are personality characteristics of the individual, love and marriage, work, religion and culture, health and social activity.

Issac (1983) studied adjustment problems of alcohol dependent individuals and found that they have problems of adjustment in home, health, social, emotional, sexual, marital and occupational areas. Kabaski and Eker (1990) identified prominent marital problems and physical problems in alcoholics. Thus majority of the factors identified by Weiten and Lloyd (2003) as determinants of general well-being are affected for an alcoholic that, the subjective well-being experienced by them will be much less.

Personality characteristics associated with general well-being cannot be ruled out. Particular characteristics associated with what is termed as 'addictive personality' includes antisocial and depressive traits. These traits can by themselves create a lowered sense of general well-being in them. But many disputes do exist in association with the concept of 'addictive personality'. The personality factors that appear to distinguish substance abusers from others

are explained by many as consequences rather than causes, of these disorders (Nathan, 1988). In the same way, whether lowered levels of general well-being in alcoholics are antecedents or consequences of their drinking behavior is still in question.

Correlational analysis is carried out between all the 3 variables involved in the study *viz.* locus of control (I), assertiveness (II), general well-being (III), and the subscales of general well being *viz.*, anxiety (IV), depressed mood (V), positive well-being (VI), self control VII, general health (VIII) and vitality (IX).

Table 4

*Inter correlation Matrix for Alcoholics*

Variables	Locus of Control	Assertiveness	General well-being
Locus of Control	-		
Assertiveness	-0.14	-	
General well-being	-0.04	0.25*	-

\*p< .05

Table 5

*Inter correlation Matrix for Non alcoholics*

Variables	Locus of Control	Assertiveness	General well-being
Locus of Control	-		
Assertiveness	-0.23	-	
General well-being	-0.27*	0.25*	-

\*p< .05

Table 6

*Significance of difference of correlation coefficients between alcoholics and non-alcoholics*

Variables compared	r values		Z values
	Alcoholics	Non-alcoholics	
Assertiveness	-0.14	-0.23	0.17
Locus of Control	-0.04	-0.27	13.68*
General Well Being	0.25	0.25	0.26

\*p< .05

From such a correlational analysis it became clear that external orientation and assertiveness are negatively correlated for both groups. Studies supporting this result have been identified. Cooley and Nowicki (1984) studied LOC and assertiveness among 55 students and a significant positive correlation between internality and assertiveness is identified for males. Williams and Stout (1985) state that highly assertive individuals were found to be more internally controlled and experience few health problems than were individuals low in assertiveness. But the obtained correlation coefficients are found to be insignificant at 0.05 level of significance.

External control orientation is also found to show a negative correlation with general well-being for both groups. Donovan, Radford, Chaney and O'Leary (1977) investigated perceived locus of control as a function of level of depression among alcoholics and non-alcoholic controls.

A significant relationship between an external locus of control and higher levels of depression was found out. The obtained results are in agreement with these findings.

But it should be noted that the correlation co-efficient value between LOC and general well-being is found to be significant only for non alcoholics. There exists a significant difference





between the two groups for the correlation coefficient. For alcoholics although a negative correlation exists, it is found to be insignificant at 0.05 level of significance. So it can be concluded that lower levels of general well-being identified in alcoholics cannot be fully explained by their external perceived control. It is more likely for an alcoholic to have lower levels of general well-being, even if he has an internal control orientation. This is because, the devastating effects of compulsive alcohol use on physical and mental health of the individual and the problems in social, familial, legal and financial areas of life are inevitable even if he has an internal control orientation.

Results also show that for alcoholics as well as non alcoholics assertiveness is positively correlated with general well-being. There exists no significant difference between the two groups in the correlation between assertiveness and general well-being. This finding confirms the proposition of Bower and Bower (1991) that assertive communication is more adaptive (*cf.* Weiten and Llyod, 2004). Granger, Azairs, Albercque and Debray (1995) conducted studies to find out correlation between assertiveness and depression. Results showed that lack of assertiveness has both affective and anxious components. Chan (1993) reported that non-assertive responses, especially in expressing and disclosing oneself, correlated with depressed mood. All these findings are consistent with the results obtained in the present investigation, i.e. assertiveness and general well-being are positively correlated.

### Conclusion

Alcoholics are found to have a more external locus of control and lower levels of GWB compared to non-alcoholics. No significant differences were identified in self reported assertiveness levels. The study necessitates need to plan intervention strategies taking into consideration their external control orientation and need for studies assessing assertiveness levels in alcoholics using observational studies.

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