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CONTENTS

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Co-morbidity of Alcohol and Psychiatric Problems: Impaired Moral-Ethical Self as Sources of Irrational Beliefs among Custodial Patients

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Alcohol and drug problems are pervasive throughout the world and constitute major disruptive conditions to people's social and family lives. This study examined the comorbidity of substance use and psychiatric problems among patients in a psychiatric setting. The central hypotheses in this study are that substance abuse impairs one's moral-ethical self which in turn leads to a cicious circle of behaviours, especially the generation of irrational beliefs: Confirming the hypothesis that the emergence of a psychiatric condition through alcohol and drugs is a product of irrational thoughts and beliefs, the study established a significant negative correlation between moral-ethical self and irrational beliefs ($r = -.335$; $p < .05$). It was also confirmed through Analysis of Variance (ANOVA) that there is a significant main effect of impaired moral-ethical self on generation of irrational beliefs. ($F\{1,42\} = 6.10$, $<.05$). Main effect of unimpaired moral-ethical self was not significant. Also, a t-test for independent samples show a statistically significant difference between high moral-ethical patients and low moral-ethical patients ($t = .199$, df (44), $p<.05$). Participants with low moral-ethical self relapse more into bouts of irrational beliefs than a comparative group. The results were discussed in relation to past findings and health policy to reduce substance related psychiatric problems among people.

Key words: Drugs, Alcohol, Psychiatric Problems, moral-ethical self, irrational beliefs, custodial patients.

Irrational beliefs, a central idea in cognitive theory and therapy have been shown to play primary roles in numerous social disorders. Rational and irrational beliefs are proposed to differently contribute to people's psychological adjustment (Sporrle, Strobel & Tumasjan, 2010). However, being rational or irrational is a cognitive and health-related outcome of people's moral and/or ethical disposition. This disposition is a coalescence of self-identity known in self-psychology as the moral-ethical self. Basavanthappa (2007) defines the moral-ethical self as that aspect of personal identity that functions as an observer, standard setter, dreamer, comparer and most of eleven (11) evaluators of who the individual says he/she is. Irrational ideas include scripts we have in our head about how we believe life should be for us and for others or messages about life which we constantly send to ourselves that keep us from growing emotionally. Scientific awareness of irrational beliefs and its effects has a long history. For example, Alfred Adler reportedly proposed that human neurosis is caused by the mistaken belief (misconception) that one must prove his personal superiority without regard for the common good. He emphasized that "every manifestation of neurosis originates from predisposing means, which strive toward the goal of superiority. (Adler, reported in Stein, 2002). Thereafter, this misconception hypothesis fully bloomed into a theory when it was developed by Albert Ellis (1962) into a theory popularized as the rational emotive behavioural theory (REBT). This theory attributes all emotional and psychological problems to irrational ideas that spring from faulty learning experiences. Ellis had carefully summed up these distorted thoughts into 11 misconceptions that have been studied widely. According to Ellis (1973) three most disturbing irrational ideas are:

1. "I must do well and win the approval of others or else I am no good".
2. "Other people must treat me considerably and fairly, or else they are no good".
3. "I must get what I want, when I want it. If I don't get what I want, it's terrible and intolerable". Most irrational beliefs are held in the form of 'should' 'must' or 'ought'.

Irrational beliefs, considering their spontaneous and invasive streaming, could lead people into several kinds of anti-social behaviours including rape, murder, violence, theft and substance abuse. Among all these, substance abuse appears to have much impact on people's psychiatric conditions and can as well create a vicious circle of other behaviours. REBT proposes that (1) irrational beliefs are concomitant with and help to create emotional problems in younger populations (e.g. Bernard & Crohan, 1999; Bernard & Joyce, 1984) and that modifying irrational beliefs improves psychological functioning (e.g. Bernard, 1990b)

Research has shown that people's lifestyle and behaviours are the largest contributors to their health status (Thomas, 2007). Much of the world's psychiatric conditions have largely been tied to the abusive use of legal and illegal drugs and related substances. Central to this is the fact that, substance-abuse related mental health issues constitute a significant percentage of all public health concerns in our communities. Social and personality psychologists are therefore greatly alarmed about the health conditions and welfare of psychiatric patients because psychiatric stability of individuals is important as a determinant of personal and social health of the people.

People who abuse drugs and/or alcohol do so on many assumptions-which most times centre on the ability of such substances to serve as stimulants, sedatives, and anabolic steroids among others. Lewis, Phillippi and Neighbors (2007) while investigating morally based self esteem and drinking motives, also examined Cooper's (1994) four common motivations to consume alcohol which include: enhancement, social connectedness, conformity and coping. A lot of people believe that alcohol, as a sedative drug, leads to relaxation and slows down reactions (Brannon & Feist, 2007), a belief that hinges on the tension reduction hypothesis (Conger, 1956), and serves the perceived social coping functions. Undoubtedly, wrong use of drugs based on faulty beliefs of what such drugs can do may tragically lead to certain psychiatric conditions that may ultimately result in the institutionalization of affected persons. It was on the basis of such deductions that this study was conceived. Custodial patients' report of irrational beliefs may reflect either an outcome of drug misuse or a vulnerable condition for drug use.

An important psychiatric condition among custodial patients is the manifestation of depressive symptoms. Some drugs depress behaviour causing relaxation, sedation or even loss of consciousness (Martin, Carlson & Buskist, 2007). By far, as has been reported, the most commonly used depressant drug is ethyl alcohol, the active ingredient in alcohol beverages. This drug has effects similar to those of the barbiturates – which enhances the depression of the brain's activity, leading in extreme cases to unconsciousness, coma and death. This situation clearly shows that drug use may show differential effects on people and this may also be related to people's age. In the same way depression may or may not show differential effects among people depending on the rehabilitation setting. Studies (e.g. Hyer, Jacobson & Harrison, 1985) have shown that older and younger in-patients with depression did not differ on series of irrational beliefs but the same study also showed a correlation between depression and irrationality within the older group but not within the younger group.

Comparable studies have also shown that apart from drugs, other debilitating conditions also correlate either positively or negatively with irrational beliefs. For example, Macarei & Miclea (2008) found that irrational beliefs' participants who unconditionally accept themselves and hold

less downing beliefs (i.e. negative global self-evaluation) tend to experience lower levels of emotional distress under normal traumatic circumstances. Similarly, Alareqe, Mohammed, Harum, Samah and Alameary (2008) reported a statistically significant influence of irrational beliefs on self-downing when investigating relationship between belief system and depression among Yemen undergraduates. Yet, in another study of irrational beliefs within a university population (Hassan & Ismail, 2004) 282 male and 238 female students responded to a 33-item student's irrational beliefs scale and their responses were factor analysed. The analysis suggested that six dimensions of the scale could explain 39.5% of variance among the respective dimensions of perfectionism, negativism, blame proness, escapism, anxiety over concern and absolute demands. Also, Sava (2009) discovered that emotional stability and agreeableness were negatively related to maladaptive beliefs and irrational beliefs. Currently, when Moradi (2012) compared irrational beliefs among trained couples and normal couples in Javanrood city, Iran, he found a significant difference between normal and trained couples' scores on subscales of the Irrational Beliefs Test. In another programme of research, MacInnes (2003) found that scores of the General Attitude and Beliefs Scale (GAABS) significantly correlated with the total irrationality scores in a study evaluating the GAABS in a sample of people with mental illness. Generally, a number of studies show that people who live with irrational beliefs are significantly different from clinically trained or ethically-moral others (e.g. Delucia-Waack & Gellman 2007; Mandic, Perurucic, (Lukic, Rakovic, Marjanovic, Lecic & Toserski, 2010; Timothy, Damelle, Gina & Sharon, 2008).

These results indicate that the prevailing level of the respondents' self-concept is implicated in determining their responses as a reflection of people's respective self-domains. Impaired moral-ethical self due to alcohol use can be observed in a study with alcohol using students whose irrational beliefs significantly predicted alcohol use problems (Hutchinson, Patock-Peckham, Cheong & Nagoshi, 1998; Basavanthappa, 2007).

Moral Ethical Self

Every society has established some code of ethics and moral behaviour. But people, most likely do not do what they know they ought to do when they are in disturbed and intensely emotional situations or when they are in patterns of self destructive or drug/alcohol-related behaviour. The moral-ethical self determines the value we assign to our behaviour that affects our self-concept in the overall (Rajab & Abas, 2010). By definition, the moral ethical self is a measure of how an individual feels and thinks about ethical issues within him/her self. It also integrates the ability to analyse other people's verbal or non-verbal behaviour, define what is socially needed and respond appropriately to others. This include moral values as well as awareness of good and evil in their human qualities (Han, 1997). As stated by Rosenfeld and Berko (1990), values reflect the importance you attach to both different ways of behaving. Through our moral-ethical self, we evaluate our behaviour to determine whether we are good and honest person or exhibit other characteristics that represent moral values. Based on this, people's irrational involvement with drugs or alcohol may partly be related to their self-concept, especially the ethical-moral self. Therefore, an important psychological angle to investigate people's persistent involvement with drugs and alcohol is through the self-concept dimension. The self represents the totality of a complex and dynamic system of learned beliefs that an individual holds to be true about his or her personal existence, which also gives consistency to his or her personality (Purky and Schmitt, 1987). Self complexity is clearly demonstrated in Fitts (1965) Tennessee self-concept scale – a global measure of self concept (i.e. subjective wellbeing), in five external aspects: moral-ethical, social, personal, physical and family as well as three internal aspects: identity, behaviour and self-satisfaction. Self concept basically represents the sum total of the perceptions which an individual has about him or herself. It also means a composite of beliefs and feelings about oneself needed for

psychic integrity. The moral-ethical self is a principal component of the self-concept and is important in our daily lives because it serves to regulate how we deal with issues that may work against the universal good. It could be argued that, when the demands of day-to-day life prove too much for our natural powers, people may seek a means of escape in alcohol or drugs.

Unfortunately, the lifestyles of drug or alcohol addicts necessitate that the needs of the addicted are placed above those of themselves and others, including those who are closest to them such as family and friends. This therefore becomes antithetical to social order. Theoretically, it has been stated that the family, to a large extent, determines people's identity scripts – showing that an individual's moral-ethical self also depends on the family self (Wood, 2009). In essence, a person's moral-ethical self is sometimes a mirror image of his family, which may also be described as his/her looking glass self. In a study among Malasian University of Technology students, Rajab, et al, (2010) found that high family self among the respondents contributed to the high mean score in their moral-ethical self. This further shows that moral-ethical self greatly depends on one's family self. If one's ethical-moral self is unhealthy and allows for the generation of irrational beliefs towards immoral behaviour, especially in favour of drugs or alcohol abuse, that society is likely to face acute social problems. Also, in another study (Aubry, Gay, Romo & Joffre, 2004), two groups of alcoholics were assessed using the Tennessee self concept scale. Results showed that alcoholics reported more negative self image, which included the moral-ethical self image, than the control group. It therefore means that substance abuse impacts significantly the moral-ethical values of individuals and their society.

Diagnosis for Alcohol Problems:

The 'misuse of alcohol and many other drugs inflicts a tremendous toll of pain and suffering on abusers and many around them (Jung, 2010). In practice, different methods have been used to detect risky alcohol consumption in health care settings. Apart from the clinician's Guide for General Practitioners issued by the National (American) Institute of Alcohol Abuse and Alcoholism, (NIAAA), two different diagnostic systems are frequently used to classify alcohol use disorders (AUD). While the NIAAA applies the traditional method where practitioners ask their patients about the total amount of alcohol consumed per week, with recommendations; two other methods apply more scientific techniques to classify alcohol use disorders. This are: Diagnostic and Statistical Manual of Mental Health Disorders (DSM) of the American Psychiatric Association (APA) and the International Classification of Diseases (ICD) by the World Health Organization. These approaches state certain criteria for alcohol diagnosis. While the ICD states three of six criteria to be fulfilled, before someone is certified as a drug dependent or abuser, the DSM states three of seven criteria for such classification. Alcohol dependence is confirmed (DSM IV) when at least three of the following have occurred at any time within a 12-month period: (1) Tolerance (2) Withdrawal (3) Alcohol is consumed in larger amounts than intended (4) Failure to cut down or control alcohol use (5) A great deal of time is spent in activities relating to obtaining alcohol, consuming it or recovering from its effects (6) Important social, occupational or recreational activities are given up or reduced because of alcohol use and (7) Alcohol use is continued despite it causing physical or psychological harm. For alcohol abuse, the DSM IV sets the following criteria, with at least one being fulfilled over a 12-month period: (1) Failure to fulfil major role obligations (2) Exposure to physical hazards (3) Legal problems and (4) Social and interpersonal problems.

Statement of Problem

It is not unreasonable for people to become concerned about an issue which threatens social order, especially if the threat stems from a perceived deterioration in the values which people believe can provide guidance for themselves, their children and their society as a whole (Armstrong & Abel, 2000). The powerful alcohol and drug

industries backed by their constituency of users are formidable opponents to changes in social policies restricting the availability of legal drugs (Mosher & Jernigan, 1989). The Nigerian society has for a long time, been concerned that there is a close negative relationship between drug/alcohol problems and mental health. Mental health problems may either be a cause of problem drinking or problem drinking becomes a cause of mental ill-health problems (IAS, 2007). Research has shown that fifty percent of persons with alcohol, drug or mental health disorders have two or more disorders over their lifetime (NIAAA, SWE module).

This situation has led to a lot of social dislocation especially since drug-related behaviours may become principal sources of mental health problems to people. When this happens, most families of victims become helpless and resort to abandonment or the institutionalization of such patients in psychiatric hospitals or institutions and this places a lot of burden on both families and government. At the extreme situation, mental health patients flood our major towns and cities and become sources of embarrassment and nuisance to public sensibilities through their mannerisms. Alcohol and drug addicts may be seen as "retreatists" because they cannot attain societal goals through either legitimate or illegitimate means (Kitano, 1982). Typically, individuals do not generate moral principles on their own but moral ideologies exist within society and people only personalize them one way or the other (Thompson, Adams, & Sartori, 2005). The present study is important as it is capable of providing preventable measures to acute psychiatric problems and in return reduce rehabilitative burden on government and families of patients. It can also help to sanitize our social and environmental landscape and rid it of lunatics and other mentally-deranged persons. Nigeria has a lot of drug-related problems among her youths and studies in this direction could provide needed interventions to check drug and alcohol problems in the country. Morality is a strong social value for a healthy society and studies like this can help to restore it to our society.

Purpose of the Study

The broad purpose of this study was to assess the role of the moral-ethical self in the generation of irrational beliefs among drug/Alcohol patients undergoing rehabilitation in a psychiatric institution. The study specifically aimed at comparing the moral-ethical status of these patients with the normal population of students in the post basic psychiatric studies unit of the hospital setting in order to ascertain whether the generation of irrational beliefs could be the cause or outcome of drug use. Towards realizing this purpose, the study examines the following hypotheses:

1. There is a significant relationship among participants' age, sex, mor . ethical self and generation of irrational beliefs.
2. There will be significant main and interaction effects of moral-ethical self (experimental) and moral-ethical self (control) on the generation of irrational beliefs among psychiatric patients.
3. Participants with low moral-ethical self will score significantly higher in the generation of irrational ideas than those with high moral-ethical self.

Method

Design: The study adopted an ex-post facto quasi-experimental design with correlational and factorial dimensions to investigate the influence of moral-ethical self on the propensity to generate irrational ideas by a comparative group of drug-abusers and non abusers. The experimental participants were already in rehabilitation and were only used "after the fact" of drug abuse.

Setting: The study was carried out in the Psychiatric Hospital, Uselu, Benin City, Edo State of Nigeria.

Participants:

There were 46 participants (M=30, F = 16) comprising two groups.

(a) *Alcohol/Substance Abuse Patients:* They were 23 participants (M = 14, F = 9) in the age range of 23-51 (mean = 32.33 years) who were randomly selected from the drug rehabilitation unit of the

Psychiatric Hospital, Uselu. The case notes of the participants showed their diagnosis to be mental and behavioural problems related to drugs such as cannabis, alcohol, cocaine and heroine. They were on psychoactive medication when the study was conducted.

(b) *Control Group:* These were also 23 non-alcohol/substance abusers (M= 16, F = 7) in the age range of 20-42 (mean = 28.91 years). They were randomly selected from the students of the school of post basic psychiatric studies, Neuro-Psychiatric Hospital, Uselu, Benin City. In essence, this group was made up of the normal population. The combined mean of the two groups was 29.23.

Instruments

The following tests were used in data collection.

(1) Idea Inventory: This is a 33-item inventory developed by Kassinove, Crisci and Tiegerman (1977) and restandardized with Nigerian population by Amaraegbu (1988) to access the extent to which an individual endorses or agrees with eleven (11) irrational ideas. The original 11 subscales were found to lack internal consistency while the full 33 items showed a cronbach alpha of 0.84. The items measure client endorsement of the 11 irrational beliefs originally developed by Ellis in 1973.

(2) Ethical-Moral Self Inventory: This is a 28-item subscale (Ethical-moral self = 18 items, self-criticism scale = 10 items) of the Tennessee self concept inventory developed by W.H. Fitts (1965) to assess the degree of an individual's:

(a) Morality (b) ethical standard (c) religiosity and (d) super-ego functions. The author reported a reliability of 0.92 while Ezeilo (1982) reported 0.74 reliability coefficient.

Procedure

The two instruments were administered to the participants (psychiatric residents) individually in their wards after a coordinated period of interaction, acquaintance and trust-building. The strategy was to help the patients to cultivate an important belief that the researchers were part and parcel of them and that they were sharing empathically in the task of caring for and facilitating their good health. However, for the control group, the tests were administered in group setting during their routine class sessions. They were asked to complete the tests adhering strictly to the instructions on each schedule.

Scoring

(a) Idea Inventory: The value of the number shaded in all the items were added together to obtain the clients' total score.

(b) Moral-Ethical Self Inventory: This scale has two levels of scores: the Ethical-Moral Self Inventory scoring and the Self Criticism Scale scoring.

For the moral-ethical scale items 1,2,6,11,12,21,22, and 25 adopt direct scoring method while reversed scoring are done on items 3,7,8,13,17,18,23, and 27. For the self criticism scale which measures the level of participant's truthfulness/honesty in responding to the test, direct scoring procedure is adopted for items 4, 5, 9, 10, 4, 15, 19, 20, 24 and 28. No item is reverse scored. All items are then added together to obtain the total score for each domain and then the final score of the scale.

Results

The first hypothesis states that there is a significant inter-relationship among participants age, sex, moral-ethical self and level of irrational ideas. The Pearson Product Moment Correlation was used to examine this hypothesis. The result is presented below:

Table 1: The Pearson Product Moment Correlation showing linear correlation matrix of age, sex, moral-ethical self and level of irrational ideas among psychiatric patients

Variable	Sex	Age	Moral ethical self	Irrational ideas/beliefs
Group	-.548**	.269	.222	.113
Sex		-.26	-.066	.050
Age			.018	.137
Moral-ethical self				-.335*
Irrational ideas/beliefs				1

**<0.01 (2-tailed) *<0.05 (2-tailed)

From table 1, it was observed that there was significant negative relationship between moral-ethical self and elicitation of irrational ideas r = -.335; p<.05. This indicates that low or impaired moral ethical self is associated with high levels of irrational beliefs/behaviour generation. In other words, the study shows that an individual with unimpaired or optimum ethical-moral self would not generate irrational ideas that would lead to a psychiatric condition. On a continuous basis, a low moral ethical-self readily leads to high levels of irrational ideas. It was also observed that other variables namely; sex (r = .050; P >.05), and age (r = .137; P > .05) were not significantly related to the generation of irrational ideas. By this result, hypothesis one was partially supported and confirmed. Moral-ethical self rather than age or sex shows a negative relationship with irrational beliefs.

Hypothesis two states that there will be significant main and interaction effect of experimental and control levels of moral-ethical self of drug use on the generation of irrational ideas among psychiatric patients. The Analysis of Variance (univariate technique) was used in the analysis as shown below:

Table 2: Summary table of 2 x 2 ANOVA showing effects of impaired moral-ethical self on irrational ideas of experimental (Drug/Alcohol based) and control (normal) participants

Source Of Variance	SS	df	MS	f	p
Total	1553.5.00	46			
Moral-ethical, drug-related (experimental) residents (E)	1665.61	1	1665.61	6.10	<.05
Moral-ethical, drug-free (control) residents (C)	727.81	1	727.81	2.67	>.05
E x C	132.35	1	132.35	.49	>.05
Error	1146.54	42			

The above result shows a statistically significant effect of moral-ethical self of drug-related psychiatric patients on the level of irrational ideas and beliefs: F (1, 42) = 6.10; P < .05. The result also shows that drug-free patients' level of moral-ethical self served as a buffer against the generation of irrational ideas. Thus, there was a statistically insignificant effect of control participants' level of ethical-moral self on the generation of irrational ideas and beliefs F(1, 42) = 2.67; P > .05. There was also no significant interaction effect of experimental and control participants level of moral-ethical self on the generation of irrational ideas and beliefs F(1,42) = 0.49; p> 0.5. Therefore, only patients who abused drugs were found to be prone to the generation of risky, irrational ideas which could once again lead to involvement on Alcohol/ drug abuse.

The third hypothesis stated that participants with low moral-ethical self will score significantly higher on irrational ideas and beliefs than those with high moral ethical self. This hypothesis was implicated to further confirm the first correlational hypothesis that people who are highly moral and follow socially-acceptable ethical behaviours cannot fall into the web of irrational beliefs which could lead to further drug abuse.

The table below shows the t-test analysis of this hypothesis.

Table 3: Independent t-test showing influence of Moral-Ethical self on the Generation of Irrational beliefs among Drug/Alcohol Patients

Sou	N	Mean	SD	df	T	
High	22	50.41	17.14			
low	24	60.25	16.31	44	-1.99	<.05

From the table above, it can be seen that the mean irrational ideas/beliefs scores of low moral-ethical participants and high moral-ethical participants are 60.25 and 50.41 respectively. Thus, apart from the noticeable difference between the two means, statistical analysis confirms the difference to be statistically significant (t = -1.99, df (44), p<.05).

Discussion

The study was conceived to evaluate the relationship between alcohol/drug abuse and psychiatric challenges of custodial patients. The strategy was to (comparatively) test participants' moral ethical self as sources of irrational beliefs. The results in table 1 show the Pearson Product Moment Correlation of age, sex, moral ethical self and irrational beliefs among psychiatric patients. The table shows that moral-ethical self has a significant negative relationship with irrational beliefs (r=-.335; p<.05) while age (r=.137; p>.05) and sex (r=; .050; p>.05) has no significant relationship with irrational beliefs. This indicates that moral-ethical self is negatively related to irrational beliefs. So, the hypothesis is partially accepted since age and sex shows no relationship with irrational beliefs.

The result above is in agreement with similar researches such as Hassan and Ismail (2004); Sporlle, et al (2010), and Delucia-Waack & Gellman, 2007. In Delucia-Waack & Gellman's study, for example, music therapy was used to shield children from the impact of anxiety, depression and irrational beliefs concerning their parents' divorce. The central theme in this argument is in the presence of 'agents' that contaminate the moral-ethical self and not necessarily the use of drugs which is just a single 'agent'. It can be seen that the concepts of drug abuse and divorce represent critical situations where people try to re-invent their lives through attribution of causes after unfavourable episodes. When irrational ideas become the outcome of such thoughts, people are also prone to taking irrational decisions. Children of divorced parents just as morally deranged drug addicts, cannot help but remain at the cross roads of decision and indecision based on adverse events in their lives.

Table 2 shows the analysis of variance results on the effect of impaired moral-ethical self (as a result of alcohol and drug use) on the generation of irrational beliefs by psychiatric patients in rehabilitation. The results indicate that experimental group participants who are drug abuse patients showed a significant main effect of (impaired) moral-ethical self on irrational beliefs. The significant result of the experimental group (F [1,42]) = 6.10; p<.05) compared to the non-significant result of the control group (F [1,42]) = 2.67; p<.05) shows clearly that drug abuse participants actually generate and accept irrational beliefs. The second hypothesis is also partially supported. This finding supports Thompson, et al, (2005) and Mandic et al, (2010) studies which implicated depressive (impaired) conditions with the generation of irrational beliefs. The study is also in line with Timothy et al (2008) which correlated some abnormal eating behaviours with irrational beliefs.

Table 3 shows the independent t-test difference between high and low moral-ethical self on irrational beliefs. The results show that participants with low moral-ethical self (who are mostly drug users in this study) show a higher propensity to generate and use irrational beliefs than participants with high moral-ethical self who are likely those from the normal population. The third hypothesis is therefore accepted (t = -1.99, df (44), p < .05). This result is also in agreement with Moradi (2012), MacInnes (2003), Kitano (1982) and Rayab & Abas (2010), and offers more information on the efficacy of moral-

ethical self on the sustenance of a mentally-healthy population.

Conclusion/Recommendation

The study has confirmed that the concept of morality is important in the growth and development of the individual. Fortunately, the duty of moral training rests very much with all of us beginning from the family, school, religious organizations and other social groups. It implies therefore that if these institutions are consciously strengthened, the moral question in our society would accordingly be addressed. As can be observed, most of the moral issues in our society today are a reflection of the decay of the family and other social institutions. Each of our hypotheses in this study were made to dovetail into the next in order to glean all evidence or clear all doubts that the concept of moral-ethical self as construed by individuals is a very important component of the self-concept. When families rise to the challenge of moral engineering – which ofcourse begins with parental discipline and involvement with their children and flows through sterling parental styles to the social world, society stands to benefit immensely. Families would certainly not be alone in this task of progressive development. The extended (fibrous) family system which the African Society has had the singular privilege to benefit from, should play a stabilizing role. When family discipline is further strengthened through other institutional, processes such as the school, religious bodies, occupational settings, the mass media and then the government (through adequate legislation and policy) the problem of drug and alcohol abuse would have been reduced to a manageable level and this will guarantee the mental health of the population. Substance induced irrational ideas may not only lead to the commonly perceived severe and therefore institutionalized psychiatric problems, it may also lead to socially-distorted opinions in close relationships, political circles, vocational attitudes, or religious extremes leading to violence and disorder as we presently witness in our country today. Irrational thoughts may breed a perverse population that is immoral, unethical, sick and diseased. Behavioural researchers should therefore rise to the challenge of leading other health practitioners to guide people away from multiferous behaviour problems including drug abuse and related mental health problems.

As we all know, a large part of psychology's involvement in health care is not a desire to provide medical treatment to people when they are ill, but a commitment to keeping people naturally healthy and free from disease using fair living processes. Government should liaise with relevant local and international agencies to provide alternate routes to self indulgence other than drinking or substance abuse. Children should be caught young into interesting activities such as attending libraries, visiting museums, taking swimming lessons, indoor/outdoor sports, training in various vocations and crafts as well as agricultural and other interesting engagements. Conspicuous and wasteful government spending should be mopped up to provide life-supporting services in our local communities to draw the attention of people towards skills acquisition in healthy undertakings and also give people a sense of community. Doing this will make people's inclinations to collease into a useful activity and their moral-ethical self fundamentally defined. It is not sufficient for politicians to continue to live in affluence and claim to be decent citizens while condemning and legislating against those who engage or indulge in crime due to deprivation. As Nigeria is in dire need to feed herself in order to save her scarce foreign exchange in food imports, it will not be out of place if government should encourage agricultural programmes among youths after which accruing produce would be bought off by government. When people are saturated with such proceeds as income, only the doubting Thomases would deny the play out of classical conditioning in people's continuous striving for superiority. Adler had said that when men feel some form of inferiority (which is what substance abuse can induce in people) the resultant tension motivates them to compensate for perceived deficiency. This need to compensate is a striving for superiority which in turn is affected by social interest – an innate desire to contribute to society.

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