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## Association of psychological wellbeing and emotional maturity in persons with substance use disorder

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### Abstract

Substance use or addiction disrupts many dimensions or aspects of individual's life. There are ill effects on physical and mental health, family or interpersonal conflicts, failure to meet work, school obligations, legal problems etc. It effects the person in psychological well being as well. Wellbeing is considered as a positive physical, mental and social state. Mental or psychological wellbeing includes factors such as individual's ability to develop their potential, work productively and creatively , build strong and positive relationships with others and contribute to their community. It also involves areas of life such as feelings of satisfaction, optimism, self- esteem, having some control over one's life, having a purpose in life and sense of belonging and support. However it has been recognized that persons with substance use disorder have often fail to express their feelings and emotions and these suppressed feelings often make the person to continue use of the substance despite evidence of adverse effects on psychological, physical, social, interpersonal relationship. These symptoms affect the quality of life of the people with substance use disorder.

**Keywords:** psychological wellbeing, emotional maturity, substance use disorder

### 1. Introduction

Substance abuse is one of the important and concerning public health issues faced by all societies, which causes variety of problems. Substance use leads to development of physical and mental health problem, as well as it causes impairment in multiple areas of functioning. According to American Psychiatric Association (1994), "substance use disorders (SUD) are characterized as maladaptive patterns of substance use leading to clinically severe impairment or distress potentially affecting physical and psychological functioning ; personal safety; social relations, roles and obligations ;work and other areas". Substance use disorders occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibility at work, school or home.

Substance are any physical matter or matter of particular definite chemical constitution, but the ' substance' in the context of substance use disorder is limited to psychoactive drugs. Substance Use Disorder refers to the overuse of or dependence on or continued pathological use of a medication, non- medically indicated drugs toxin that results in effects that are detrimental to the individual's physical and mental health and repeated adverse social consequences related to substance use disorder. There are different substances or drugs available which may be involved in substance use International Classification of Disease (ICD-10) has classified the mental and behavioral disorder due to psychoactive substance use under the code F10- F19. Under the subtypes the drugs that are alcohol, opioids, cannabinoids , sedative, hypnotics, cocaine, and other stimulants including caffeine, hallucinogens, tobacco and volatile solvents.

A large proportion of people with substance use disorders have a co morbid psychiatric disorder and vice versa. Alcohol abuse or dependence increases the likelihood of a depressive disorder between 3 and 4 times, with that risk as increasing to sevenfold when associated more broadly with 'drug' abuse or dependence. There are higher levels of ill health and physical impairment among substance misusers than in the general population. Attempts to appraise both physical and psychosocial functioning as it relates to an

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individual's quality of life is a recent development. Studies have suggested that substance use disorder patients are dissatisfied with parts of their existence and they are in need of greater number of and more extensive care.

**2. Methodology**

**(a) Objectives**

- To assess the psychological wellbeing of the persons with substance use disorder.
- To assess the emotional maturity of the persons with substance use disorder.
- To find out the association between the psychological wellbeing and selected demographic variable of patient with substance use disorders.

**(b) Research approach and design**

A Descriptive Quantitative research approach was used in the present study to accomplish the objectives. The subjects were selected with purposive sampling technique.

**(c) Sample:** The sample comprised of 60 subjects.

**(d) Tools**

- (a) Brief Psychiatric Rating Scale(BPRS)
- (b) Socio - demographic proforma,
- (c) Psychological well being index.
- (d) Emotional Maturity scale (EMS)

**3. Results**

**Table 1:** Presentation of psychological wellbeing in persons with substance use disorder

n=60			
Psychological wellbeing (Domain wise)	Mean score	Frequency (f)	Percentage (%)
Anxiety	<59	38	63.3
	≥59	22	36.7
Depressed mood	<59	28	46.7
	≥59	32	53.3
Positive wellbeing	<59	27	45
	≥59	33	55
Self control	<59	30	50
	≥59	30	50
General health	<59	33	55
	≥59	27	45
Vitality	<59	38	63.3
	≥59	22	36.7

Data presented in the table 1 shows that the mean psychological value is 59 in which 36.7%(f=22), 53.3% (f=32), 55% (f=33), 50% (f=30) , 45%(f=27) and 36.7.3%

f=(22) had score more than the mean value in Anxiety, depressed mood, positive wellbeing, self control , general health and vitality respectively by the respondents.

**Table 2:** Presentation of emotional maturity of persons with substance use disorder

n=60			
Emotional maturity (domain wise)	Mean value	Frequency(f)	Percentage (%)
Emotional stability	<59	25	42
	≥59	35	58
Emotional progression	<59	34	57
	≥59	26	43
Social adjustment	<59	34	57
	≥59	26	43
Personal integration	<59	28	47
	≥59	32	53
Independence	<59	38	63
	≥59	22	37

Data presented in the above table shows that 58% (f= 35 ), 43% (f= 26 ), 43% ( f=26 ) 53% (f=32) and 37% (f=22) have score more than the mean value in Emotional stability, Emotional progression, Social adjustment, Personal

integration, Independence.

**Table 3 Correlation between psychological wellbeing and emotional maturity**

**Table 3:** Pearson's Correlation coefficient (r) values showing the correlation between psychological wellbeing and emotional maturity in persons with substance use disorder

n=60			
Variables	Emotional maturity		
	Correlation (r)	P value	Remarks
Psychological Wellbeing	-0.344	0.007	**S

\*\* - Significant at 0.01 level of significance.

The data presented in table 3 shows the correlation between the Psychological Wellbeing and Emotional maturity in persons with substance use disorder. The data shows that

there was significant co-relation between Psychological Wellbeing and Emotional maturity( r=-0.344, p=0.007)

#### 4. Conclusion

At the end of the study it was found that that prolong use of a substance may affect not only in health but also number of social, economic , psychological and emotional problems affecting day to day life of individuals, their family and the whole society.

#### 5. Recommendation

In the view of the findings and limitations of the study, following recommendations has been suggested:

- Interventional study can be conducted.
- A descriptive study may be carried out to find out the factors associated with substance use disorder.

#### 6. References

1. Diagnostic and statistical manual of mental disorder. American Psychiatric Association. 5<sup>th</sup> ed. England: CBS Publishers and Distributors Pvt Ltd 2013.
2. Substance use disorder [internet] 2014 [cited 04- 11- 2018] available from URL: [https://en.wikipedia.org/wiki/Substance\\_use\\_disorder#Definitions](https://en.wikipedia.org/wiki/Substance_use_disorder#Definitions).
3. ICD-10. The ICD-10 Classification of Mental and Behavioural Disorders; Clinical Descriptions and Diagnostic Guidelines. India: A.I.T.B.S Publishers and distributors 2006.
4. Srivastava S, Bhatia MS, Rajendra G, Angad S. Quality of Life in Substance Use Disorders. Academic psychiatry journal. [online] 2012 Cited on 2018;2(1):114-120. Available from <http://medind.nic.in/daa/t09/i1p114.pdf>.
5. World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders. 10<sup>th</sup> ed. New Delhi: AITBS India Edition 2007
6. Ersogutcu F, Karakas SA. Social functioning and Self esteem of Substance Abuse Patients [Online] 2016 Cited on 2018;19:587-592. Available from [http://www.psychiatricnursing.org/article/S0883-9417\(16\)30004-8/fulltext](http://www.psychiatricnursing.org/article/S0883-9417(16)30004-8/fulltext).
7. Rohde P, Lewinsohn PM, Seeley JR, Klein DN, Andrews JA, Small JW. Psychological Functioning of Adults who Experienced Substance Use Disorders as Adolescents.[Online] 2011 Cited on 2018;21(2):155-164. Doi: 10.1037/0893-164X.21.2.155. Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2536752>
8. Rooks L. The relationship between life satisfaction and substance use in adolescence. Scholar Commons [Online] 2010 [Cited on 2018 Nov15]; Available from <http://scholarcommons.usf.edu/etd/1754/>