

Regression level between Individuals with Alcohol and Opioid Use Disorder

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Abstract

A comparative study was conducted on 116 individuals with substance use disorder and taking treatment from various rehabilitation centres. All subjects were chosen from Indore, M.P., India, by quota sampling, and all were graduates. An 8-state questionnaire was used to obtain the scores on the guilt level of the subjects. A null hypothesis was formulated to identify the difference in the level of guilt, and a t-test was administered to test the hypothesis. The result indicates that there is no significant difference in guilt levels among individuals with alcohol and opioid use disorders.

KEYWORDS-Regression, Individuals with Alcohol use disorder, Individuals with Opioid use disorder

Sigmund Freud, also known as the “Father of Psychology,” states that individuals who revert to earlier points in childhood do so to feel more nurtured. He believed that these reverted moments are points in our developmental stage where we stuck and fixated. When solving our problems during adulthood, he thinks that we have two options: to solve the problem as an adult or handle them through regression. According to Anna Freud, regression is an immature defense mechanism because the individual who regresses cannot cope in a more constructive, age-appropriate way(1).Freud's theory specifies several stages children go through from infancy through adolescence but especially focuses on development between birth and the age of six.Freud saw inhibited development, fixation, and regression as centrally formative elements in the creation of a neurosis. Arguing that "the libidinal function goes through a lengthy development", he assumed that "a development of this kind involves two dangers – first, of inhibition, and secondly, of regression".Other people, however, may not show any signs of fixation until something happens in their lives that cause stress or trauma. It is only at this point when the defense mechanism of regression will be used to shield their ego, leading them to revert to an earlier stage. Studies have shown that regression generally decreases throughout adulthood. A longitudinal study with European-Americans showed that between adolescence and the age of 65, use of the defense mechanism of regression decreased. However, after 65, regression increased, which the researchers attributed to the challenges of maintaining adaptive coping strategies in older adulthood(3).Similarly, a cross-sectional study comparing younger, primarily White adults with the average age of about 20 years old and older, primarily White adults with the average age of about 71 years old found that the younger adults tended to use regression more than older adults. The researchers speculated that this difference may be the result of immature regressive behaviours being more acceptable for younger adults while seeming maladaptive and pathological in older adults (4). Addiction is the result of fixation in oral stage as per psychosexual development theory proposed by Sigman Freud. Substance use disorders (SUD), commonly referred to as addictions, are commonly defined as continuing, pathological, and compelling urges to consume one or more

psychoactive substances, despite detrimental effects for oneself and others (5). Regression is extremely used by individuals with substance use disorders and it is associated with denial also. However, it is more likely to occur in individuals who are dependent on alcohol and opioids. Current research is being conducted to resolve this investigation. The main objective of this study is to determine whether the feeling of guilt is greater in people with alcohol dependence than in people with opioid dependence.

Methodology

Sample Plan: 116 (58 –Alcoholic and 58 – Addicts) Graduate males who were in treatment were selected from various Rehabilitation Centres of Indore, MP. The mean of age was 20.4 years. All participants belong average socio-economic status. In alcoholic group all were diagnosed under F10 criteria and In Addict Group all were diagnosed under F11 as I.C.D-10. Quota sampling was used in the study.

Tool Used: Eight State Questionnaire (8-SQ) Form (A) Indian Adaptation by Shri Malay Kapoor & Dr Mahesh Bhargava (1990) was used in the present study to obtain scores on 8 mood states.

Procedure: After receiving written consent by the rehabilitation centres as well as participant, the study was conducted. Data was collected only from those individuals who had completed 60 days of treatment as in-house patients. In treatment all participants were receiving counselling, 12 step therapy, psychoeducation to the patient as well family and Pharmacological therapy.

Result-

H₀: There is no significance difference in Regression level between Individuals with Alcohol and Opioid use disorder

N	Group	M	S.D.	S.E _d	t-value
58	I.A.U. D	52.18	7.89	3.28	9.59*
58	I.O.U. D	83.63	23.66		

I.A.U.D.- Individual with Alcohol Use Disorder

I.O.U.D.- Individual with Opioid Use Disorder

d.f.-58+58-2=114

*Significant at 0.01 level of confidence

As per the statistical analysis of scores, the calculated t-value is significant on 0.01 level of confidence. So, our null hypothesis is rejected on 0.01 level of confidence. Alternatively, Individuals with Opioid use disorder is having more regressive behaviour than Individual with alcohol use disorders.

Discussion and Interpretation –The current research clearly demonstrates that people with opioid use disorders exhibit greater regressive behaviour compared to those with alcohol use disorders. Regression is a psychological protection mechanism that is strongly linked to the act of denial, as previously mentioned. Therefore, it is necessary to evaluate such instances prior to implementing any kind of action. Alcohol use disorder poses challenges in treatment because of denial, but opioid use disorder is comparatively easier to treat due to the intensity of withdrawal symptoms. They readily acknowledged their ability to manage drug use, but their regressive

conduct leads to recurrence. Therefore, it is essential to address and reduce this kind of conduct proactively, prior to the necessity of any intervention. Regression refers to the act of returning to previously shown behaviours during infancy. Among those with addiction, it manifests as an unwillingness to leave the bed or residence to participate in ordinary daily tasks. The individual addicted to substances deliberately secludes themselves from their social circle to engage in their addictive behaviour without facing criticism or disapproval. So individuals with substance use disorders use regression to shift their blame or for projection management. There is a lack of evidence on this research topic, so more research should be conducted to minimise the knowledge gap, as our research indicates that individuals with opioid use disorders exhibit more regressive behaviour than individuals with alcohol use disorders. This theory creates a distinction between the behaviour of both types of substance use disorders, but for the generalisation of research results, the sample size should be increased.

Conclusion-Regressive behaviour should be assessed before starting any type of psychotherapeutic intervention for individuals with substance use disorders. This practice can help achieve optimum recovery for individuals with substance use disorders, especially those with opioid use disorders.

Conflict of interest statement

Declaration of Conflicting Interests The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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