April' 25, Vol. 23. No.2 |ISSN : 0972 -8945 (Print) 3048 -6165 (Online)

Frustration Tolerance and Psychological Distress among Drinkers

Meghna Sharma*
Visiting Faculty, Department of Psychology, Bhagat Phool Singh Mahila Vishwavidyalaya, Sonepat, India

Sarvdeep Kohli
Senior Professor (Retd.), Department of Psychology, Maharshi Dayanand University, Rohtak, India
Corresponding Author Email: meghna.1331@gmail.com

Abstract: *Drinking refers to the behaviours of alcohol consumption, specifically among men. It refers to the manner, in which a person engages in drinking, including the frequency, quantity, and context in which they consume alcohol. Understanding drinking patterns is important for addressing potential health risks, promoting responsible drinking, and addressing issues related to alcohol abuse or addiction. This study assessed and compared frustration tolerance and psychological distress among male ex-drinkers, drinkers, and non-drinkers. The study sought to shed light on the potential impact of alcohol consumption on frustration tolerance and psychological well-being. A multigroup design was employed on 150 male participants to compare the three groups of drinkers, each having 50 participants respectively, on frustration tolerance and psychological distress. The results indicated significant differences in frustration tolerance and psychological distress among the three groups. Ex-drinkers exhibited the highest frustration tolerance levels, followed by non-drinkers, while drinkers showed the lowest frustration tolerance. In terms of psychological distress, ex-drinkers reported significantly lower levels compared to both drinkers and non-drinkers. On the other hand, drinkers exhibited higher levels of psychological distress compared to both ex-drinkers and non-drinkers.*

Keywords: Frustration Tolerance, Psychological Distress, Drinkers.

INTRODUCTION

Substance abuse and their effect on psychological health are indispensable spheres of study in mental health and behavioural sciences. One of many variables impacting an individual's mental health is frustration tolerance — the ability to endure an adverse or unwanted situation without acting in a negative way — which plays a significant role in mental health. As well, psychological distress, characterized by an array of symptoms including anxiety, depression, and stress, is an important contributor to mental health vulnerabilities between populations. Due to its relation to adverse mental health results, the connection between frustration allowance and mental misery deserves special interest about alcohol intake. Alcohol is a complex substance that also has different implications for people who drink differently Current drinkers, former drinkers, and non-drinkers are qualitatively diverse groups with distinct psychological profiles, shaped by their drinking history. While this provides temporary emotional relief for current drinkers, many of whom are at high risk of psychological distress secondary to the long-term effects of alcohol use (e.g., dependence, guilt, impaired functioning), this is likely a path that reinforces maladaptive drinking behaviours. Drinking alcohol ceases means on-going strife too, there are those psychological problems like with-drawl signs, social stigma, and if nothing else, the enduring inside body conflict against the enticing part. On the other hand, non-drinkers are not directly faced with the negative consequences of alcohol consumption but may rather possess certain psychological characteristics promoting their decision to refrain from drinking (e.g. more self-control, and frustration tolerance).

REVIEW OF LITERATURE

Throughout recorded history, alcoholic beverages have been consumed in human societies, and currently, alcohol is widely prevalent, with patterns of alcohol consumption continually changing worldwide (Das et al., 2006). In India, the market for alcoholic beverages is significant in size. However, existing research investigations in the country are limited to specific contexts and lack nationwide applicability. Notably, there has been a 43.6% rise in the age-standardised frequency of problem drinking in men from 2005-2006 to 2015-2016 (Shaikh & Khan, 2021). Conversely, there has been an 8.5% decline in the age-standardised prevalence of problematic drinking among women during the same period. Alcohol-related behaviours and attitudes in India are characterised by complexity, contradictions, and intricacy due to the numerous historical influences that have shaped

them (Sharma, Tripathi, & Pelto, 2010). Alcoholism is a bio-psychosocial illness defined as a legal pattern of visible signs and symptoms that differ considerably from a healthy norm (Maltzman, 1991). Although certain studies propose that moderate alcohol consumption may offer cardiovascular benefits, there is a general consensus that excessive drinking can have detrimental effects on health, in addition to physical health issues, alcohol misuse significantly impacts mental well-being and the abuse of alcohol and the development of alcoholism can exacerbate pre-existing mental conditions such as depression, as well as introduce new problems like severe memory impairment, depression, anxiety or tolerance. Frustration tolerance refers to an individual's capacity or ability to cope with and tolerate frustrating or challenging situations without experiencing excessive emotional distress. Frustration tolerance (FT) has been identified as a significant element in substance addiction and may be included in therapy programmes for those who are addicted to substances (Guell et al., 2019). Personality qualities such as sadness on the one hand and anger and impulsivity on the other are thought to be risk factors for various forms of liquor or alcohol dependency. Both kinds are related to sensitivity to frustration, however, this may alter depending on whether they are presented with frustrations generated by withdrawal from good or infliction of bad events (Baars et al., 2013). The understanding of frustration tolerance is essential as it is closely linked to how individuals cope with and manage challenging situations in their lives. Frustration tolerance refers to a person's capacity to endure and handle frustrating or difficult circumstances without feeling overwhelmed or resorting to unproductive behaviours. It is believed that individuals with low frustration tolerance may be more susceptible to experiencing psychological distress. The consumption of alcohol is frequently connected to various mental health consequences, including psychological distress. The research study aims to investigate the comparison among three groups of drinkers (ex-drinkers, current drinkers, and non-drinkers) and frustration tolerance and psychological distress. Through the comparison of these groups, researchers can gain valuable insights into the potential influence of alcohol use on both frustration tolerance and psychological well-being.

METHODOLOGY

Design: A multigroup design was used in this study. A three-group design was applied to study and compare the frustration tolerance and psychological distress among ex-drinkers (Group I), current drinkers (Group II), and non-drinkers (Group III).

Sample: A purposive sample of 150 male participants was collected from Rohtak (Haryana) in the month of March 2024, consisting of 50 individuals who have previously engaged in alcohol consumption but have chosen to abstain from drinking alcohol at the present time (ex-drinkers), 50 individuals who are currently engaged in alcohol consumption (current drinkers) and 50 individuals who abstain from consuming alcohol (non-drinkers). All the participants were between 30 to 50 years of age.

Inclusion criteria: Group I. Ex-drinkers: Participants had documented the history of regular alcohol consumption in the past but should currently abstain from drinking alcohol for a specified period i.e., at least 12 months.

Group II. Current drinkers: Participants as current drinkers, defined as individuals who consume alcoholic beverages on a regular basis within the past six months prior to study enrolment.

Group III. Non-drinkers: Participants had no history of consuming any alcoholic beverages throughout their lifetime.

Tools: a) The Frustration Tolerance Test (FRTO): The Frustration Tolerance Test, created by Prof. S. N. Rai in 1988, involves four puzzles. Participants are instructed to solve the puzzles while their time is recorded with a stopwatch. If they complete the first puzzle, they proceed to the next one, noting the time taken. If the first puzzle is unsolved within 10 minutes, the time spent is noted. Participants may mistakenly claim to have solved the unsolvable puzzles, and their error is pointed out. If they try again, the stopwatch is restarted, and both times are recorded. The same process is repeated for the third puzzle, while the second puzzle's time is not noted since it is solvable. Finally, the time taken to solve the fourth puzzle is recorded and the meantime taken was also calculated (Rai, 1988).

b) The General Health Questionnaire (GHQ-28): It is a widely used tool for assessing overall mental health and identifying potential psychological distress. It consists of 28 questions that cover various areas like physical symptoms, anxiety, social issues, and depression. Each question or statement is rated on a four-point scale to measure the level of distress. The questionnaire aims to detect psychiatric disorders, emotional well-being, and mental health issues in different populations. Due to its brevity and ease of use, it is valuable for large surveys, research, and routine mental health assessments. Mental health professionals can analyse the responses to gain insights into a person's psychological state and determine if further evaluation or intervention is necessary. The test-retest reliability of GHQ-28 was reported high (0.78 to 0.9) and interrater and intra-rater reliability have both been demonstrated to be excellent (Cronbach's α 0.9–0.95).

RESULTS

Participants were recruited from various community settings and equated for age and socio-economic background. The study utilised the standardised psychological assessments to measure each group's frustration tolerance and psychological distress levels. Frustration tolerance was assessed using a well-established self-report questionnaire, while psychological distress was measured using validated scales assessing symptoms of anxiety, depression, and psychological distress.

Descriptive analysis techniques were used for analysing the data collected from the participants of age 30 to 50 years, using the SPSS program. One-way ANOVA was administered to find out the mean difference among the groups (ex-drinkers, drinkers, and non-drinkers).

It is observed from table 1, participants of ex-drinkers-group I (14.00 ± 1.87) had the highest level of frustration tolerance followed by the non-drinkers (13.84 ± 1.62) and

current drinkers-group II (10.43 ± 2.34) had the lowest level of frustration tolerance among all.

Similarly, it is evident that on somatic symptoms (first subscale of psychological distress), all three groups were found to have variations in which the current drinkers (27.50 ± 5.56) had more somatic indications or problems whereas non-drinkers (5.22 ± 1.18) had the least somatic symptoms among all three groups. On anxiety/insomnia, members of three groups varied with each other in which non-drinkers (6.04 ± 1.89) had the lowest mean scores followed by the ex-drinkers (6.18 ± 1.67) and current drinkers (6.92 ± 2.10) had the highest scores of anxiety/insomnia suggesting that the current drinkers are more confronted with problems of insomnia or anxiety as compared to the other two groups.

On the next subscale, i.e., social dysfunction, it depicted that ex-drinkers (5.94 ± 1.71) had the lowest mean score, followed by current drinkers (6.76 ± 2.07) and non-drinkers (7.28 ± 1.82).

Table 1: Mean and Standard Deviation of three Groups (Ex-Drinkers; Current Drinkers; Non-Drinkers) on Scales of Frustration Tolerance and Psychological Distress (N=150).

	Mean ± SD	Variance
Frustration Tolerance		
Ex-Drinkers	14.00 ± 1.87	3.51
Current Drinkers	10.43 ± 2.34	5.48
Non-Drinkers	13.84 ± 1.62	2.64
Psychological Distress		
Ex-Drinkers	23.60 ± 3.97	15.83
Current Drinkers	27.50 ± 5.56	30.99
Non-Drinkers	22.86 ± 4.40	19.44
Somatic Symptoms		
Ex-Drinkers	5.40 ± 1.48	2.20
Current Drinkers	7.20 ± 1.52	2.32
Non-Drinkers	5.22 ± 1.18	1.40
Anxiety/Insomnia		
Ex-Drinkers	6.18 ± 1.67	2.80
Current Drinkers	6.92 ± 2.10	4.44
Non-Drinkers	6.04 ± 1.89	3.59
Social Dysfunction		
Ex-Drinkers	5.94 ± 1.71	2.95
Current Drinkers	6.76 ± 2.07	4.30
Non-Drinkers	7.28 ± 1.82	3.34
Severe Depression		
Ex-Drinkers	6.08 ± 1.62	2.64
Current Drinkers	8.20 ± 4.07	16.61
Non-Drinkers	6.86 ± 6.00	36.08

The comparison of means reflects that ex-drinker exhibited better social functioning as compared to non-drinkers and current drinkers that showed higher levels of social dysfunction. Regarding Severe Depression, the ex-drinkers (6.08 ± 1.62) had the lowest level of depression followed by the non-drinkers (6.86 ± 6.00) and current drinkers (8.20 ± 4.07). The mean scores comparison shows that the non-drinkers had higher mean scores, which indicates that members of this group deal with the highest level of depression. One-way ANOVA was applied to test the significance of the difference in the means.

Table 2: Mean Differences among three Groups (Ex-Drinkers; Current Drinkers; Non-Drinkers) on Frustration Tolerance.

	Sum of Square	df	Mean Squares	F
Frustration Tolerance				
Between Group	406.72	2	203.36	52.39*
Within group	570.57	147	3.88	
Total	**977.29**	**149**		

**Significant at .05 level and **Significant at .01 level*

It has been observed by a summary of one-way ANOVA (Table 2) of frustration tolerance that the mean scores on frustration tolerance of the participants of three groups (i.e., ex-drinkers, drinkers, and non-drinkers) differed from each other significantly. The F- ratio is 52.39 was found to be significant. It indicates that members of three groups i.e., ex-drinkers (Group I), current drinkers (Group II), and non-drinkers (Group III) are experiencing different levels of frustration tolerance.

Table 3: Results of Post-hoc Analysis of Frustration Tolerance.

Dependent Variable	Groups	Mean Difference
Frustration Tolerance	Ex-Drinkers: Current Drinkers	3.56**
	Ex-Drinkers: Non-Drinkers	0.15
	Current Drinkers: Non-Drinkers	3.41**

**Significant at .05 level and **Significant at .01 level*

The post hoc analysis (Tukey HSD) of frustration tolerance scores (Table 3) among ex-drinkers, current drinkers, and non-drinkers revealed significant differences. Ex-drinkers demonstrated higher frustration tolerance scores compared to current drinkers. However, no significant difference was found between ex-drinkers and non-drinkers indicating similar frustration tolerance levels. In contrast, current drinkers exhibited significantly lower frustration tolerance scores compared to non-drinkers. Overall, these findings suggest that ex-drinkers have higher frustration tolerance scores than current drinkers, while current drinkers have lower frustration tolerance scores compared to nondrinkers (Table 3).

Table 4. Mean Differences among three Groups (Ex-Drinkers, Current Drinkers, and Non-Drinkers) on Psychological Distress.

	Sum of Square	df	Mean Squares	F
Psychological Distress				
Between Group	558.88	2	279.44	17.29**
Within group	2375.120	147	16.15	
Total	2934.00	149		
Somatic Symptoms				
Between Group	114.76	2	57.38	29.88**
Within group	282.280	147	1.920	
Total	397.904	149		
Anxiety/Insomnia				
Between Group	30.41	2	15.207	4.50*
Within group	496.42	147	3.37	
Total	526.83	149		
Social-Dysfunction				
Between Group	61.32	2	30.66	8.69**
Within group	518.34	147	3.52	
Total	579.66	149		
Severe Depression				
Between Group	79.37	2	39.68	17.73**
Within group	329.00	147	2.23	
Total	**4089.37**	**149**		

**Significant at .05 level and **Significant at .01 level*

The one-way ANOVA for Psychological distress and its subscales (Table 4) reveals that there is a significant difference among the three groups on all the subscales i.e., Somatic Symptoms (F=29.88, p<.01), Anxiety/Insomnia (F=4.50, p<.05) Social Dysfunction (F=8.69, p< .01), Severe Depression (F=17.73, p<.01) and psychological distress (F=17.29, p<.01).

It means that members of three groups i.e., ex-drinkers (Group 1), current drinkers (Group II) and non-drinkers (Group III) are not equally feeling the level of psychological distress. In order to verify which one out of the three groups differed from the other, Tukey's HSD post hoc test was applied and has been shown in Table 5.

Table 5. Results of post-hoc analysis of psychological distress.

Dependent Variable	Groups	Mean Difference
Psychological Distress	Ex-Drinkers: Current Drinkers	3.88**
	Ex-Drinkers: Non-Drinkers	0.40
	Current Drinkers: Non-Drinkers	4.28**
Somatic Symptoms	Ex-Drinkers: Current Drinkers	1.54**
	Ex-Drinkers: Non-Drinkers	0.52
	Current Drinkers: Non-Drinkers	2.06**
Anxiety/ Insomnia	Ex-Drinkers: Current Drinkers	0.62
	Ex-Drinkers: Non-Drinkers	0.48
	Current Drinkers: Non-Drinkers	1.10**
Social Dysfunction	Ex-Drinkers: Current Drinkers	0.90*
	Ex-Drinkers: Non-Drinkers	1.56**
	Current Drinkers: Non-Drinkers	0.66
Severe Depression	Ex-Drinkers: Current Drinkers	0.82**
	Ex-Drinkers: Non-Drinkers	0.96**
	Current Drinkers: Non-Drinkers	1.78**

**Significant at .05 level and **Significant at .01 level*

The post hoc analysis results (Table 5) indicate significant differences in psychological distress among the groups. Ex-drinkers reported lower levels of distress compared to current drinkers, with a statistically significant difference of 3.88. However, no significant difference was found between ex-drinkers and non-drinkers, suggesting similar levels of distress. In contrast, current drinkers demonstrated higher levels of distress compared to non-drinkers, with a significant difference of 4.28.

These findings suggest a potential association between alcohol consumption and psychological distress, as current drinkers experienced greater distress compared to both ex-drinkers and non-drinkers. The mean difference in somatic symptoms between individuals who were previously ex-drinkers and those who are currently identified as current drinkers are significant.

This result suggests that there is a substantial difference in the reported somatic symptoms between these two groups, but the mean difference in somatic symptoms between Ex-Drinkers and individuals who do not currently drink alcohol (non-Drinkers) is not statistically significant. Regarding anxiety/insomnia, there were no significant mean differences between ex-drinkers and current drinkers, as well as between ex-drinkers and non-drinkers.

However, a statistically significant difference was observed between current drinkers and non-drinkers, indicating higher anxiety/insomnia levels in current drinkers. In terms of social dysfunction, ex-drinkers exhibited significantly higher levels than current drinkers and non-drinkers. For severe depression, ex-drinkers had significantly higher levels compared to current drinkers and non-drinkers. Additionally, current drinkers showed significantly higher severe depression levels compared to non-drinkers.

DISCUSSION

The study aimed to investigate and compare the levels of frustration tolerance and psychological distress among individuals who have stopped drinking alcohol (ex-drinkers), those who currently consume alcohol (current drinkers), and those who do not drink alcohol (non-drinkers). Results of a study conveyed that among older individuals, but not younger age groups, those who abstained from drinking reported significantly higher levels of psychological distress compared to light or moderate drinkers; specifically, among the oldest age group, former heavy drinkers who were now abstaining exhibited the highest levels of distress, however, even when excluding these former heavy drinkers from the analysis, there were still notable differences in psychological distress between current abstainers and light or moderate drinkers, indicating that factors other than previous heavy drinking contribute to the higher distress levels observed among abstainers (Lucas et al., 2010). In another study, impulsive participants scored considerably higher on childhood disruptions, low frustration tolerance, poor interpersonal interactions, and attention-seeking conduct (Hoehn-Saric & Barksdale, 1983). The findings from a research study indicated that individuals who reported consuming alcohol within the past 30 days exhibited an escalation in both the quantity and frequency of their alcohol consumption over time; moreover, it was observed that participants experiencing higher levels of depression and anxiety displayed more substantial increases in their alcohol intake compared to those with milder symptoms (Lechner et al., 2020). The drinker's immediate environment may face various challenges, including mental health issues, physical injuries, and social difficulties resulting from the drinker's inability to fulfil their expected roles; on a broader scale, society or a collective entity may encounter problems such as social disintegration and similar challenges affecting both the drinker and the people in their social circle, but at an aggregated level (Room, 1998). Through moderation analyses, it was discovered that individuals who reported drinking alcohol demonstrated weaker connections between worry/anxiety and insomnia in comparison to those who reported not drinking. The frequency of drinks per week played a moderating role in the relationship between the Penn State Worry Questionnaire - Anxiety subscale (PSWQ-A) and insomnia, indicating that a higher frequency of drinking mitigated the positive association between self-reported worry and insomnia (Ivan et al., 2014). Several research have been conducted to investigate the association between alcohol intake and somatic symptoms. A study revealed a noteworthy link between somatic symptoms and substance use, along with a robust correlation between anxiety disorders and

substance use, indicating substantial comorbidity between these two conditions (Hassan & Ali, 2011). Only somatic symptoms were considerably lower in moderate and heavy drinkers than in abstainers (Neff, 1984).

CONCLUSION

These findings suggest that alcohol consumption may impact an individual's frustration tolerance and psychological distress levels. Ex-drinkers, who have abstained from alcohol, demonstrated better frustration tolerance and lower psychological distress levels compared to current drinkers. Non-drinkers, who had never consumed alcohol, also exhibited better frustration tolerance and lower psychological distress levels compared to drinkers. These results have important implications for understanding the psychological effects of alcohol consumption and the potential benefits of alcohol abstinence. Further research is needed to explore the underlying mechanisms and develop interventions to enhance frustration tolerance and reduce psychological distress in individuals who consume alcohol.

ACKNOWLEDGEMENT

The authors would like to thank all the participants for their cooperation during the study.

REFERENCES

1. Baars, M. Y., Müller, M. J., Gallhofer, B., et al. (2016). Relapse (number of detoxifications) in abstinent male alcohol-dependent patients as related to personality traits and types of tolerance to frustration. Neuropsychobiology, 67(4), 241–248. https://doi.org/10.1159/000350483
2. Das, S. K., Balakrishnan, V., & Vasudevan, D. M. (2006). Alcohol: Its health and social impact in India. National Medical Journal of India, 19(2), 94.
3. Guell, F., Bernacer, J., & Morón, I. (2019). Frustration tolerance and personality traits in patients with substance use disorders. Frontiers in Psychiatry, 10, 453770. https://doi.org/10.3389/fpsyt.2019.00421
4. Hassan, I., & Ali, R. (2011). The association between somatic symptoms, anxiety disorders and substance use: A literature review. Psychiatric Quarterly, 82, 315–328.
5. Hoehn-Saric, R., & Barksdale, V. (1983). Impulsiveness in obsessive-compulsive patients. The British Journal of Psychiatry, 143(2), 177–182. https://doi.org/10.1192/bjp.143.2.177
6. Ivan, M. C., Amspoker, A. B., Nadorff, M. R., et al. (2014). Alcohol use, anxiety, and insomnia in older adults with generalized anxiety disorder. The American Journal of Geriatric Psychiatry, 22(9), 875–883. https://doi.org/10.1016/j.jagp.2013.04.001
7. Lechner, W. V., Laurene, K. R., Patel, S., et al. (2020). Changes in alcohol use as a function of psychological distress and social support following COVID-19 related university closings. Addictive Behaviours, 110, 106527. https://doi.org/10.1016/j.addbeh.2020.106527
8. Lucas, N., Windsor, T. D., Caldwell, T. M., et al. (2010). Psychological distress in non-drinkers: Associations with previous heavy drinking and current social relationships. Alcohol and Alcoholism, 45(1), 95–102. https://doi.org/10.1093/alcalc/agp080
9. Maltzman, I. (1991). Is alcoholism a disease? Integrative Psychological and Behavioural Science, 26, 200–210. https://doi.org/10.1007/BF02912511
10. Neff, J. A. (1984). The stress-buffering role of alcohol consumption: The importance of symptom dimension. Journal of Human Stress, 10(1), 35–42.
11. Rai, S. N. (1988). Manual for frustration tolerance. Ankur Psychological Agency.
12. Room, R. (1998). Drinking patterns and alcohol-related social problems: Frameworks for analysis in developing societies. Drug and Alcohol Review, 17(4), 389–398. https://doi.org/10.1080/09595239800187231
13. Shaikh, R., & Khan, J. (2021). Gender and regional pattern of alcohol use and projection of problematic drinking in India, 1998–2016. Alcohol, 97, 23–30.
14. Sharma, H. K., Tripathi, B. M., & Pelto, P. J. (2010). The evolution of alcohol use in India. AIDS and Behaviour, 14, 8–17.