THE RELATIONSHIPS BETWEEN ALCOHOL USE DISORDER, DEPRESSION, ANXIETY, STRESS, AGGRESSION AND ATTACHMENT STYLE: A STUDY AMONG POLICEMEN AND DRIVERS IN AIZAWL CITY

DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PHILOSOPHY

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CERTIFICATE

This is to certify that the present research work entitled, "The Relationships between Alcohol Use Disorder, Depression, Anxiety, Stress, Aggression and Attachment Style: A Study among Policemen and Drivers in Aizawl City" is the original research work carried out by JonaLalrindika under my supervision. The work done is being submitted for the award of the degree of Master of Philosophy in Psychology of the Mizoram University.

This is to further certify that the research conducted by JonaLalrindika has not been submitted in support of an application to this or any other University or an Institute of Learning.

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DECLARATION

I, JonaLalrindika, hereby declare that the dissertation entitled, "The Relationships between Alcohol Use Disorder, Depression, Anxiety, Stress, Aggression and Attachment Style: A Study among Policemen and Drivers in Aizawl City" is the record of work done by me, that the contents of this dissertation did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the dissertation has not been submitted by me for any research degree in any other University or Institute.

This is being submitted to Mizoram University for the degree of Master of Philosophy in Psychology.

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CHAPTER-I
INTRODUCTION

Alcohol, sometimes referred to by the chemical name ethanol, is a psychoactive drug that is the active ingredient in drinks such as beer, wine, and distilled spirits (hard liquor) (Collins & Kirouac, 1970). It is one of the oldest and most common recreational substances, causing the characteristic effects of alcohol intoxication ("drunkenness"). there are three types of alcohol that humans use every day: methanol, isopropanol, and ethanol. The only type of alcohol that humans can safely drink is ethanol (Yerby, 2020).

Ethanol (or ethyl alcohol) is the type of alcohol that over two billion people drink every day. Ethanol is toxic, so it damages the liver, the brain, and other organs over time. Ethanol also inhibits the central nervous system, which distorts a person's coordination and judgment. Additionally, ethanol may exacerbate psychological problems such as anxiety and depression, while chronic, long-term consumption of ethanol-based drinks can cause a person to develop debilitating alcohol addiction (Yerby, 2020).

Alcoholism is the most severe form of alcohol abuse and involves the inability to manage drinking habits (Galbicsek, 2019). Alcoholism A term of long-standing use and variable meaning, generally taken to refer to chronic continual drinking or periodic consumption of alcohol which is characterized by impaired control over drinking, frequent episodes of intoxication, and preoccupation with alcohol and the use of alcohol despite adverse consequences. The term alcoholism was originally coined in 1849 by Magnus Huss (WHO, 2006)**.** Alcoholism, also known as Alcohol Use Disorder (AUD), is a broad term for any drinking of alcohol that results in mental or physical health problems (Littrell, 2014).The disorder was previously divided into two types: alcohol abuse and alcohol dependence ("Alcohol Use Disorder: A Comparison between DSM–IV and DSM–V", 2020) In DSM-V, the categories of 'alcohol abuse' and 'alcohol dependence' were combined to define a single disorder on a continuum from mild to severe (Hutchinson et al., 2014).

In a medical context, alcoholism is said to exist when two or more of the following conditions are present: a person drinks large amounts of alcohol over a

long time , has difficulty cutting down, acquiring and drinking alcohol takes up a great deal of time, alcohol is strongly desired, usage results in not fulfilling responsibilities, usage results in social problems, usage results in health problems, usage results in risky situations, withdrawal occurs when stopping, and alcohol tolerance has occurred with use ("Alcohol Use Disorder: A Comparison Between DSM–IV and DSM–V", 2020). Alcohol use can affect all parts of the body, but it particularly affects the brain, heart, liver, pancreas and immune system (APA: DSM-V, 2013). Alcoholism can result in mental illness, Wernicke–Korsakoff syndrome, irregular heartbeat, an impaired immune response, liver cirrhosis and increased cancer risk (Romeo et al., 2007). Alcoholism is most common among males and young adults, and is less common in middle and old age (APA: DSM-V, 2013).

There is no one single cause of alcoholism. There are dozens of risk factors that play a role in the development of an alcohol addiction. These risk factors interact differently in every individual, leading to alcohol use disorders in some and not in others. Both internal and external factors contribute to the development of alcoholism. Internal factors include genetics, psychological conditions, personality, personal choice, and drinking history. External factors include family, environment, religion, social and cultural norms, age, education, and job status (Juergens 2018).

Major depressive disorder (MDD), also known simply as Depression, is a mental disorder characterized by at least two weeks of low mood that is present across most situations. It is often accompanied by low self-esteem, loss of interest in normally enjoyable activities, low energy, and pain without a clear cause. Those affected may also occasionally have false beliefs or see or hear things that others cannot (NIMH, 2020). Some people have periods of depression separated by years in which they are normal, while others nearly always have symptoms present. Major depressive disorder can negatively affect a person's personal life, work life, or education as well as sleeping, eating habits, and general health (APA: DSM-V, 2013).

Depression is a common psychiatric disorder (Kessing, 2007), with an estimated lifetime prevalence of 10% in the general population (Kessler, Bromet, 2013). In clinical settings, its prevalence may reach as high as 20% (O'Connor, 2009). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013), the diagnosis of a Major Depression Episode (MDE) requires five or more symptoms to be present within a 2-week period. One of the symptoms should, at least, be either a depressed mood (DM) or anhedonia (loss of interest or pleasure-LI). The secondary symptoms of MDE are appetite or weight changes (AW), sleep difficulties (insomnia or hypersomnia), psychomotor agitation or retardation (PAR), fatigue or loss of energy (FE), diminished ability to think or concentrate (C), feelings of worthlessness or excessive guilt (FW), and suicidality (SU). These symptoms are rated in an all or none (0 or 1) fashion (APA: DSM-V, 2013).

According to the DSM-V criteria, the symptoms are summed to determine the presence or the absence of a major depression episode (APA: DSM-V, 2013). Consequently, the DSM assumes that the depression construct may be considered unidimensional. However, several studies have described different subtypes of depression (Rantala, 2018). Furthermore, the unidimensional model of depression has been challenged by studies on the factor structure of the DSM symptom criteria (Smolderen, 2009). Elhai and his colleague (2012) have reported that a two-factor model fits better than the one-factor unidimensional model. They found that major depression symptoms are best represented by somatic and non-somatic factors. The somatic items included sleep difficulties (SD), appetite or weight changes, poor concentration, fatigue, and psychomotor agitation/retardation. The non-somatic factor consisted of affective items such as depressed mood, anhedonia, feelings of worthless, and thoughts of death (Elhai et al, 2012)

Anxietyis the anticipation of future threats (APA: DSM-V, 2013). Occasional anxiety is an expected part of life. You might feel anxious when faced with a problem at work, before taking a test, or before making an important decision (NIMH 2020). Many of us worry from time to time. We fret over finances, feel anxious about job interviews, or get nervous about social gatherings. These feelings

can be normal or even helpful. They may give us a boost of energy or help us focus. But for people with anxiety disorders, they can be overwhelming(Wein, 2016).

One of the most common types of anxiety disorder is social anxiety disorder, or social phobia. People with social phobia may worry for days or weeks before a social event. They're often embarrassed, self-conscious, and afraid of being judged. They find it hard to talk to others. They may blush, sweat, tremble, or feel sick to their stomach when around other people (Wein, 2016).

Generalized anxiety disorder is persistent and excessive anxiety and worry about various domains, including work and school performance that the individual finds difficult to control. In addition, the individual experiences physical symptoms, including restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; and sleep disturbance (APA: DSM-V, 2013).

Stress can be defined as, any change in the body's equilibrium (Bansal&Bhave, 2006). The demands of life require that we adjust. When we experience or perceive challenges to our physical or emotional well-being that exceed our coping resources and abilities, the psychological condition that results are typically referred to as stress (Shalev, 2009). It is also important to note that stress is fundamentally an interactive and dynamic construct because it reflects the interaction between the organism and the environment over time (Monroe, 2008). Individuals with acute stress disorder commonly engage in catastrophic or extremely negative thoughts about their role in the traumatic event, their response to the traumatic experience, or the likelihood of future harm (APA: DSM-V, 2013).

Posttraumatic Stress Disorder (PTSD) is a unique set of symptoms brought about by exposure to a traumatic event that compromises the physical integrity or life of an individual and produces intense fear (DSM IV, TR, 2000). Many work-related exposures of police officers are often characterized as traumatic compared to other occupations (Paton, Violanti, Burke, & Gerhke, 2009). Exposures perceived as disturbing or traumatic are generally ranked by police officers as the most stressful. Law enforcement officers are confronted daily with the reality of trauma. Faced with

responding to fatal accidents, crime, child abuse, homicide, suicide, and rape, police officers are exposed to all the potential factors that can precipitate a traumatic response (Carlier, Lamberts, &Gersons, 2000). Posttraumatic stress symptomatology can produce many negative outcomes, including increased alcohol use. Previous research has identified an association between PTSD and alcoholism (Murphy & Wetzel, 1990). Epidemiologic Catchment Area (ECA) survey findings suggest that the rate of alcohol disorders significantly exceeds rates that would be expected by chance alone (Kessler, Borges, & Walters, 1999).

Attachment theory is a psychological, evolutionary and ethological theory concerning relationships between humans. The most important tenet is that young children need to develop a relationship with at least one primary caregiver for normal social and emotional development. The theory was formulated by psychiatrist and psychoanalyst John Bowlby. (Cassidy & Shaver, 1999).

Attachment theory is one of the psychological theories about the nature of emotional attachment between humans. It was developed when we are the children, with our attachment to our parents. That influence the nature of our attachment style to our partner till we are an adult. According to psychologists, there are four attachment strategies adults can adopt: secure, anxious, avoidant, and anxious-avoidant (Mark Manson, 2019).

People with secure attachment strategies are comfortable displaying interest and affection. They are also comfortable being alone and independent. They're able to correctly prioritize their relationships within their life and tend to draw clear boundaries and stick to them. Secure attachment types obviously make the best romantic partners, family members, and even friends. They're capable of accepting rejection and moving on despite the pain, but are also capable of being loyal and sacrificing when necessary. They have little issue trusting people they're close to and are trustworthy themselves(Mark Manson, 2019). According to research, over 50% of the population is secure attachment types(Mickelson, Kessler, & Shaver, 1997).

Anxious attachment types are often nervous and stressed about their relationships. They need constant reassurance and affection from their partner. They

have trouble being alone or single. They'll often succumb to unhealthy or abusive relationships. They have trouble trusting people, even if they're close to them. Their behavior can be irrational, sporadic, and overly-emotional and complain that every one of the opposite sex are cold and heartless. For example, this is the girl who calls you 36 times in one night wondering why you didn't call her back. Or the guy who follows his girlfriend to work to make sure she's not flirting with any other men. Women are more likely to be anxious types than men (Mark Manson, 2019).

Avoidant attachment types are extremely independent, self-directed, and often uncomfortable with intimacy. They're commitment-phobes and experts at rationalizing their way out of any intimate situation. They regularly complain about feeling "crowded" or "suffocated" when people try to get close to them. In every relationship, they always have an exit strategy. Always. And they often construct their lifestyle in such a way to avoid commitment or too much intimate contact (Mark Manson, 2019).

Anxious-avoidant attachment types (also known as the "fearful type") bring together the worst of both worlds. Anxious-avoidants are not only afraid of intimacy and commitment, but they distrust and lash out emotionally at anyone who tries to get close to them. Anxious-avoidant often spend much of their time alone and miserable, or in abusive or dysfunctional relationships (Mark Manson, 2019).According to studies, only a small percentage of the population qualifies as anxious-avoidant types, and they typically have a multitude of other emotional problems in other areas of their life (i.e., substance abuse, depression, etc.) (Caspers, Yucuis, Troutman, & Spinks, 2006).

Aggression is a word that we use every day to characterize the behavior of others and perhaps even of ourselves. Aggressionas physical or verbal behavior intended to cause harm. Aggression refer to behavior directed toward the goal of harming another living being. Aggression is triggered by a wide range of input variables that influence arousal, affective stages, and cognitions (Baron & Branscombe, 2012). Aggression is a personality trait that is related to antisocial behavior(Reyna, et.al, 2011).

According to American Psychological AssociationAnger is an emotion characterized by antagonism toward someone or something you feel has deliberately done you wrong. Anger can be a good thing. It can give you a way to express negative feelings, for example, or motivate you to find solutions to problems.But excessive anger can cause problems. Increased blood pressure and other physical changes associated with anger make it difficult to think straight and harm your physical and mental health (APA; DSM-V, 2013).

Physical aggression is behavior causing or threatening physical harm towards others. It includes hitting, kicking, biting, using weapons, and breaking toys or other possessions (Kaye & Erdley, 2011).

Verbal aggression can be defined as deliberately harmful behavior that is typically both unprovoked and repeated. It is an intentional abuse of power, such as teasing, taunting, or threatening, that is initiated by one or more individuals of relatively greater status or power (by virtue of their numbers or size) against a victim of somewhat lesser status or power. Although the ultimate causes of physical aggression may be economic, cultural, and demographic, one of the most proximate and powerful causes is verbal aggression (Hamilton, 2012).

Hostility refer to emotional reaction or drive toward the destruction or damage of an object interpreted as a source of frustration or threat(Baron & Branscombe, 2012). Hostile aggressionsprings from anger; its goal is to injure (Myers, 2011).

Review of Literature

People with AUD have a heightened risk for depressive disorders, which are the most common co-occurring psychiatric disorders for this population (McHugh & Weiss, 2019). Major depressive episodes with an onset before the development of alcohol dependence or during a subsequent long abstinence period (i.e., independent depressions) were observed in 15.2% of the alcoholics, while 26.4% reported at least one substance-induced depressive episode (Schuckit et al. 1997). For the episode of

drinking which led to admission, a diagnosis of major depression was found in the majority of patients (67%) (Davidson, 1995). The result of the study showed that alcoholic group was higher on depression than the non-alcoholic group (Sajid Ali Khan & Vijayshri, 2013). Findings of the research revealed that level of depression and suicidal tendency were high among alcoholic adults than non-alcoholic adults (Chouhan & Parikh, 2018). alcoholics scored higher on the variable of Depression as compared to Occasional Drinkers (Dordi & Purandare 2018).

The study showed that alcoholic group was higher on anxiety than the non-alcoholic group (Sajid Ali Khan & Vijayshri, 2013). Patients with alcohol dependence commonly experience symptoms of anxiety (Linnoila, 1989). anxiety may be a toxic effect of alcohol abuse (Baving & Olbrich, 1996). The study confirms the high prevalence of anxiety disorders among alcoholics (Terra, et al., 2006). Evidence is reviewed which indicates that anxiety is likely, in most instances, to be a consequence rather than a cause of heavy drinking (Allan, 1995). The study showed that nineteen of 84 alcoholics (22.6%) met criteria for one or more anxiety disorders.

Police employees with high risk drinkers and those who were less likely to exercise reported higher levels of probable anxiety and depression (Stevelink, et al., 2020). The results of the current study revealed that police officers working in sensitive police stations had higher levels of depression, anxiety and stress (Husain, 2019). Male police officers projected "moderate" levels of depression, "extremely severe" levels of anxiety and "moderate" levels of stress. The Anxiety level of police personnel's is found to be 58.3% normal, mild level is 0.83%, moderate level is 0.83%, and severe level is 13.3% and extremely severe level is 11.7% (Singh, et al., 2018).

Drivers are not uniquely exposed to occupational hazards that are far worse than any other group of workers. The study revealed that all cab drivers were male and between 20 to 64 years of age. Cross-sectional study included 134 cab drivers. When screened for depression, anxiety and stress, it was found out that 81 (60.5%) were suffering from depression, 63 (47%) from anxiety and 49 (36.5%) had variable degree of stress (Rathi, et al. 2019). Common mental disorders such as alcohol abuse,

major depressive episode, anxiety symptoms and burnout syndrome presented higher rates in public transportation drivers (Ruiz-Grosso, et al., 2014).

Research has independently linked stress experienced by military personnel to both alcohol use and posttraumatic stress disorder, more recently researchers have noted that there also is a significant overlap between stress reactions and alcohol use in veterans and active-duty service members. (Schumm & Chard, 2012). Acute stress is thought to precipitate alcohol drinking. Yet the ways that acute stress can increase alcohol consumption are unclear. A new study investigated whether different phases of response to an acute stressor can alter the subjective effects of alcohol. Findings indicate bi-directional relationships between alcohol and stress. (Alcoholism: Clinical & Experimental Research, 2011).

The link between stress and alcohol use has been recognized for some time, it has become particularly relevant in recent years as combat Veterans, many with PTSD, strive to return to civilian lifestyles. In doing so, some turn to alcohol as a way of coping. People who have trauma use alcohol to help cope with trauma-related symptoms (Brady & Back, 2012). Acute and chronic stressors have been associated with alterations in mood and increased anxiety that may eventually result in the development of stress-related psychiatric disorders. Stress and associated disorders, including anxiety, are key factors in the development of alcoholism because alcohol consumption can temporarily reduce the drinker's dysphoria. (Moonat & Pandey, 2012).

Studies suggest age-related changes with regard to the number and type of attachment figures, with older adults, compared to younger adults, having less attachment relations. Moreover, so-called symbolic attachments (e.g., to God or a deceased loved one) become more prominent in old age. The quality of attachment changes with increasing age, with significant decreases in attachment anxiety and attachment avoidance. (Van Assche, et al, 2013). Attachment avoidance showed less dramatic age differences, but it was higher in middle-aged adults and lower in younger and older adults. Moreover, single participants were higher in both attachment anxiety and avoidance in each age group compared to those who were

partnered, and the difference for avoidance was greatest among young adults (Chopik, Edelstein, & Fraley, 2013).

Research confirm that young athletes are more aggressive than adult athletes (Mashhoodi, Mokhtari & Tajik, 2013). Another research also show that physical aggression declined with age (Tsorbatzoudis, Travlos & Rodafinos, 2013). The results also reveal that aggression also had a negative impact on overall academic achievement. This finding validates that students with aggressive tendencies tend to have lower CGPA scores (Uludag, 2013). Higher frequency of avoidant attachment style among single persons, compared with married people, is mainly due to their negative attitude toward others and failure to establish and maintain relationships with others (Moghadam, Rezaei, Ghaderi & Rostamian, 2016).

Results revealed negative effect of aggression on educational performance. The study revealed that there is a negative and statistically significant correlation between aggression and academic achievement (Alam & Halder, 2018). The study show that Separate linear regression analyses indicated that lower levels of educational attainment and greater hostility were both associated with higher allostatic load scores. Less education was also associated with higher hostility (Kubzansky, Kawachi, & Sparrow, 1999). The study show that the participants of low subjective socioeconomic status (SES) were more aggressive rather than participants of high subjective SES being less aggressive (Greitemeyer & Sagioglou, 2016).

The study has shown that people with alcohol dependence significantly differ from non-alcoholics in terms of attachment style and its dimensions. They also receive significantly lower scores on secure attachment style and higher scores on insecure attachment style – anxious-ambivalent and avoidant style, and higher scores on attachment dimensions – anxiety and avoidance. Alcohol dependent persons rarely present secure connection to others and more often manifest mistrust in interpersonal relationships and avoid closeness and intimacy (Głogowska, Wyrzykowska & Mickiewicz, Kinga, 2014). Based on alcohol motivation and attachment theories, the study examines relationship-specific drinking-to-cope

processes over the early years of marriage. Specifically, it was hypothesized that drinking to cope with a relationship problem would mediate the associations between insecure attachment styles (i.e., anxious and avoidant) (Levitt, & Leonard, 2015).

Intoxicated participants displayed more facial expressions of anger than sober participants. Interactive effects between anger expression styles and beverage group also were detected in that, among intoxicated participants, a positive relationship between facial expressions of anger and the tendency to express anger outwardly was found after high (Parrott, Zeichner & Stephens, 2003). Alcohol was significantly associated with increased odds of physical aggression among men with relatively high but not low trait anger (Shorey, Mcnulty, Moore, & Stuart, 2017). The results indicate that alcohol can increase aggression (Giancola & Corman, 2007).

Alcohol exacerbates aggression in those who are of an aggressive disposition. In laboratory studies of aggression, individuals who receive alcohol are more aggressive than those who do not receive it,or those who are given a placebo, particularly those who are of an aggressive disposition in the first place (Chermack & Giancola, 1997; Giancola, 2002). analyses revealed participants with "high" levels of past alcohol use and a history of "high" aggression were more likely to respond aggressively on the PSAP, a trend primarily driven by those with a history of physical aggression (Ritter,Lookatch,Schmidt& Moore, 2019). The results of the review indicate that alcohol does indeed facilitate aggressive behavior. The effects of alcohol on aggression were similar to the effects of other independent variables on aggression. The results of the review indicate that alcohol does indeed cause aggression. However, alcohol effects were moderated by certain methodological parameters (Bushman & Cooper, 1990).

The prevalence of depression among alcohol-dependent persons is high with a significant association between depression and the mean AUDIT score. There was a statistically significant association between depression and the level of alcohol dependence at intake. Participants with an AUDIT score of 19 and above were more likely to be depressed. (Kuria, et al. 2012). here were significant pooled associations between Alcohol Abuse or Dependence and Major Depression (Fergusson, Boden, &

Horwood, 2009). In the study 36% of 143 or more of the respondents in all three subscales had average, serious, or very serious depression, anxiety, and/or stress among the Substance used.This is higher than in DASS studies of the general population (Ólafsdóttir, Hrafnsdóttir, & Orjasniemi, 2018).Study revealed that overall occupational stress was related to mental health state in the dentists (Song,et al, 2017). The other study also found that the participants that indicated they take part in binge drinking showed higher levels of anxiety, depression and stress (Shortt, 2018).

Findings reveal a significant association between depression and socioeconomic status across all countries. After adjusting for confounders, the odds of depression were significantly decreased for every unit increase in the socioeconomic status.Higher education significantly decreased the odds for depression. (Freeman, et al. 2016). The results of the study indicated that low-socioeconomic status individuals had higher odds of being depressed (Lorant, et al, 2003). Low socioeconomic status in childhood is related to a higher risk of major depression in adults. Social inequalities in depression likely originate early in life(Gilman, Kawachi, Fitzmaurice & Buka, 2002).

This study suggests that being living in larger families or in single-parent families are at a higher risk of developing depressive symptoms in adolescence. Family size and density were significantly related to parent suicide potential (Wenz, 1983).Large families with five or more children rank lower than one or two-child families in all analyses but in some analyses, they rank higher Stress than families with three or four children (Nye, Carlson, & Garrett, 1970).

Hierarchical linear regression analyses revealed that anxious and avoidant attachment to a best friend were associated with lower resilience, but only anxious attachment was associated with more depressive symptoms. (Taylor, Kathryn, Lauren& Laura 2020). Correlation analysis showed that insecure attachment(anxiety and avoidance) is positively related with depression (Spruit, et al, 2019).Results show that the association between the dimensions of attachment (anxiety and avoidance) and depression was partially mediated by self-criticism. as avoidance

increased, depressive symptoms increased as well (Dagnino, Pã©Rez, Gòmez, Gloger, & Krause, 2017).Study revealed that overall occupational stress was related to mental health state (Song, et al., 2017)

In those patients who tended to turn hostility in, there was a relationship between the degree of turning hostility inward and higher scores on several measures of the severity of depression(Schless, Mendels, Kipperman, & Cochrane, 1974). The depressed group reported greater levels of hostility and anger experience than the normal group. Within the depressed group, severity of depression was positively associated with levels of hostility and anger experience but was not related to measures of anger expression and was only partially related to anger suppression. (Riley, Treiber & Woods, 1989).

The more verbally aggressive women were, the more their husbands reported symptoms of depression. In contrast, husbands' verbal aggressiveness showed no correlation with their wives' level of depression (Segrin & Fitzpatrick, 1992).Employment in occupations involving exposure to work related threats and violence is a risk factor for depression and stress related disorders in men (Wieclaw, et al, 2006). Anger-In was significantly positively correlated with stress in male alcoholics (Tivis, Parsons & Nixon, 1998)

There is some evidence that anxiety disorders aggregate within families and that children with severely anxiety-disordered parents are at elevated risk for the development of psychosocial problems. Although little information is available about how anxiety disorders affect marital relationships.Investigate the differences between executives and shop floor workers on occupational stress, mental health, job satisfaction and coping. The shop floor workers experiencing more job stress and lower mental health(Rao, & Chandraiah, (2012).

the results showed moderate values of operational stress, distress, and burnout. However, considering their cut-off points, 85% of the sample presented high operational stress levels. These results reinforce the need to prevent stress and to invest in police officers' occupational health.(Queirós, et al., 2020)

Social anxiety was positively associated with attachment avoidance (Read, Clark, Rock, & Coventry, 2018).Attachment anxiety, attachment avoidance and IOU were positively correlated with worry (Wright, Clark, Rock, & Coventry, 2017). Aggression and anxiety are important aspects of mental health in adolescents. Our results demonstrated that higher risk of anxiety was associated with total aggression scores. In particular, indirect aggression (i.e. anger and hostility) was more closely associated with anxiety than direct aggression (Chung, et al, 2019).

Socioeconomic status (SES) is an important predictor of a range of health and illness outcomes.Low SES is generally associated with distress, prevalence of mental health problems, and with health-impairing behaviors that are also related to stress. (Baum, Garofalo, & Yali, 1999).

CHAPTER-II
STATEMENT OF THE PROBLEM

It is evident from a number of researches that police officers are faced with one of the most difficult jobs in the world. They are tasked with the most excruciating jobs that the world has to offer and are often vulnerable to frustration and depression. It is also reported as one of the most difficult occupations, but it is one to which many individuals are entirely devoted. Unfortunately, the abuse of alcohol is often prevalent among police officers. Exposure to dreadful situations which is required in their line of work (e.g., violence, seeing dead bodies, abused children, etc.) can result to the acquisition of severe stress (Korre et al., 2014). Driving is also the most dangerous job activity that most individuals do and leads to many more accidental deaths and severe accidents related to work than all other work activities. One quarter or even one third of deaths that are work-related are believed to have been motor vehicle crashes in developed countries (Peden, 2004). Mental health problems are highly linked with work stress and workers could possibly at increased risk whose jobs entails high levels of psychological demands, such as truck drivers (Silva-Junior, Pinho, Mello, Bruin, &Bruin, 2008)

The possibly hazardous effect of addiction to alcohol-for the person, loved ones, and society- is tremendous. Most often than not, heavy drinkers are susceptible to injury (Cherpitel et al., 1997), marital problems (Homish & Leonard, 2007), and domestic violence (Eckhardt, 2007). About 40 to 50 percent of all homicide cases are linked with the misuse of alcohol (Bennett & Lehman, 1996), 40 percent of all assaults, and over halt the total cases of rape (Abbey et al., 2001). Dawkins, in his research on substance abuse and violent crime, discovered that alcohol is the most frequently associated drug with violent and non-violent crimes compared to other drugs such as marijuana and that most people who are the victims of violent injuries fail to pass the Breathalyzer test (Cherpitel, 1997). And 30 percent of the 1 million violent crimes suspected of being alcohol-related in 2002 were found to include alcohol use on the part of the accused. Alcohol was linked to two thirds of cases in which victims experienced abuse from an intimate (a current or former spouse) (U.S. Department of Justice, 2006). Alcohol proves to be a serious hindrance in industry, professions and even in the military.

A research on the National Family Health Survey (NFHS-4) India 2015-16 Mizoram April 2018 concluded that housewives whose husbands consume alcohol are far more likely to experience physical or sexual spousal violence than women whose husbands do not consume alcohol, especially if the husband is often intoxicated, 54 percent of married women experience abuse physically or sexually.

The purpose of the present study is to assess the Relationships between Alcohol Use Disorder, Depression, Anxiety, Stress, Aggression and Attachment Style: A Study among Policeman and Drivers in Aizawl, to find out the difference between alcoholic and non-alcoholic on these psychological variables. The findings of the proposed study will be one of the few endeavors; it will not only satisfy academic interest but it is also expected to provide a basis for suggesting the prevention, cessation and intervention of alcohol use among the target population but it is also expected to provide theoretical basis for better understanding of the psychological variables and promoting of mental health among the target population.

Objectives of the Study:

Given to the theoretical and methodological foundation provided, the following objectives were framed for the present study as follow:

1. To determine the level of alcohol use disorder, depression, anxiety, stress, aggression and attachment style of the participants of the study.

2. To determine the impact of *'occupation'* on alcohol use disorder, depression, anxiety, stress, aggression and attachment style.

3. To determine the impact of *'alcohol use disorder'* on depression, anxiety, stress, aggression and attachment style.

4. To determine the interaction effect of *'occupation'* and *'alcohol use disorder'* on depression, anxiety, stress, aggression and attachment style.

5. To illustrate the patterns of inter-relationships between *'alcohol use disorder',* depression, anxiety, stress, aggression and attachment style.

Hypothesis:

Based on the objectives, the following hypotheses were set forth for the present study as under:

1. It is expected that moderate to high levels of alcohol use disorder, depression, anxiety, stress, aggression and poor levels of attachment style will be observed for the participants of the study.

2. The *'policemen'* as compared to *'drivers'* are expected to show greater mean scores on alcohol use disorder, depression, anxiety, stress, aggression and attachment style.

3. It is expected that *'alcoholics'* as compared to *'non-alcoholic'* will show greater mean scores on depression, anxiety, stress, aggression and attachment style.

4. It is expected that decreasing mean trends shall be observed on depression, anxiety, stress, aggression and attachment style from: the policeman who are alcoholics at the higher end; the drivers who are non-alcoholics; and the remaining groups of participants in between the former groups.

5. It is expected that significant correlation coefficients and predictability of depression, anxiety, stress, will emerge from *'alcohol use disorder',* aggression and attachment style.

CHAPTER-III
METHODS AND PROCEDURE

Sample:

200 Mizo adult males were selected by following purposive sampling procedure with their age range between 20-60 years. They were selected from the Government service personnel within the Aizawl, the capital city of Mizoram with differing 'Occupation' of 'Policemen' (n=100) and 'Drivers' (n=100). The participants were classified based on their corresponding scores on AUDIT (Saunders, & de la Fuente, 1993) as 'alcohol use disorder' into alcoholics (Policemen n=50 and Drivers n=50) and non-alcoholics (Policemen n=50 and Drivers n=50).

Design of the Study:

A study employed 2x2 factorial design (2 'Occupation' x 2 'alcoholism' (Alcoholic & non-Alcoholic)) to be imposed on Alcohol Used Disorders, Depression, Anxiety, Stress, Aggression and Attachment Style. 200 Mizo Adult (100 Policemen and 100 Drivers). The Policemen and Drivers are further compromised of 100 Alcoholic and 100 Non-Alcoholic. Thus projecting 50 participants under each cell of the main design. The participants were selected based upon 'Occupation' (Policemen and Drivers) from Aizawl city. The average age of the respondents was 39.60 years (20-60 years).

	Alcoholic	Non-Alcoholic	Total
Policemen	50	50	100
Drivers	50	50	100
Total	100	100	200

Table-1:   The sample characteristic table for the '2 Occupation' and 'Alcoholism' to be imposed on the behavioral measures

Psychological Tools:

Alcohol Use Disorders Identification Test (AUDIT; Saunders, & de la Fuente, 1993): It is a 5-point Likert scale. The 10-items AUDIT was developed to screen for hazardous (or risky) drinking, harmful drinking, alcohol dependence and non-drinkers based on their scores. AUDIT is a screening questionnaire with 3 questions on the amount and frequency of drinking, 3 questions on alcohol dependence, and 4 on problems caused by alcohol.

Depression, Anxiety and Stress Scale - 21 Items (DASS-21; Lovibond, &Lovibond, 1995): The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic nonspecific arousal.

Aggression Questionnaire (Buss & Perry, 1992): Aggression Questionnaire is 29 items measure to be responded on a 5-point scale, indicate that 1 = extremely uncharacteristic of me 2 = somewhat uncharacteristic of me 3 = neither uncharacteristic nor characteristic of me 4 = somewhat characteristic of me 5 = extremely characteristic of me. The Aggression scale consists of 4 factors, Physical Aggression (PA), Verbal Aggression (VA), Anger (A) and Hostility (H). The total score for Aggression is the sum of the factor scores.

Revised Adult Attachment Scale (RAAS) (Collins, 1996): The RAAS is a measure of adult attachment which assesses close interpersonal relationships and is measured using a 5-point Likert scale (1=not at all characteristic) to (5=very characteristic of me). The RAAS consists of 18 items which measure three subscales: closeness, dependency, and anxiety. High scores on the anxiety dimension characterize individuals who worry about being unloved or abandoned by romantic partners. High scores on the closeness dimension characterize individuals who find

closeness with others easy and high scores on the dependent dimension characterize individuals who feel that others are trustworthy and dependable.

Procedure:

The participants under the 2 *'occupation'* x 2 *'alcoholism'* factorial design of the study were identified by following purposive sampling method from Aizawl, the capital city of Mizoram. Rapport was formed with each of the participants at the individual level and the consent for participation obtained with initial briefing and explanation of the requirements for the psychological task. After all the important instruction was given with assured confidentiality, the participants were given a response sheets containing all the socio-demographic variables, the Psychological measure Alcohol Use Disorders Identification Test (AUDIT; Saunders, & de la Fuente, 1993), Depression, Anxiety and Stress Scale - 21 Items (DASS-21; Lovibond, &Lovibond, 1995), Aggression Questionnaire (Buss & Perry, 1992), and Revised Adult Attachment Scale (RAAS; Collins, & Read, 1996). Approximately 300 response sheets were distributed and about 50 were not returned or not completed by the participants. The data obtained are screened, coded, cleaned and tabulated for further analyses and finally 200 response sheets were taken for further analysis.

Statistical Analyses:

In the description of the data, 'Alcoholism' and 'Occupation' was treated as categorical variables and was Dummy coded as alcoholic=1 and non-alcoholic=2 and Policemen=2 and Drivers=1; the Chronological Age of the participants was treated as continuous variables; Marital status, Education qualification, house ownership, family type, Number of family member, Bread earner in the family, Total No of employed, Affluence, Amenities, Monthly income based on the works of Kuppuswamy (1981), was treated as a continuous data. Similarly, the scores on the scales/subscales of the behavioral measures are treated as continuous data. Therefore, the descriptive statistics (mean, standard deviation, skewness and kurtosis) of the

behavioral measures was computed, and the internal consistency of the psychological tools was ascertained.

Bivariate correlation coefficient was computed for the interrelationship between the demographic variable and behavioral measures. Mann Whitney U-test was employed for the independence effects of 'Occupation' and 'Alcoholism', and Kruskall Wallis one-way ANOVA followed by Steel-Dwass test was employed for the interaction effect of 'Occupation x Alcoholism' on Depression, anxiety and Stress subscales of DASS-21. Analysis of Covariance was employed for the independent and interaction effects of 'Occupation' and 'Alcoholism' supplemented by Scheffe test, a Post-hoc multiple mean comparison.

Finally, the study employed series of hierarchical linear regression (step-wise) separately for the prediction of Depression, Anxiety and Stress (*the Criterion*) from Occupation, Alcoholism, Demographic Variables and the subscales of Aggression Questionnaire and Revise Adult Attachment Scale (*the Predictors*).

CHAPTER - IV
RESULTS AND DISCUSSION

Descriptive Statistics and Internal Consistency of the Demographic Variables and the Behavioral Measures:

The result (Table-2) describes the mean, Standard deviation, skewness and kurtosis and the Cornbach's Alpha (Internal Consistency) of the scales/subscales of the behavioral measures of Alcohol Use Disorders Identification Test (AUDIT; Saunders, & de la Fuente, 1993). Depression, Anxiety, Stress Scale (DASS-21; Lovibond, & Lovibond, 1995), Revised Adult Attachment Scale (RAAS) (Collins, 1996), Aggression Questionnaire (Buss & Perry, 1992). The Cronbach's Alphas of the scales/subscales of the behavioral measures merged to be greater than .60 indicating that all scales/subscales of the behavioral measures have acceptable internal consistency which warrants their applicability for measurement in the target population.

Table-2: Descriptive statistics (Mean, Standard Deviation, Skewness and Kurtosis) and the Cronbach's Alphas of the scales/sub-scales of the behavioral measures.

	Mean	SD	Skewness		Kurtosis		α
			Statistic	Std. Error	Statistic	Std. Error	
AUDIT	9.11	1.57	.69	.17	-.89	.34	.93
Depression	3.99	3.43	.62	.17	-.23	.34	.77
Anxiety	3.20	3.65	1.41	.17	1.44	.34	.84
Stress	4.71	4.05	1.20	.17	.78	.34	.84
Attachment anxiety	16.64	6.76	.54	.17	-.42	.34	.74
Attachment avoid	7.61	2.84	.27	.17	-.38	.34	.57
Anger	16.29	5.53	-.03	.17	-.90	.34	.78
Physical aggression	2.37	7.56	.54	.17	-.22	.34	.80
Verbal aggression	14.59	4.62	.03	.17	-.85	.34	.68
Hostility	18.39	5.52	.14	.17	-.44	.34	.66

The result (Table-3) shows the bivariate correlation coefficients of the demographic variable and scales/sub-scales of the behavioral measures. The bivariate correlation coefficients (Table-3) revealed that 'Age' show positive relationship with Occupation, marital status, and negative relationship with Educational qualification, Bread earner, Total number of employed and Attachment Avoid. 'Occupation' shows

positive relationship with House ownership, Affluence, Amenities and negative relationship with Bread earner, Total number of employed and Stress. 'Marital status' shows positive relationship with House ownership, Family type and Negative relationship with Education qualification, Bread earner, Total number of employed. 'Education Qualification' show positive relationship with Bread earner, Total number of employed and negative relationship with Anger, Physical Aggression, Hostility.

House ownership emerged to show positive relationship with hostility and negative relationship with Family type, Number of family member, Total number of employed and Affluence. 'Family type' show positive relationship with Number of family member, Total number of employed, Depression, Anxiety. 'Number of family member' show positive relationship with Bread-earner, Total number of employed, Affluence, Amenities, Monthly Income, Depression and Anxiety. 'Bread earner' show to positive relationship with the Total number of the employed and Monthly income. 'Total number of the employed' emerged to be in a positive relationship with Affluence, Monthly income, Anxiety, Stress. 'Affluence' shows positive relationship with Amenities, Monthly income and negative relationship with Stress. Amenities shows positive relationship with Monthly income and negative relationship with Depression.' Monthly income' emerged to be in positive relationship with Attachment anxiety. AUDIT is in positive relationship with Depression, anxiety, stress, Attachment Anxiety, Attachment Avoid, Anger, Physical Aggression, Verbal Aggression and Hostility.

'Depression' emerged to be positive relationship with Anxiety, Stress, Attachment Anxiety, Attachment Avoid, Anger, Physical Aggression and Hostility. Stress is positively correlated with Attachment Avoid, Anger, Physical Aggression, Verbal Aggression and Hostility. 'Attachment Anxiety' shows positive relationship with Depression, anxiety, stress, Attachment Anxiety, Attachment Avoid, Anger, Physical Aggression, Verbal Aggression and Hostility. 'Attachment Avoid' is in positive relationship with Anger, Physical Aggression, Verbal Aggression and Hostility.

Table-3: The bivariate correlation coefficients of the demographic variable and scale/subscale of the behavioral measures

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1 Age	–																					
2 occupation	.22**	–																				
3 marital status	.53**	.08	–																			
4 education qualification	-.36**	.09	-.25**	–																		
5 house ownership	.08	.19**	.15*	-.10	–																	
6 family type	.11	.02	.18*	.12	-.16*	–																
7 No of family member	-.04	-.04	-.01	.12	-.15*	.41**	–															
8 Bread earner	-.51**	-.17*	-.46**	.15*	-.13	-.08	.15*	–														
9 Total No of employed	-.35**	-.29**	-.31**	.15*	-.23**	.25**	.49**	.38**	–													
10 Affluence	.04	.16*	-.11	.09	-.50**	.14	.16*	.07	.20**	–												
11 Amenities	.08	.16*	-.10	.06	-.10	.10	.17*	.08	.12	.41**	–											
12 monthly income	.04	.10	-.10	.06	-.09	.04	.29**	.15*	.32**	.24**	.22**	–										
13 AUDIT	-.09	-.08	.11	-.03	-.03	-.01	-.03	-.03	.08	.01	-.06	-.04	–									
14 Depression	-.13	-.04	.00	-.03	-.03	.15*	.14*	.10	.11	-.10	-.18**	-.01	.43**	–								
15 Anxiety	-.11	-.13	.00	-.04	-.08	.14*	.15*	.09	.15*	-.05	-.07	.00	.61**	.74**	–							
16 Stress	-.09	-.17*	.01	-.07	.05	.12	.13	.13	.17*	-.14*	-.05	.07	.51**	.76**	.80**	–						
17 Attachment Anxiety	-.11	.07	.07	.00	.00	-.03	-.03	.04	-.10	-.06	-.11	-.14*	.16*	.29**	.11	.13	–					
18 Attachment Avoid	-.14*	.05	-.03	-.11	.11	-.02	.03	.06	-.04	-.11	-.12	-.05	.23**	.31**	.24**	.28**	.50**	–				
19 Anger	.13	.05	.10	-.17*	.08	.01	.04	-.02	.03	.01	.14	.03	.28**	.16*	.21**	.29**	.17*	.17*	–			
20 Physical Aggression	-.11	-.10	.11	-.14*	.11	.06	.06	.01	.13	-.11	.04	-.01	.35**	.25**	.25**	.33**	.23**	.32**	.57**	–		
21 Verbal Aggression	.10	.04	.11	-.09	.13	.02	-.02	-.01	-.08	-.09	.08	.07	.17*	.00	.06	.16*	.18*	.27**	.55**	.50**	–	
22 Hostility	.03	.09	.07	-.17*	.14*	.06	.04	.02	-.04	-.08	-.08	-.01	.17*	.30**	.23**	.24**	.39**	.40**	.47**	.41**	.44**	–

**. Correlation is significant at the 0.01 level (2-tailed), * Correlation is significant at the 0.05 level (2-tailed).

The results (Table-3) also show that 'Anger' is in a positive relationship with Physical Aggression, Verbal Aggression and Hostility. 'Physical Aggression' also emerged to be positively correlated with Physical Aggression, Verbal Aggression and Hostility.

The effect of 'Occupation' and 'Alcoholism' on DASS-21, Aggression Questionnaire and Adult Attachment Scale:

The study attempted to determine the independent and interaction effects of 'Occupation' and 'Alcoholism' on depression, anxiety and stress subscales of DASS-21, attachment anxiety and attachment avoid subscales of Revised Attachment Scale, and anger, physical aggression, verbal aggression and hostility subscales of Aggression Scale. For the said purpose, the homogeneity of variances for 'Occupation' and 'Alcoholism' on the subscales of the behavioral measures were firstly ascertained.

Table-4a: The Levene's test of homogeneity of variance in the Analysis of Covariance for the effect of 'Occupation' and 'Alcoholism' on the scales/subscales of the behavioral measures with the demographic variables as the covariate.

	F	df1	df2	Sig.
Depression	4.07	3	190	.01
Anxiety	15.93	3	190	.00
Stress	1.68	3	190	.00
Attachment anxiety	.91	3	190	.44
Attachment avoid	1.26	3	190	.29
Anger	.15	3	190	.93
Physical aggression	1.02	3	190	.39
Verbal aggression	1.43	3	190	.23
Hostility	.33	3	190	.81

The results (Table-4a) highlighted the Levene's test of homogeneity of variances in the analysis of covariance for 'Occupation' and 'Alcoholism' on the scales/subscales of the behavioral measures. The Levene's test of homogeneity of variances for 'Occupation' and 'Alcoholism' on depression, anxiety and stress subscales of DASS-21 emerged statistically significant revealing the heterogeneity of variances. Therefore, Mann Whitney U-test was employed for the independent

effects of 'Occupation' and 'Alcoholism', and Kruskall Wallis one way ANOVA followed by Steel-Dwass test which was employed for the interaction effect of 'Occupation x Alcoholism' on Depression, anxiety and Stress subscales of DASS-21.

The results (Table-4a) also show equality of variance for the attachment avoid and attachment anxiety subscales Revised Adult Attachment Scale (RAAS), and anger, physical aggression, verbal aggression and hostility subscales of Aggression Questionnaire, warranting the interpretability of the outcomes of the analyses. Therefore, Analysis of Covariance was employed for the independent and interaction effects of 'Occupation' and 'Alcoholism' supplemented by Scheffe test, a Post-hoc multiple mean comparison.

Mann-Whitney U-test was employed for the independent effect of 'alcoholism' and 'Occupation' on Depression, Anxiety and Stress. The result (Table-4b) revealed significant effect of 'Alcoholism' on Depression, Anxiety and Stress. It also revealed significant impact of 'Occupation' on Anxiety.

Table-4b: Mann- Whitney U-test on depression, anxiety and stress for Alcoholism and Occupation.

			Mean Rank	Sum of Ranks	Mann-Whitney U	Wilcoxon W	Z	Sig.
Depression	Alcoholism	Alcoholic	116.7	11670	3380.00	8430.00	-3.99	.00
		Non-Alcoholic	84.3	8430				
	Occupation	Drivers	105.08	10508	4542.00	9592.00	-1.13	.26
		policemen	95.92	9592				
Anxiety	Alcoholism	Alcoholic	128	12799.5	2250.50	7300.50	-6.82	.00
		Non-Alcoholic	73.01	7300.5				
	Occupation	Drivers	109.95	10994.5	4055.50	9105.50	-2.34	.02
		policemen	91.06	9105.5				
Stress	Alcoholism	Alcoholic	121.69	12169	2881.00	7931.00	-5.20	.00
		Non-Alcoholic	79.31	7931				
	Occupation	Drivers	107.22	10722	4328.00	9378.00	-1.65	.10
		policemen	93.78	9378				

The results (Table-4b) further revealed greater mean rank for Alcoholic as compared to Non-alcoholic on Depression, Anxiety and Stress. The result is in the line with findings of previous research which shows that the level of depression, anxiety and Stress were high among alcoholic adults than non-alcoholic adults (Chouhan & Parikh, 2018; Stevelink et al., 2020; Singh et al., 2018).

The result (Table-4b) also shows that Drivers show greater mean rank on Anxiety as compared to Policemen. Prior research consistently shows a high level of anxiety among drivers. For example, Ozder & Eker (2014) reported a high level of state anxiety among Turkey bus drivers since they work under intense stress. A study among cab drivers also reported a high level of stress (Rathi, Kumar & Lal, 2019).

In addition, the study employed Kruskal-Wallis one-way ANOVA for the interaction effects of 'Occupation' x 'Alcoholism' on Depression, Anxiety and Stress subscales of DASS-21 (Table-4c). The result (Table-4c) shows statistically significant interaction effect of 'Occupation x Alcoholism' on Depression, Anxiety and Stress and the outcomes was subjected to Steel-Dwass test for post-hoc multiple comparison.

Table-4c: Kruskal-Wallis one-way ANOVA on depression, Anxiety and Stress for 'Occupation x Alcoholism'

	category	Mean Rank	χ^2	df	Sig.
Depression	**Policemen/alcoholic**	110.40	17.41	3	.00
	Policemen/non-alcoholic	81.44			
	Drivers/alcoholic	123.00			
	Drivers/non-alcoholic	87.16			
Anxiety	**Policemen/alcoholic**	114.60	52.89	3	.00
	Policemen/non-alcoholic	67.51			
	Drivers/alcoholic	141.39			
	Drivers/non-alcoholic	78.50			
Stress	**Policemen/alcoholic**	110.11	31.23	3	.00
	Policemen/non-alcoholic	77.45			
	Drivers/alcoholic	133.27			
	Drivers/non-alcoholic	81.17			

The Results (table-4d) shows the Steel-Dwass Test for the significant effect of 'Occupation x Alcoholism' on Depression subscale of DASS-21. Table-4d and Figure-1 (mean plots) shows Alcoholics Drivers to manifest significantly higher scores on depression than both Non-Alcoholic Policemen and Non-alcoholic Drivers. Alcoholics were more like to contract Depression than Non-alcoholic. In line with the present findings, a high level of depression and suicidal tendency was observed among alcoholic adults than non-alcoholic adults (Chouhan & Parikh, 2018). Similarly, Dordi & Purandare (2018) found that alcoholics scored higher on the variable of Depression as compared to Occasional Drinkers (Dordi & Purandare 2018). A literature reviewed by Bogen and Furgesson (2011) stated that many studies pertaining alcohol use and depression revealed a consistent result which suggest that increasing involvement with alcohol increases risk of depression.

Table-4d: Steel-Dwass test for the significant effect of 'Occupation x Alcoholism' on Depression.

		1	2	3	4
	Mean Rank	**110.36**	**81.52**	**122.99**	**87.13**
1	**Policemen/alcoholic**	X			
2	**Policemen/non-alcoholic**	.11	X		
3	**Drivers/alcoholic**	.86	.00**	X	
4	**Drivers/non-alcoholic**	.20	.84	.00**	X

** significant at the .01 level.

Figure-1:   The mean plot for the significant effect of 'Occupation x Alcoholism' on Depression.

The result (Table-4e) highlighted Steel-Dwass Test for the significant impact of 'Occupation x Alcoholism' on the Anxiety subscale of DASS-21. The result (Table-4e) and Figure-2 (mean plots) revealed alcoholic Policemen to show higher anxiety as compared to Non-alcoholic Policemen and Non-alcoholic Drivers. Consistent to this finding, Stevelink et al. (2020) reported a high level of anxiety among heavy drinker policemen. This may be due to Police employees undertake challenging duties which may adversely impact their mental health.

The result (Table-4e) also revealed Alcoholics Drivers to show higher Anxiety as compared non-alcoholic Policemen and non-alcoholic Drivers. Consistent to this finding, a study among public transport drivers by Ruiz-Grosso et al. (2014) reported a high level of common psychiatric disorders such as alcohol dependence, severe anxiety episodes, symptoms of anxiety and burnout syndrome.

Table-4e: Steel-Dwass test for the significant effect of 'Occupation x Alcoholism' on Anxiety

		1	2	3	4
	Mean Rank	**114.60**	**67.51**	**141.39**	**78.50**
1	**Policemen/alcoholic**	X			
2	**Policemen/non-alcoholic**	.00**	X		
3	**Drivers/alcoholic**	.08	.00**	X	
4	**Drivers/non-alcoholic**	.00**	.51	.00**	X

** significant at the .01 level.

Figure-2: The mean plot for the significant effect of 'Occupation x Alcoholism' on Anxiety.
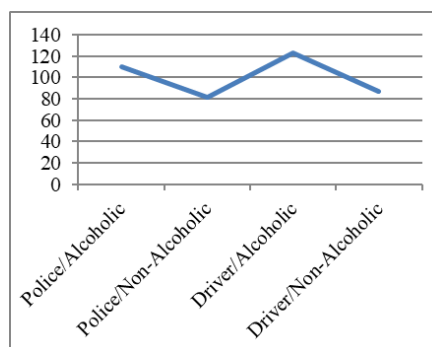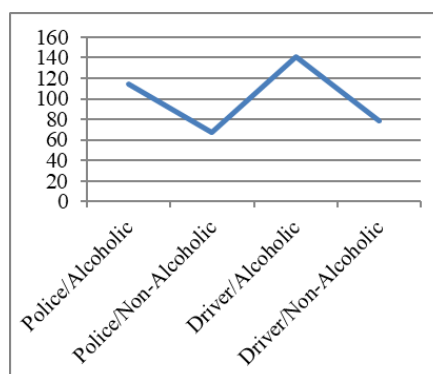
The result (Table-4f) shows the Steel-Dwass Test for the significant interaction effect of 'Occupation x Alcoholism' on the Stress, subscale of DASS-21. The result (Table-4f) and Figure-3 (Mean plots) revealed that alcoholics Policemen to show higher Stress than non-alcoholic Policemen. Consistent to the present finding, a study among military personnel found a correlation between alcohol use and high level of stress. More recently, studies have noted that there is also a substantial correlation between stress and alcohol use among veterans and members of active duty (Schumm & Chard, 2012).

In other study, (Brian, Patrick & Richard, 2013) reported that greater subjective posttraumatic distress and PTSD avoidance symptoms were the most significant predictors of increase in alcohol use among police officers higher Stress as compared to non-alcoholic Policemen and non-alcoholic Drivers. Alcohol consumption or binge drinking is found to be associated with procure intense level of stress (Shortt, 2018).Grunberg and colleagues (1999) reported that work pressure predicted higher average daily alcohol consumption and problem drinking among people who reported that they typically drank to relax and forget about problems than among people who did not drink for those reasons.

Table-4f: Steel-Dwass test for the significant effect of 'Occupation x Alcoholism' on Stress.

		1	2	3	4
	Mean Rank	110	77.4	133.3	81
1	**Policemen/alcoholic**	X			
2	**Policemen/non-alcoholic**	.01**	X		
3	**Drivers/alcoholic**	.10	.00**	X	
4	**Drivers/non-alcoholic**	.06	1.00	.00**	X

** significant at the .01 level.

Figure-3:   The mean plot for the significant effect of 'Occupation x Alcoholism' on Stress.
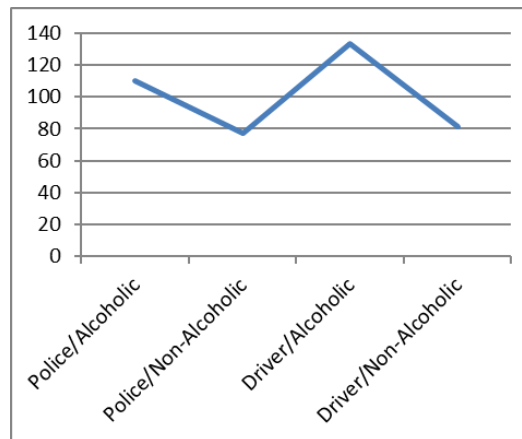
The results (Table-5a) highlighted the significant outcomes of the Analysis of Covariance for the effect of 'Occupation' and 'Alcoholism' on the subscale of Revised Adult Attachment Scale (RAAS) and Aggression Questionnaire with the demographic variables of Age, Marital status, Educational qualification, House ownership, Family type, Number of family member, Bread earner in the family, Total Number of employed, Affluence, Amenities, Monthly income as a covariate.

The result (table-5a) revealed that: (i) 'Age' show significant effect on Attachment Avoid and Physical Aggression, referral of the bivariate correlation (Table-3) indicating that increase age reveal decrease in Attachment Avoid and Physical Aggression. Consistent to the present finding, physical aggression was found to decrease with age (Tsorbatzoudis, Travlos & Rodafinos, 2013). The result also revealed that increasing age result in decrease in attachment avoid. The finding may indicate that as we grow older, we tend to cherish attachment more and this leads to the decrease in attachment avoidance (Van Assche, et al, 2013).; (ii) 'Educational Qualification' shows significant effect on Attachment Avoid, Physical Aggression and Hostility, referral of the bivariate correlation (Table-3) indicating that increase in Educational Qualification leads to decrease in Attachment Avoid, Physical Aggression and Hostility.Consistent to the present finding, prior studies

show that aggression is negatively correlated with academic achievements (Alam & Halder, 2018). Lower educational level is also associated with higher hostility (Kubzansky, Kawachi, & Sparrow, 1999). In relation to educational qualification, attachment avoidant style also has a negative impact on academic achievement (Moghadam, Rezaei, Ghaderi & Rostamian, 2016).

Table- 5a: Analysis of Covariance for the effect of Occupation and Alcoholism on the sub-scales of the Revised Adult Attachment Scale and Aggression Questionnaire with the Demographic variable of Age, Marital status, Educational Qualification, House ownership, Family type, Number of family member, Bread earner in the family, Total No of employed, Affluence, Amenities, Monthly Income as the covariate.

		Sum of Squares	df	Mean Square	F	Sig.	η	Observed Power
Attachment Anxiety	**Alcoholism**	250.75	1	250.75	5.67	.02	.03	.66
Attachment Avoid	**Age**	41.67	1	41.67	5.49	.02	.03	.64
	Educational Qualification	51.18	1	51.18	6.74	.01	.04	.73
	Alcoholism	59.43	1	59.43	7.82	.01	.04	.79
Anger	**Alcoholism**	291.62	1	291.62	10.5	.00	.06	.9
	Alcoholism*Occupation	335.8	1	335.8	12.1	.00	.06	.93
Physical Aggression	**Age**	314.15	1	314.15	6.47	.01	.03	.72
	Educational Qualification	263.05	1	263.05	5.42	.02	.03	.64
	Alcoholism	492.22	1	492.22	10.1	.00	.05	.89
	Alcoholism*Occupation	536.74	1	536.74	11.1	.00	.06	.91
Verbal Aggression	**Alcoholism*Occupation**	149.17	1	149.17	7.13	.01	.04	.76
Hostility	**Educational Qualification**	134.87	1	134.87	4.66	.03	.03	.57

(iii) 'Alcoholism' (Table-5a) also shows significant effect on Attachment Anxiety with greater mean score for Alcoholic (Mean=18.08; SD=6.95) as compared to Non-Alcoholic (Mean=15.25; SD=6.37), Attachment Avoid with greater mean score for Alcoholic (Mean=8.19; SD=2.83) as compared to Non-Alcoholic (Mean=7.04; SD=2.80). Consistent with the present findings, Głogowska et al. (2014) found in their study that alcoholics are found to be higher on attachment anxious and avoidant styles.

The result (Table-5a) also revealed that 'Alcoholism' have a significant effect on Anger with greater mean score for Alcoholic (Mean=17.44; SD=5.34) as compared to Non-Alcoholic (Mean=15.14; SD=5.54). Consistent with the present finding, prior research revealed that the expressions of anger and the willingness to show anger externally was found to be high among the alcoholic (Parrott, Zeichner & Stephens, 2003). The finding also revealed that 'Alcoholism' had significant effect on Physical Aggression with greater mean score for Alcoholic (Mean=22.23; SD=8.02) as compared to Non-Alcoholic (Mean=18.52; SD=6.67). Consistent with the present finding, Shorey et al. (2017) found that an individual who possessed trait anger and the possibility to retort to physical aggression is highly raised under the influence of alcohol use among men.   (iv) The interaction of 'Alcoholism x Occupation' shows significant effect on Anger, Physical Aggression, and Verbal Aggression.

The study employed Scheffe test for the significant interaction effect of 'Occupation x Alcoholic' on anger, physical aggression and verbal aggression subscales of Aggression Questionnaire.

Table-5b: The Scheffe test for the significant interaction effect of 'Occupation' x 'Alcoholic' on Anger.

		1	2	3	4
	Means	**16.38**	**16.7**	**18.62**	**13.46**
1	**Policemen/alcoholic**	X			
2	**Policemen/non-alcoholic**	.32	X		
3	**Drivers/alcoholic**	2.24	1.92	X	
4	**Drivers/non-alcoholic**	-2.92	-3.24[*]	-5.16[*]	X

* significant at the .05 level.

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Figure-4:   The means plot for Significant interaction effect of 'Occupation x Alcoholics' on Anger.
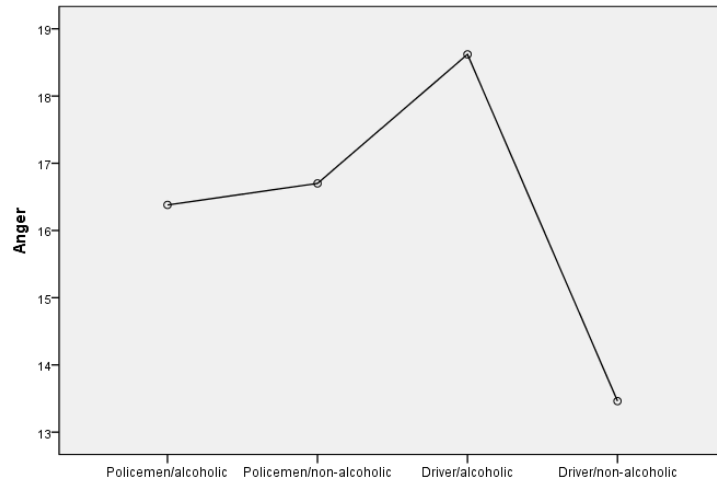
The result (Table-5b) highlighted outcome of the scheffe test for the significant interaction effect of 'Occupation x Alcoholism' on Anger. The result (Table-5b & Figure-4) revealed that non-alcoholic Drivers show significantly lower scores on anger as compared to the non-alcoholic Policemen and alcoholic Drivers. One study revealed that an individual who are under the influence of alcohol are more aggressive than those who are not under the influence of alcohol consumption (Chermack & Giancola, 1997; Giancola, 2002).

Table-5c : The Schaffe test for the significant interaction effect of 'Occupation x Alcoholic' on   Physical Aggression.

		1	2	3	4
	Mean	**19.56**	**19.64**	**24.98**	**17.28**
1	**Policemen/alcoholic**	X			
2	**Policemen/non-alcoholic**	.08	X		
3	**Drivers alcoholic**	5.42*	5.34*	X	
4	**Drivers non-alcoholic**	2.28	2.36	7.70*	X

* significant at the .05 level

Figure-5:   The means plot for Significant interaction effect of 'Occupation' x 'Alcoholics' on Physical Aggression

The result (Table-5c) shows outcome of the scheffe test for the significant interaction effect of 'Occupation' x 'Alcoholics' on Physical Aggression. The result (Table-5c and Figure-5) revealed that alcoholic Drivers show significantly greater scores on Physical Aggression as compare to the alcoholic Policemen, non-alcoholic Policemen and Drivers who are non-alcoholic. Consistent with the present finding, Scott and Greenfield (1999) found that being alcoholic and the amount of alcohol intake is strongly associated with physical aggression. For example, Taylor & Gammon (1975) reported that high amount of alcohol intake is likely to instigate physical aggression while low amount of alcohol consumption inhibits physical aggression.

Table-5d :   The Schaffe test for the significant interaction effect of 'Occupation' x 'Alcoholic' on Verbal Aggression.

		1	2	3	4
	Rank Mean	14.4	15.1	15.8	13
1	**Policemen/alcoholic**	X			
2	**Policemen/non-alcoholic**	0.62	X		
3	**Drivers alcoholic**	1.36	0.74	X	
4	**Drivers non-alcoholic**	1.40	2.02	2.76*	X

* significant at the .05 level

Figure-6: The means plot for Significant interaction effect of 'Occupation' x 'Alcoholics' on Verbal Aggression.
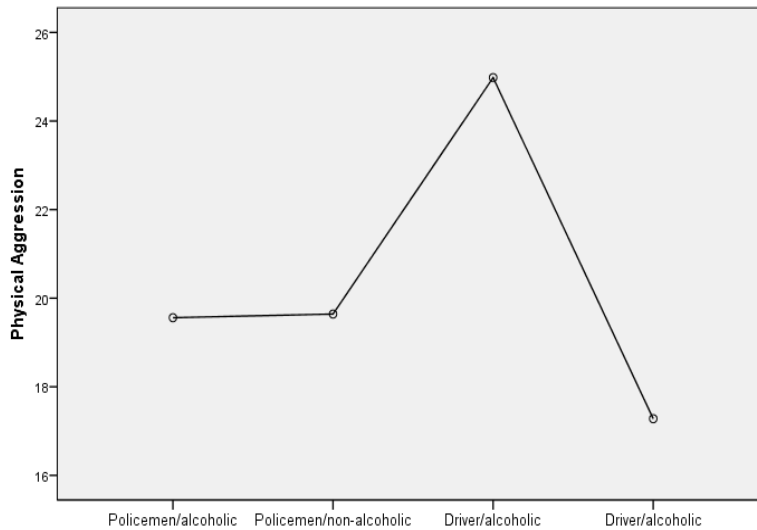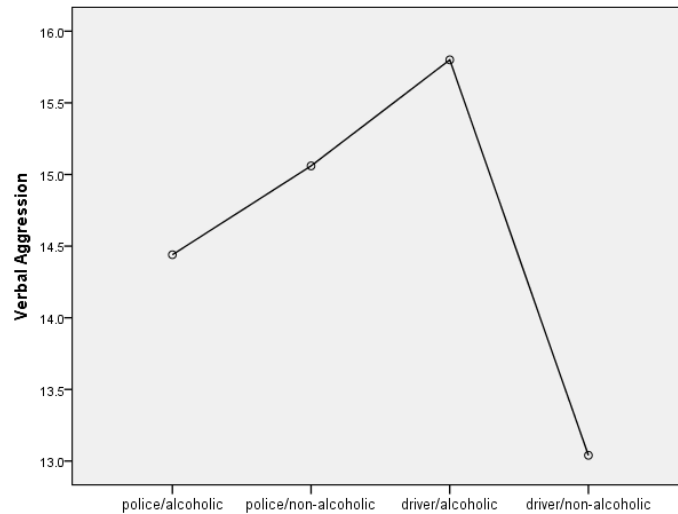

The result (Table-5d) shows the outcome of the Scheffe test for the significant interaction effect of 'Occupation' x 'Alcoholics' on verbal Aggression. The result (Table-5d & Figure-6) revealed that alcoholic drivers obtained higher scores on verbal aggression as compared to non-alcoholic drivers. It is often presumed that alcohol intoxication leads to subsequent aggression. Aggression following intoxication has been explained via the Alcohol Myopia Model (Steele & Josephs, 1990), which maintains that intoxication results in a narrowing of perceptual and cognitive focus toward the more salient cues, in this case those provoking aggression, relative to inhibitory cues. In a community sample of newlyweds, Leonard and Quigley (1999) found support for the hypothesis that episodes of husband physical aggression were more likely than episodes of husband verbal aggression to follow husband drinking. A similar pattern was found among a sample of men in substance abuse treatment (Murphy, Winters, O'Farrell, Fals-Stewart, & Murphy, 2005).

Finally, the study employed series of hierarchical linear regression (step-wise) separately for the prediction of Depression, Anxiety and Stress (*the Criterion*) from Occupation, Alcoholism, Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale (*the Predictors*).

Predictability of Depression from the Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale:

The result (Table-6) shows the *beta*-values, adjusted R-square, F-change, Model-F, Collinearity Statistics (Tolerance and Variance Inflation Factor - VIF) and Durbin-Watson Statistics in the prediction of Depression(criterion) from Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale (*the Predictors*). The healthy Durbin-Watson Statistics and the Collinearity Statistics (Tolerance and Variance Inflation Factor - VIF) warranted freedom from auto-correlation and multicollinearity. Similarly, the significant adjusted R-square, F-change and Model-F revealed the predictability of Depression from the Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale.

Table-6: The beta-values, adjusted R-square, F-change. Model-F, Collinearity Statistics (Tolerance and Variance inflation factor- VIF) in the prediction of Depression (*the Criterion*) from Occupation, Alcoholism, Demographic variables, and the subscales of Aggression Questionnaires and Adult Attachment Scale (*the Predictors*).

		Model							Collinearity Statistics	
		1	2	3	4	5	6	7	Tolerance	VIF
1	Alcoholism	-.29**	-.29**	-.31**	-.26**	-.25**	-.26**	-.23**	.91	1.10
2	Amenities		-.18**	-.21**	-.18**	-.18**	-.15*	-.16**	.93	1.07
3	No. of fam. member			.21**	.23**	.18**	.17**	.16**	.95	1.06
4	Attach. Avoid				.23**	.16*	.18**	.16*	.78	1.28
5	Hostility					.19**	.27**	.24**	.69	1.45
6	Verbal Aggression						-.18**	-.24**	.67	1.50
7	Physical Aggression							.16*	.66	1.52
	$\Delta R2$	79.00**	.11**	.14**	.19**	.22**	.24**	.25*	Durbin-Watson	
	Model-F	18.08**	12.85**	12.11**	12.79**	12.21**	11.55**	10.66**	Statistics	
	F-change	18.08**	7.08**	9.51**	12.69**	8.01**	6.51**	4.21*	1.424	

** significant at the .01 level * significant at the .05 level

The results (Table-6) revealed the predictability of Depression from the Demographic Variables: a) Being alcoholic significantly predicted 29% increase in variation on Depression in Model-1 that was slightly reduced, with the inclusion of significant predictor variables in the stepwise multiple regression analyses, but remaining to significantly explain 23% of variation in the final Model. Consistent with the present finding, Shortt (2018) found a high level of depression among Binge

drinkers. In their research Furgusson, Boden & Horwood (2009) found a strong association between alcohol abuse or alcohol dependence and major depression. b) Decreasing availability of Amenities significantly predicted 18% increase in variation on Depression in Model-2, that was reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 16% of variation in the final Model. Consistent with the present findings, previous studies revealed that the chance of exhibiting depression was significantly reduced with increase in amenities that contributes to better socioeconomic status (Freeman, et al. 2016); and c) Increasing Number of Family Members significantly predicted 21% increase in variation on Depression in Model-3, that was reduced with the inclusion of significant predictor variable and explaining 16% of variation in the final Model (Model-7).

The results (Table-6) also revealed the predictability of Depression from the subscales of Adult Attachment Scale and Aggression Questionnaires: a) Increase in Attachment Avoid significantly predicted 23% increase in variation on Depression in Model-4, that was slightly reduced with the inclusion of significant predictor variable, but significantly explaining 16% of variation in the final Model (Model-7). The present finding is in line with previous research which shows that people with anxious and avoidant attachment types has more depressive symptoms (Taylor, Napier, Kathryn, Lauren & Laura 2020); b) Increase in Hostility significantly predicted 23% increase in variation on Depression in the Model-5, that was augmented with the inclusion of significant predictor variable and explaining 24% of variation in the final Model. Consistent with the present finding, in their study Schles, Mendels, Kipperman & Cochrane (1974) found a relationship between the degree of turning hostility inward and higher scores on several tests of the intensity of depression in those patients who tended to turn hostility (Schless, Mendels, Kipperman, & Cochrane, 1974); f) Increase in Verbal aggression significantly predicted 18% increase of variation on Depression in the Model-6, that was augmented with the inclusion of significant predictor variable and explaining 24% of variation in the final Model. in line with the present finding, one study revealed that depression intensity was positively correlated with levels of aggression and experience of rage within the depressed population, but just wasn't attributable to

anger expression measures and was only partly related to suppression of anger (Riley, Treiber& Woods, 1989); and g) increase Physical Aggression significantly predicted 16% increase of variation on Depression in Model-7.Working environments of men that entails higher threats to harms and has more exposure to violence resulted in higher risk for depression and stress related disorders (Wieclaw, et al, 2006).

The significant predictability of Depression from Alcoholism, Amenities, Number of family Member, Attachment Avoid, Hostility, Verbal Aggression, Physical Aggression were supported by normality of the standardised residuals (Figure-7) and linearity of the Regression Slope (Figure-8), that warranted the interpretability of the multiple regression.

Figure-7:   Histogram portraying the distribution of the regression Standardized residual in the prediction of Depression(*criterion*) from Alcoholism, Amenities, No. of fam. Member, Attachment Avoid, Hostility, Verbal Aggression, Physical Aggression (*predictors*).
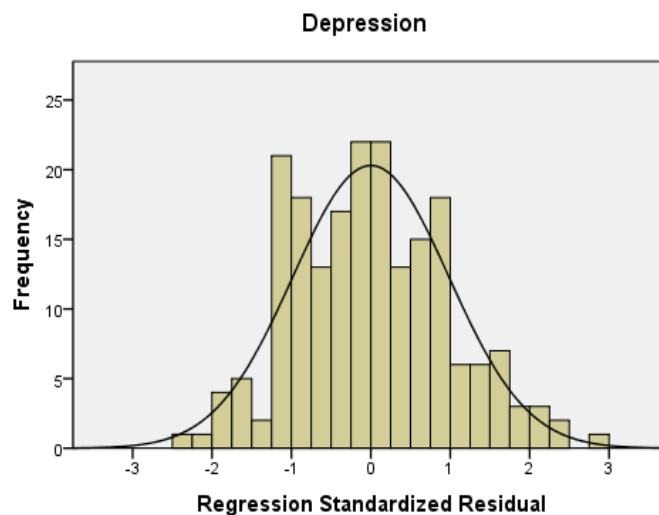
Figure-8:   Normal P-P plot of the regression Standardized residual in the prediction of Depression(*criterion*) from Alcoholism, Amenities, No. of fam. Member, Attachment Avoid, Hostility, Verbal Aggression, Physical Aggression (*predictors*).
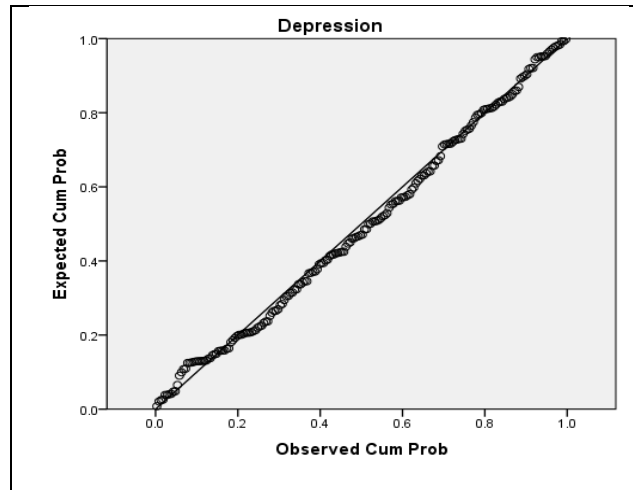
Predictability of Anxiety from the Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale:

The result (Table-7) shows the *beta*-values, adjusted R-square, F-change, Model-F, Collinearity Statistics (Tolerance and Variance Inflation Factor - VIF) and Durbin-Watson Statistics in the prediction of Anxiety (*the criterion*) from Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale (*the Predictors*). The healthy Durbin-Watson Statistics and the Collinearity Statistics (Tolerance and Variance Inflation Factor - VIF) warranted freedom from auto-correlation and multicollinearity. Similarly, the significant adjusted R-square, F-change and Model-F revealed the predictability of Anxiety from the Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale.

Table-7: The beta-values, adjusted R-square, F-change. Model-F, Tolerance and Variance inflation factor (VIF) in the prediction of Anxiety (*criterion*) from Alcoholism, Occupation, Number of family member, Attachment Avoid and Hostility (*predictor*).

		Model					Collinearity Statistics	
		1	2	3	4	5	Tolerance	VIF
1	Alcoholism	-.50**	-.50**	-.52**	-.48**	-.48**	0.95	1.05
2	Occupation		-.15**	-.14*	-.15**	-.17**	0.98	1.02
3	No of family member			.24**	.23**	.22**	0.99	1.02
4	Attachment Avoid				.18**	.11	0.82	1.23
5	Hostility					.20**	0.83	1.20
	ΔR2	0.25**	0.27**	0.32**	0.35**	0.38**	Durbin-Watson	
	Model-F	63.95**	35.95**	31.01**	26.72**	24.49**	Statistics	
	F-change	63.95**	6.21**	15.64**	9.63**	10.29**	1.601	

** significant at the .01 level * significant at the .05 level

The results (Table-7) revealed the predictability of Anxiety from the Demographic Variables: a) Being alcoholic significantly predicted 50% increase in variation on Anxiety in Model-1 that was slightly reduced with the inclusion of significant predictor variables in the stepwise multiple regression analyses, but remaining to significantly explain 48% of variation in the final Model.Binge drinkers also procure intense level of anxiety as is concluded by the study which deals with the participants (Shortt, 2018).; b) the Occupation significantly predicted 15% increase in variation on Anxiety in Model-2, that was augmented with the inclusion of significant predictor variables in the stepwise analyses and explaining 17% of variation in the final ModelEvaluate the discrepancies in workplace stress involving managers and shop floor staff, emotional health (Rao, & Chandraiah, (2012).; and c) Increasing Number of Family Members significantly predicted 24% increase in variation on Anxiety in Model-3, that was slightly reduced with the inclusion of significant predictor variable and explaining 16% of variation in the final Model.In all tests, big families with five or more children rank lower stress than those that have one or two-children, but in some studies their stress rank were higher than families with three or four children (Nye, Carlson, & Garrett, 1970).

The results (Table-7) also revealed the predictability of Anxiety from the subscales of Aggression Questionnaires and Adult Attachment Scale: a) Increase in Attachment Avoid significantly predicted 18% increase in variation on Anxiety in

Model-4, that was highly reduced with the inclusion of significant predictor variable, but not significantly explaining the variation in the final Model. Consistent with the present finding, Read et al. (2018) had found that both attachment anxiety and attachment avoidance have a direct effect on indices of social anxiety symptomology. Individuals high in attachment avoidance are highly self-critical (Mikulincer, 1997), exhibit an intolerance of uncertainty (Rice & Lopez, 2004), view others as untrustworthy and are uncomfortable with closeness (Srivastava & Beer, 2005). Any of these self-and other attachment-driven views may be hypothesized to predispose people high in attachment avoidance to perceive social interactions as threatening and anxiety-provoking, for example, people with ambiguity aversion can experience distress about social interactions that are inherently ambiguous and involve uncertain outcomes (Dugas, et al., 1995). As such, individuals high on attachment avoidance would also be hypothesized to be vulnerable to social anxiety symptomology and be associated with such individual's sensitivity to rejection, though this may be through a distinct process from that which suggests individuals high on attachment anxiety may be vulnerable to social anxiety symptomology

b) High in Hostility Increase significantly predicted 16% increase of variation on Anxiety in Model-7. Consistent with the present finding, previous research also reported a positive correlation between anxiety and aggression. For example, Chung et al (2019) found a strong correlation between anger, hostility and anxiety. Fould (1965) also found a positive relationship between anxiety and hostility.

The significant predictability of Anxiety from Alcoholism, Occupation, Number of family Member, Attachment Avoid, Hostility, were supported by normality of the standardised residuals (Figure-9) and linearity of the Regression Slope (Figure-10), that warranted the interpretability of the multiple regression.

Predictability of Stress from the Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale:

The result (Table-7) shows the *beta*-values, adjusted R-square, F-change, Model-F, Collinearity Statistics (Tolerance and Variance Inflation Factor - VIF) and Durbin-Watson Statistics in the prediction of Stress (*the criterion*) from Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale (*the Predictors*). The healthy Durbin-Watson Statistics and the

Collinearity Statistics (Tolerance and Variance Inflation Factor - VIF) warranted freedom from auto-correlation and multicollinearity. Similarly, the significant adjusted R-square, F-change and Model-F revealed the predictability of Stress from the Demographic Variables and the subscales of Aggression Questionnaire and Adult Attachment Scale.

Figure-9: Histogram portraying the distribution of the regression Standardized residual in the prediction of Anxiety(*criterion*) from Alcoholism, Occupation, No. of family member, Attachment Avoid and Hostility (*predictor*).
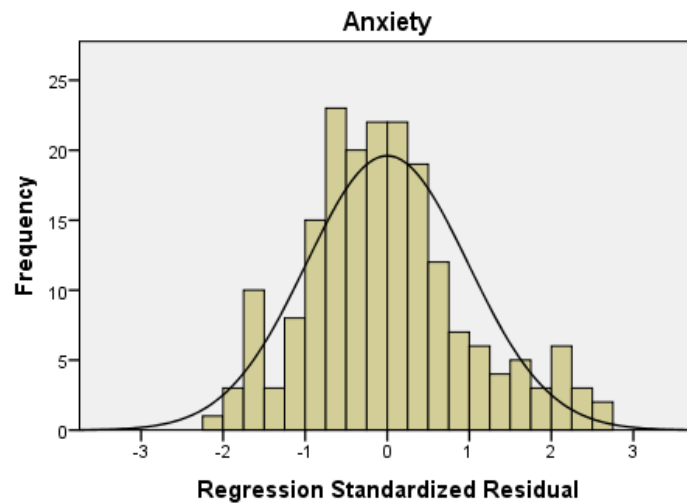

Figure-10: Normal P-P plot of the regression Standardized residual in the prediction of Anxiety(*criterion*) from Alcoholism, Occupation, No of family member, Attachment Avoid and Hostility (*predictor*).
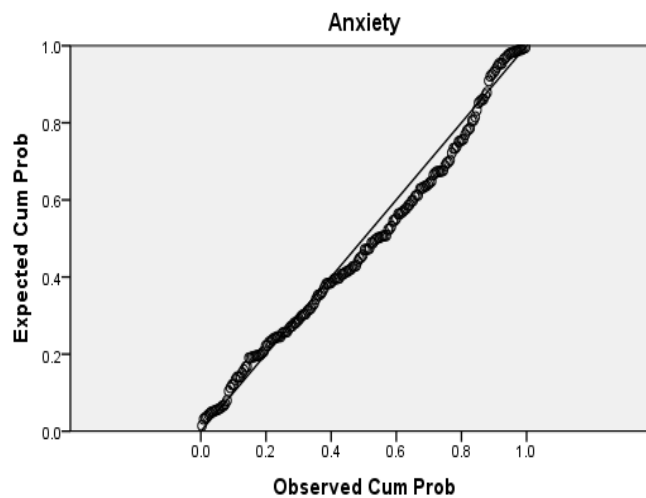
Table8: The beta-values, adjusted R-square, F-change. Model-F, Tolerance and Variance inflation factor (VIF) in the prediction of Stress (*criterion*) from Alcoholism, occupation, No. of family member, Affluences, Attachment Avoid, Anger (*predictors*).

		Model						Collinearity Statistics	
		1	2	3	4	5	6	Tolerance	VIF
1	Alcoholism	-.37**	-.37**	-.39**	-.40**	-.35**	-.31**	0.91	1.10
2	occupation		-.17**	-.17**	-.14*	-.15**	-.16**	0.96	1.04
3	No of family member			.16**	.19**	.17**	.16**	0.95	1.05
4	Affluences				-.16**	-.13*	-.14*	0.93	1.08
5	Attachment-Avoid					.20**	.18**	0.92	1.09
6	Anger						.20**	0.93	1.08
	∆R2	.13**	.16**	.18**	.20**	.24**	.27**	Durbin-Watson	
	Model-F	31.96**	19.98**	15.79**	13.71**	13.47**	13.39**	Statistics	
	F-change	31.96**	7.03**	6.32**	6.21**	10.00**	9.92**	1.661	

** significant at the .01 level, * significant at the .05 level

The results (Table-8) revealed the predictability of Stress from the Demographic Variables: a) Being alcoholic significantly predicted 37% increase in variation on Stress in Model-1 that was slightly reduced, with the inclusion of significant predictor variables in the stepwise multiple regression analyses, but remaining to significantly explain 31% of variation in the final Model. In line with the present finding, contemporary research generally found a significant correlation between stress and alcohol consumption. Alcohol has been hypothesized to buffer and to serve as a coping mechanism against stress (Cappell and Greeley, 1987). It is commonly accepted that people drink alcohol in order to cope with the effects of stress (Allan and Cooke, 1985; Krause, 1991). Stressful life events and chronic stressors have been correlated with alcoholism (Linsky et al., 1985), alcohol abuse (Cole *e*t al., 1990) heavy drinking (Wilsnack et al., 1991), and alcohol dependence and problems (Johnson and Pandina, 1993; Welte and Mirand, 1995) in different populations. Shortt (2018) reported an intense level of stress amongBinge drinkers; b) The Occupation significantly predicted 17% decrease in variation on Stress in Model-2, that was slightly reduced with the inclusion of significant predictor variables in the stepwise analyses and explaining 16% of variation in the final Model. In line with the present finding, a study among police officers reported a high level of stress and often reported to experience burnout syndrome due to work-related activities. All these

findings suggested the dire need to scrutinize the occupational health of police officers (Queirós et al. 2020). Of all work stressors, occupational stress is the leading cause of many disorders among workers. Drivers are classified as a high-risk group for work related stress. For example, Biglari et al. (2016) found that around Seventy-one percent of the intercity drivers suffered from average to acute stress, and 3.1% of them suffered from acute stress. c) Increasing Number of Family Members significantly predicted 16% increase in variation on Stress in Model-3, that was neither reduced nor augmented with the inclusion of significant predictor variable and explaining 16% of variation in the final Model. In relation to the present finding, increase in number of family member is positively correlated with stress. The findings further stated that increase number of family leads to financial strain that likely contribute to stress (Noh et al. 2017). d) Increase in Affluence significantly predicted 16% decrease in variation on Stress in Model-4, that was slightly reduced with the inclusion of significant predictor variable and explaining 14% of variation in the final Model. Distress, chronic mental health issues, paired with health hindering behaviors could all be considered as the outcome of low SES and which eventually induce stress (Baum, Garofalo, &Yali, 1999).

The results (Table-8) also revealed the predictability of Stress from the subscales of Aggression Questionnaires and Adult Attachment Scale: a) Increase in Attachment Avoid significantly predicted 20% increase in variation on Stress in Model-5, that was slightly reduced with the inclusion of significant predictor variable, but significantly explaining 18% of variation in the final Model; Anger significantly predicted 20% increase in variation on Stress in Model-7.

The significant predictability of Stress from Alcoholism, Amenities, Number of family Member, Attachment Avoid, Hostility, Verbal Aggression, Physical Aggression were supported by normality of the standardised residuals (Figure-11) and linearity of the Regression Slope (Figure-12), that warranted the interpretability of the multiple regression.

Figure-11:   Histogram portraying the distribution of the regression Standardized residual in the prediction of Stress (*criterion*) from Alcoholism, occupation, No. of family member, Property owned, Attachment Avoid, Anger (*predictors*).
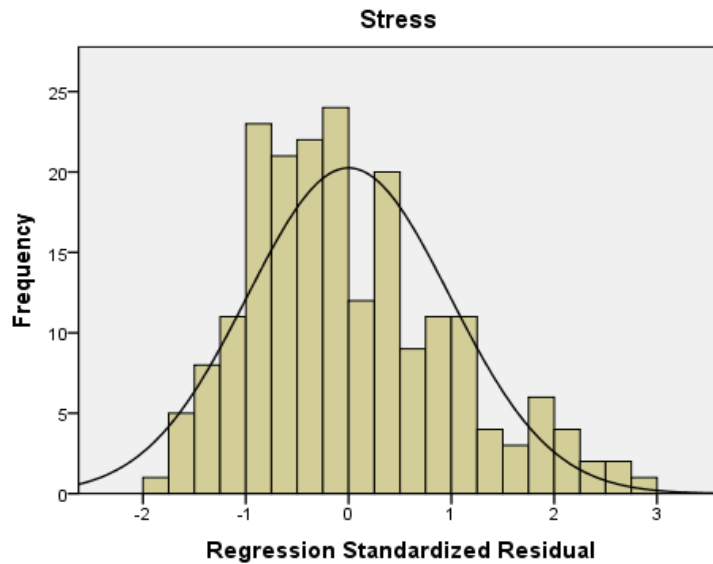
Figure-12:   Normal P-P plot of the regression Standardized residual in the prediction of Stress (*criterion*) from Alcoholism, occupation, No of family member, Property owned, Attachment Avoid, Anger (*predictors*).
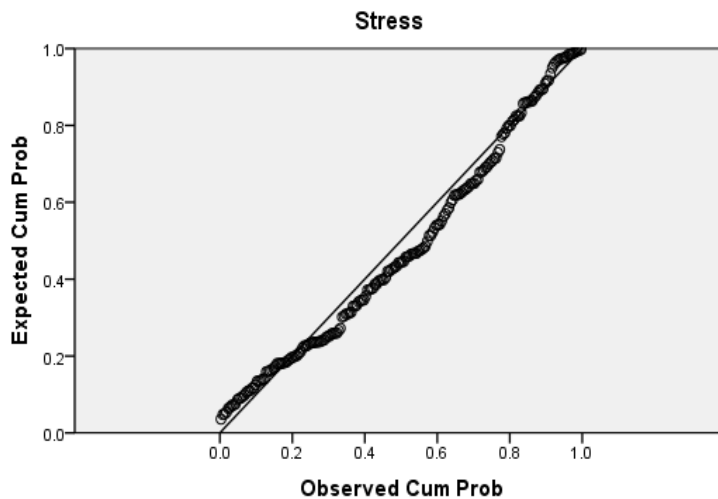
CHAPTER-V
SUMMARY AND CONCLUSION

The purpose of the current study is to assess the Relationships between Alcohol Use Disorder, Depression, Anxiety, Stress, Aggression and Attachment Style among Policeman and Drivers, 200 Mizo adult males were selected by following purposive sampling procedure with their age range between 20-60 years. They were selected from the Government service personnel within the Aizawl, the capital city of Mizoram with differing 'Occupation' of 'Policemen' (n=100) and 'Drivers' (n=100). The participants were classified based on their corresponding scores on AUDIT (Saunders, & de la Fuente, 1993) as 'alcohol use disorder' into alcoholics (Policemen n=50 and Drivers n=50) and non-alcoholics (Policemen n=50 and Drivers n=50).

The interrelationship between ,'occupation' 'Alcoholism', demographic variables (Age, Marital status, Education qualification, house ownership, family type, No of family member, Bread earner in the family, Total No. of employed, Affluence, Amenities, Monthly income) and the scales and subscales of the behavioral measures, which highlighted the relationship between the variables under study; point-biserial correlation coefficient was employed for the relationship between nominal and continuous variables, and Pearson product moment coefficient correlation was employed between the continuous variables. The result shows a significant relationship between demographic variables and the scales and subscales of the behavioral measure.

Mann Whitney U-test was employed for the independent effect of 'Occupation' and 'Alcoholism' on Depression, Anxiety and Stress. The result revealed that alcoholics are higher on Depression, Anxiety and stress as compared to Non-alcoholics, that proved the first hypothesis.It also revealed that Drivers are higher on Anxiety as compared to Policemen, that reject the second hypothesis. Drivers due to work-related stressors, reported a high level of stress common mental disorders such as major depressive episode, anxiety symptoms, and burnout syndrome.

Kruskall Wallis one way ANOVA followed by Steel-Dwass test was employed for the interaction effect of 'Occupation x Alcoholism' on Depression,

anxiety and Stress. The finding revealed that Alcoholic Drivers were higher on Depression as compared to Non-Alcoholic policemen and Non-Alcoholic Drivers,the finding also revealed that Alcoholic Policemen are higher on Anxiety as compared to Non-alcoholic Policemen and Non-alcoholic Drivers. Similarly, Alcoholic drivers have higher Anxiety as compared to Non-Alcoholic Policemen and Non-Alcoholic Drivers which reject the fourth hypotheses.

The finding also revealed that Alcoholics Policemen show higher scores on Stress than Non-alcoholic Policemen. Similarly, the result also revealed that Alcoholic drivers are higher on Stress as compared to both Non-alcoholic Policemen and Non-alcoholic Drivers.

Analysis of Covariance was employed to examine the effect of Occupation and Alcoholism on the scales/sub-scales of the behavioral measures with the Demographic variables as the covariate and the result shows that 'Age' have a significant effect on Attachment Avoid and Physical Aggression, referral of the bivariate correlation which indicates that increasing age results in decrease in Attachment Avoid and Physical Aggression.The result also revealed that increasing age result in decrease in attachment avoid.

 Educational Qualification shows significant effect on Attachment Avoid, Physical Aggression and Hostility, referral of the bivariate correlation which indicates that increase in Educational Qualification leads to decrease in Attachment Avoid, Physical Aggression and Hostility.

'Alcoholism' also shows significant effect on Attachment Anxiety with greater mean score for Alcoholic as compared to Non-Alcoholic, Attachment Avoid with greater mean score for Alcoholic as compared to Non-Alcoholic.

Similarly, 'Alcoholism' also shows significant effect on Attachment Anxiety, Attachment Avoid and Physical Aggression where Alcoholic are higher as compared to Non-Alcoholic.

The interaction of 'Alcoholism x Occupation' shows significant effect on Anger, Physical Aggression, and Verbal Aggression. The result shows that Non-

alcoholic Drivers show lower anger as compared to the Non-alcoholic Policemen and alcoholic Driver.The result also revealed that Drivers who are alcoholic are higher on Physical aggression as compared to the Policemen who are Non-alcoholic and Drivers who are non-alcoholic. The result also revealed that in Verbal Aggression Non-alcoholic Drivers show lower Verbal Aggression as compare to Drivers Alcoholics.

Finally, in the stepwise hierarchical linear regression for the Predictability of Depression, the result revealed that Alcoholism, Amenities, Number of family member, Attachment Avoid, Hostility, Verbal Aggression, Physical Aggression significantly predicted Depression. Similarly, the results also revealed that Alcoholism, Occupation, Number of family Member, Attachment Avoid, Hostility, significantly predicted Anxiety. The result also shows that Alcoholism, Occupation, Number of family member, Affluences, Attachment Avoid, Anger significantly predicted Stress.

The outcome of the study revealed that the levels of alcohol use disorder, depression, anxiety, stress, aggression high on the alcoholic police and drivers and they show poor levels of attachment style, that proved the first hypothesis.

Alcoholic Drivers show greater mean scores on scales/sub-scales of alcohol use disorder, depression, anxiety, stress, aggression and attachment style as compared to alcoholic Policemen and non-alcoholic policemen, that reject the second hypothesis

Alcoholics show greater mean scores on depression, anxiety, stress, aggression and attachment style. as compared to non-alcoholic, that proved third hypothesis.

The result show that as alcoholic Drivers mean score is highest on depression, anxiety, stress, aggression and attachment style, that reject the fourth hypothesis.

In the stepwise hierarchical linear regression for the Predictability of Depression, the result revealed that Alcoholism, Amenities, Number of family member, Attachment Avoid, Hostility, Verbal Aggression, Physical Aggression

significantly predicted Depression. Similarly, the results also revealed that Alcoholism, Occupation, Number of family Member, Attachment Avoid, Hostility, significantly predicted Anxiety. Finally, the result also shows that Alcoholism, Occupation, Number of family member, Affluences, Attachment Avoid, Anger significantly predicted Stress, that proved last hypothesis.

Limitation And Suggestion

The limitation of the study is that the sample comprised of only 200 participant which is far less for making generalization. A comparative study between Policemen and Drivers are not done yet to our best knowledge. Due to this, integrating present research with prior findings or research is limited.

Despite the limitation, the psychometric properties and the normal distribution of the data depicted the applicability of the present findings for future reference.

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Appendices

DEMOGRAPHIC PROFILE

A hnuaia zawhna te hi dik leh diklo a awm lova, I ngaihdan leh I thil lo tawn thin lam hawi zawhna ani a, I hun hlu tak seng a min chhansak turin ka ngen a che. I hming tarlan a ni dawnlo a, a hnuaia lak te hi research tihna atan ani a, I chhanna/nihna hi thup tlat ani.

1. Kum (Age) :_____

2. Sex: Mipa ☐   Hmeichhia ☐

3. Hnathawh (Occupation) : _____

4. Marital status :single (Nupui/Pasal la neilo)

   married (Nupui/Pasal nei tawh)

   ☐ divorce (Nupui/Pasal then tawh)

   ☐ widowed (Nupui/Pasal sun tawh)

5. Lehkha zir chin(Edu. Qualification): _____

6. Tuna chenna Veng: _____

7. Chenna In: ☐ Mahni In   ☐ Mi In luah

8. Chhungkaw chenho dan: ☐ Nuclear (Nu leh pa leh unaute nen / Nupui lehfate nena chengho)

   ☐ Joint (Chhungkaw awm ho vek- Pi leh pu, nute-i leh Pate-a, etc)

9. Chhungkaw member zat: _____

10. Chhungkua a eizawngtu ber: ☐ Pa(father)   ☐ Nu(mother)
    ☐ Keimah(Self) ☐ Midang(other)

11. Chhungkua a eizawngtu zat: _____

12. Thilhlu neih te (box chhungah I tick (thai) dawn nia)

    ☐ Stock/Bonds/Investment   ☐   substantial savings(Pawisa dahthat)

    ☐ Insuarance   ☐   LSC. Neihzat:_____(neih chuan)

    ☐ In(House/Flats). neih zat:____ (neih chuan)

13. Khawsak ti awlsam/nuam tu thil neihte (box chhung ah I tick(thai) dawn nia

☐ Mobile phone (puitling zawng zawngin)   ☐ Landline phone

☐ Internet connection(broadband/dongle)   ☐ Ran vulh

☐ Two-wheeler   ☐ Four-wheeler

☐ Commercial vehicle (bus, taxi,truck etc)   ☐ Heavy machinery (JCB, road roller etc)

14. Chhungkaw thlatin lakluh zat(a vel): _____

The Alcohol Use Disorders Identification Test
(AUDIT; Saunders, Aasland, Babor, & de la Fuente, 1993)

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answerswill remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

SI. No	Questions	0	1	2	3	4
1	How often do you havea drinkcontaining alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2	How many drinks containing alcoholdo you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3	How often do you have six or moredrinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4	How often during the last year haveyou found that you were not able tostop drinking once you hadstarted?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5	How often during the last yearhave you failed to dowhat wasnormally expected of you becauseof drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6	How often during the last year haveyou needed a first drink in themorning to get yourself going after aheavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8	How often during the last year have you been unable to remem- ber what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9	Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the lastyear
10	Has arelative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cutdown?	No		Yes, but not in the last year		Yes, during the lastyear

Depression, Anxiety and Stress Scale - 21
(DASS-21; Lovibond & Lovibond 1995)

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

SI. No	STATEMENT	Did not apply to me at all	Applied to me to some degree	Applied to me to a considerable degree	Applied to me very much
1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

Revised Adult Attachment Scale (RAAS; Collins, 1996)

Please read each of the following statements and rate the extent to which it describes your feelings about romantic relationships. Please think about all your relationships (past and present) and respond in terms of how you generally feel in these relationships. If you have never been involved in a romantic relationship, answer in terms of how you think you would feel.

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement

SI. No	STATEMENTS	Not at all characteristic of me				Very characteristic of me
1	I find it relatively easy to get close to others.	1	2	3	4	5
2	I do <u>not</u> worry about being abandoned.	1	2	3	4	5
3	I find it difficult to allow myself to depend on others.	1	2	3	4	5
4	In relationships, I often worry that my partner does not really love me.	1	2	3	4	5
5	I find that others are reluctant to get as close as I would like.	1	2	3	4	5
6	I am comfortable depending on others.	1	2	3	4	5
7	I do <u>not</u> worry about someone getting too close to me.	1	2	3	4	5
8	I find that people are never there when you need them.	1	2	3	4	5
9	I am somewhat uncomfortable being close to others.	1	2	3	4	5
10	In relationships, I often worry that my partner will not want to stay with me.	1	2	3	4	5
11	I want to merge completely with another person.	1	2	3	4	5
12	My desire to merge sometimes scares people away.	1	2	3	4	5
13	I am comfortable having others depend on me.	1	2	3	4	5
14	I know that people will be there when I need them.	1	2	3	4	5
15	I am nervous when anyone gets too close.	1	2	3	4	5
16	I find it difficult to trust others completely.	1	2	3	4	5
17	Often, partners want me to be closer than I feel comfortable being.	1	2	3	4	5
18	I am not sure that I can always depend on others to be there when I need them.	1	2	3	4	5

Aggression Questionnaire (Buss & Perry, 1992)

Using the 5 point scale shown below, indicate how uncharacteristic or characteristic each of the following statements is in describing you. Place your rating in the box to the right of the statement.

SI. No	STATEMENTS	extremely uncharacteristic of me	somewhat uncharacteristic of me	neither uncharacteristic nor characteristic of me	somewhat characteristic of me	extremely characteristic of me	
1	Some of my friends think I am a hothead	1	2	3	4	5	A
2	If I have to resort to violence to protect my rights, I will.	1	2	3	4	5	PA
3	When people are especially nice to me, I wonder what they want.	1	2	3	4	5	H
4	I tell my friends openly when I disagree with them.	1	2	3	4	5	VA
5	I have become so mad that I have broken things.	1	2	3	4	5	PA
6	I can't help getting into arguments when people disagree with me.	1	2	3	4	5	VA
7	I wonder why sometimes I feel so bitter about things.	1	2	3	4	5	H
8	Once in a while, I can't control the urge to strike another person.	1	2	3	4	5	PA
9*	I am an even-tempered person.	1	2	3	4	5	A
10	I am suspicious of overly friendly strangers.	1	2	3	4	5	H
11	I have threatened people I know.	1	2	3	4	5	PA
12	I flare up quickly but get over it quickly.	1	2	3	4	5	A
13	Given enough provocation, I may hit another person.	1	2	3	4	5	PA
14	When people annoy me, I may tell them what I think of them.	1	2	3	4	5	VA
15	I am sometimes eaten up with jealousy.	1	2	3	4	5	H
16*	I can think of no good reason for ever hitting a person.	1	2	3	4	5	PA
17	At times I feel I have gotten	1	2	3	4	5	H

	a raw deal out of life.						
18	I have trouble controlling my temper.	1	2	3	4	5	A
19	When frustrated, I let my irritation show.	1	2	3	4	5	A
20	I sometimes feel that people are laughing at me behind my back.	1	2	3	4	5	H
21	I often find myself disagreeing with people.	1	2	3	4	5	VA
22	If somebody hits me, I hit back.	1	2	3	4	5	PA
23	I sometimes feel like a powder keg ready to explode.	1	2	3	4	5	A
24	Other people always seem to get the breaks.	1	2	3	4	5	H
25	There are people who pushed me so far that we came to blows.	1	2	3	4	5	PA
26	Some of my friends think I am a hothead	1	2	3	4	5	H
27	If I have to resort to violence to protect my rights, I will.	1	2	3	4	5	VA
28	When people are especially nice to me, I wonder what they want.	1	2	3	4	5	A
29	I tell my friends openly when I disagree with them.	1	2	3	4	5	PA

Brief bio-data of the candidate

Name	Jona Lalrindika
Date of Birth	21st. 08. 1994
Father's name	C. Roliana
Mother's name	Lalbiakmawii
Marital Status	Single/Unmarried
Permanent Address	Hmunpui, Mamit, Mizoram
Educational Qualification	Pursuing M.Phil in the Department of Psychology, Mizoram University
Religion	Christian
Nationality	Indian

PARTICULARS OF THE CANDIDATE

NAME OF CANDIDATE	:	Mr. Jona Lalrindika
DEGREE	:	Master of Philosophy
DEPARTMENT	:	Psychology
TITLE OF DISSERTATION	:	The Relationships between Alcohol Use Disorder, Depression, Anxiety, Stress, Aggression and Attachment Style: A Study among Policemen and Drivers in Aizawl City
DATE OF ADMISSION	:	25. 07. 2019
COMMENCEMENT OF SECOND SEMESTER/DISSERTATION	:	03. 02. 2020

APPROVAL OF RESEARCH PROPOSAL

1. DRC	:	12. 04. 2020
2. BOS	:	08. 06. 2020
3. School Board	:	12. 06. 2020
MZU REGISTRATION NO.	:	4993/2012
M.Phil. REGISTRATION NO. AND DATE :		MZU/M.Phil. /594of 12.06.2020
DATE OF SUBMISSION	:	29. 01. 2021
EXTENSION (IF ANY)	:	Nil

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