A STUDY OF DEPRESSIVE BEHAVIOUR AND SOCIAL ADJUSTMENT OF NEUROTIC AND DRUG ADDICTS

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Abstract

A healthy human being is an asset to the society, for he can help in the overall development of the society with his full potential. Now a days the drug related problems have a disastrous role in modern human life. Many people use drugs to reduce their family problems, mental stress and tension. Depression is a common mental health condition that causes a persistent feeling of sadness. All ages, ethnicities, and socioeconomic groups are vulnerable to depression, and it has very high personal, social and economic costs. Depression is also a major cause of death, particularly in young people, through suicide. Humans are social creature who always need the presence of other people to interact. The present study investigated the depressive behaviour and social adjustment level of neurotics and drug addict patients. The sample of the study consisted 100 neurotic patients and drug addict patients from different hospitals of Bareilly. The sample was drawn by random sampling. The sample was divided into 50 neurotic patients and 50 drug addict patients. Depression was measured by using by Depression Scale (DS) by Karim and Tiwari and social adjustment was measured by Social Adjustment Inventory developed by Deva, R.C. Significant differences were found between neurotic and drug addict patients on depression and social adjustment. Results indicated that level of depression (overall and in all dimensions) was significantly higher in neurotic patients as compared to drug-addicted patients. The level of social adjustment *was significantly lower in neurotic patients, which* indicates that *neurotic patients* are less socially adjusted as compared to *drug-addicted patients*. *The study findings have implications for further research as well as for designing mental health-promoting interventions for neurotic and drug- addicted patients.*

Keywords: Depression, Social Adjustment, Neurosis, Drug-Addiction,

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INTRODUCTION

Depression is a common mental health disorder that has affected 280 million people worldwide, as reported by the WHO in 2023. The report suggests that around 5%of the adult population globally suffers from depression. Depression can have a significant impact on an individual's overall well-being and daily functioning. Depressive disorders are a leading cause of disability worldwide and can significantly impair an individual's ability to conduct daily activities. (WHO, 2017) Depression can have a negative impact on physical health, leading to an increased risk of chronic health conditions (Lopresti et al., 2023).

All the depressive disorders have common features such as sadness, emptiness, irritable mood, accompanied by somatic and cognitive changes which affects the individual capacity to function (DSM-5). Symptoms of depression are sleeping disturbance, interest/pleasure reduction, guilt feelings or thoughts of worthlessness, energy change/fatigue, concentration/ attention impairment, appetite/weight change, psychomotor disturbances, suicidal thoughts, depressed mood (Chand SP., et al, 2022).

Depression and mania are 'Mood disorder' and not 'affective disorder' as they have been called so frequently in the past. Throughout the more correct word 'mood disorder' will used (as indeed in DSM-IV-TR and ICD-10).

Adjustment is a popular expression used by people in day to day life. Though sometimes we face problems in making these adjustments, they are important to maintain personal as well as social peace and harmony. Thus, adjustment maintains peace and harmony in home, school, society and in the country. So, adjustment can be defined as a psychological process. It frequently involves coping with new standards and values.

Good (1959) sates that adjustment is the process of finding and adopting modes of behaviour suitable to the environment or the changes in the environment.

KulShrestha (1979) explained that the adjustment process is a way in which the individual attempts to deal with stress, tensions, conflicts etc., and meet his or her needs.

Social adjustment to be himself according to social norms and expects social norms, traditions etc. To make sweet relationship with other people in society and to participate in

various social activities is called social adjustment in other words perform their behaviour according to social rules and norms is called social adjustment. Social adjustment refers to a process of interaction between the needs of a person and demands of the social environment in any given situation, so that they can maintain and adopt a desired relationship with environment therefore, it may be described of a person's harmonious relationship with his social world whereas socially maladjusted person shows lack of social adaptability.

A socially well-adjusted person is not only efficient and happy in his environment but also he must have "sense of social feeling, i.e., he must be cooperative and sympathetic (Adler 1930). Social adjustment is very important for success in life. It is commonly defined as 'Change in habitual conduct or behaviour which an individual must make in order to find in to the community in which he lives. In this way social adjustment is person' s behaviour which he performs according to social rules and norms (Warren 1934). Social maturity and emotional adjustment are two such factor which affect human social adjustment. Due to these factors a person gets a proper position in his society these. We can understand a person's behaviour and conduct in his social life with the help of social maturity and emotional adjustment, a person gets social skills which help him to adapt a proper balance with his atmosphere. Depression is associated with neurosis; a neurotic patient is more depressed and does not well socially adjusted.

The American psychiatric association divided mental disorder in two groups organic and functional. The functional disorders have been Known basis in neurological damage with the functional group. One distinction is psycho-neurotic disorder. Neurosis relate to low stress tolerance, anxiety, fruitfulness, irritability, disturbed interpersonal relations, rigidity and unhappiness. The growing incidence of neuroticism and its debilitating aspect in achievement Abraham (1969), Brar (1976), neurosis, pyramid obsessive compulsive disorder, anxiety neurosis, hysteria in which anxiety may be discharged through a physical symptoms and endless variety of phobia, anxiety, sadness or depression, anger, irritability, mental confusion, low sense of self-worth; etc behavioural symptoms such as phobia avoidance, vigilance, impulsive and compulsive acts lethargy etc cognitive problems such as pleasant or disturbing thought and obsession habitual fantasizing negative and cynicism etc inter personally

neurosis involve dependency aggressiveness, perfectionism, Socio-culturally, inappropriate behaviour etc.

The term neurosis is defined is as; The presence of a symptom or group of symptoms which cause subjective distress as undesirable distress to the patients. The symptoms is recognized as undesirable (insight is present). The personality and behaviour are relatively preserved and not usually grossly disturbed. The contact with reality is preserved. There is an absence of organic causative factors.

In ICD-10 (CDDG); Neurotic stress related and somatoform disorders have been classified in to the following types-

Generally, includes six main types of disturbance:

1.Anxiety reaction 2. Dissociative 3. Conversion reaction, 4. phobic reaction 5. 5.Obsessive compulsive reaction 6. depressive reaction.

A drug is defined by (WHO) as any substance that, when taken in to the living organism may modify one or more of its functions. This definition conceptualizes drugs in a very broad way: including not only the medications but also the other pharmacologically active substances.

The word drug addiction and drug addict were dropped from scientific use due to their derogatory connotation. Instead ‘drug abuse’, ‘drug dependence’, harmful use, and psychoactive substance use disorder the terms used in the current nomenclature. A psychoactive drug is one that is capable of altering the mental functioning.

There are four important patterns of drug use disorders, which may overlap with each other. 1. Acute intoxication 2. Withdrawal state 3. Dependency syndrome 4. Harmful use

Singh (1979) studied drug abuse among medical student found that a number of social and development factors were closely linked to drug abuse and that one could predict the academic performance of student, their characteristic lying, cheating and sexuality by merely knowing their drug taking status.

Jankir-a-mian and subbakrishna (1980) conducted a study among twenty women with somatic neurosis and compared them with an equal number of women with depressive neurosis and anxiety neurosis. They found that women with somatic neurosis were significantly different from the comparison groups in terms of anxiety, depression, stress and

illness duration factors. The existence of this syndrome as a fairly distinct entity is further supported by clinical experience in various psychiatric clinics in India, when it is frequently referred to by such terms as ‘Jama Masjid Syndrome’ and ‘Heathen Peron me dard syndrome’.

Jenne (1990) assed anxiety and depression for 399 survivors of past hospitalization. Approximately one third reported symptoms of emotional distress and one fourth were on anti-anxiety drugs. Predictor of anxiety and depression were analysed through logistic regression studies aged 65 years were less likely than younger. Studies to report anxiety and depression and also reported less heart associated disability. The strongest predictor of distress for both age groups.

Meloy (1992) studied personality organization in the neurotics found the following results. Protocols revealed morbid sex and anatomy responses damaged victimization and fabulized combinations reflecting boundary disturbances and absent.

Goldberg (1993) studied that those who score high on neuroticism may experienced primarily one specific negative feeling such as anxiety, anger or depression. People high in neuroticism are emotionally reactive, they resound emotionally that would not affect most of ability lability of mood a mouthed people, and their reaction tend to be more intense than normal, they are more likely to interpret ordinary situation as threatening and minor frustration as hopelessly difficult, their negative emotions tend to persist unusually long period of time. These problems in emotional regulation can diminish a neurotic ability to think clearly make decisions and cope effectively with stress.

Nathan (1998) studied many problematic drinkers and fund no antisocial behaviour in childhood and it was clear that many antisocial children do not develop drink problems as adults.

Donovan, Saldz, Kelley & Penk (2003) in a study found with reference to impulsivity, cocaine addicts have been characterised by excitability lability of mood and impulsivity in comparison alcoholics, poly drug users and heroin users, poly-dug users being characterised by acute disturbances with paranoid thinking massive anxiety and profound withdrawal.

Singh and Singh (200) in their study found that protocol of drug addicts was showing high occurrence of FW and F- response in the category of form level, which indicated that

drug addicts significantly depart from reality showing perceptual and associative process have not come to an equilibrium.

Robin (2009) explored depressive problems in drug addicted patients. Subjects were 114 heroin addict patients undergoing treatment in a V.A. Hospital, in overt behavioural of the patient.

The present study investigated the depressive behaviour and social adjustment of neurotic and drug addicts' patients. The main purpose of the present was to compare the level of depression between neurotics and drug addict's patients.

OBJECTIVES

The following objectives were formulated for the present study:

1. To compare neurotics and drug addicts on depression.

The above major objective was divided into following twelve sub objectives:

I. To compare neurotics and drug addicts on apathy area of depression.

II. To compare neurotics and drug addicts on sleep disturbances area of depression.

III. To compare neurotic and drug addicts on pessimism area of depression.

IV.To compare neurotics and drug addicts on fatigability area of depression.

V.To compare neurotics and drug addicts on irritability area of depression.

VI.To compare neurotic and drug addicts on social withdrawal & self-centredness area of depression.

VII. To compare neurotic and drug addicts on dejected and sadness area of depression.

VIII.To compare neurotic and drug addicts on self-dislike area of depression.

IX.To compare neurotic and drug addicts on self-acquisition area of depression.

X.To compare neurotic and drug addicts on self-harm area of depression.

XI.To compare neurotic and drug addicts on somatic reoccupation area of depression.

XII. To compare neurotic and drug addicts on indecisiveness area of depression.

2. To compare neurotic and drug addicts on social adjustment.

HYPOTHESES

The following null hypotheses were formed accordingly to the objectives-

1. There will be no significant difference between neurotics and drug addicts on depression.

The above major hypothesis was divided into following twelve sub hypotheses:

I. There will be no significant difference between neurotics and drug addicts on apathy area of depression.

II. There will be no significant difference between neurotics and drug addicts on sleep disturbances area of depression.

III. There will be no significant difference between neurotic and drug addicts on pessimism area of depression.

IV. There will be no significant difference between neurotics and drug addicts on fatigability area of depression.

V. There will be no significant difference between neurotics and drug addicts on irritability area of depression.

VI. There will be no significant difference between neurotic and drug addicts on social withdrawal & self-centredness area of depression.

VII. There will be significant difference beetween neurotic and drug addicts on dejected and sadness area of depression.

VIII. There will be no significant difference between neurotic and drug addicts on self-dislike area of depression.

IX. There will be no significant difference between neurotic and drug addicts on self-acquisition area of depression.

X. There will be no significant difference between neurotic and drug addicts on self-harm area of depression.

XI. There will be no significant difference between neurotic and drug addicts on somatic reoccupation area of depression.

XII. There will be no significant difference between neurotic and drug addicts on indecisiveness area of depression.

2. There will be no significant difference between neurotic and drug addicts on social adjustment.

Delimitations of the study

The study was delimited to:

1. Bareilly city only.
2. Sample of 100 patients only.
3. Neurotic and drug addicts only.
4. Two variable Depression and Social adjustment only.

METHOD

Sample: The sample of patients in this study consisted 100 patients in which 50 neurotic and 50 drug addicts were from mental hospital. The sample was selected from Bareilly mental hospital and drug de-addiction centre of Bareilly city of Uttar Pradesh. The sample was drawn by random sampling method. The neurotic patients were selected with the help of Neurosis Measurement Scale.

TOOLS

Depression Scale (D.S.): Depression scale is developed and standardized by Karima and Tiwari (1986). Was used to assessment of depression. The scale has 96 items 8 items of each aspect area of depression, relating to the symptoms of the depression.

Social Adjustment Inventory (S.A.I.): The inventory is developed and standardized by Deva (1990). The present inventory, include 100 items for the assessment of emotional as well as social adjustment. These items have designed to yield, test dishonesty score if this exceeds a certain minimum, the response to other items can not be relied upon it is recommended that such answer may be rejected. The lower score on this inventory indicates better social adjustment.

Neurosis Measurement Scale (N.M.S.); NMS is developed and standardized by Uniyal and Bist (1989). The scale consists 70 items out of which 51 items are favourable and 19 are unfavourable. A five-point scale is incorporated with each item.

RESULT AND DISCUSSION

The main purpose of the present was to compare the level of depression between neurotics and drug addict's patients. The first objective of the present study was to compare neurotics and drug addicts on depression. The data were analysed with the help of t test and the results are given in table1.

Table 1: Mean S.D. and significance of Difference between Neurotics and Drug Addict patients on Depression.

Groups	N	M	SD	t-value
Neurotics	50	217.60	44.79	3.77**
Drug Addicts	50	176.40	62.87	

****Significant at 0.01 level of confidence.**

From the results given table 1, it appeared that there is significant difference on depression in neurotics and drug addicts' patients. The mean of depression scores was 217.60 and 176.40 respectively for neurotics and drug addicts' patients. The results indicate that neurotic patients had significantly higher on depression than drug addicts' patients, as the difference between the two groups was found statistically significant ($t = 3.77$, $P < 0.01$). Thus, hypnosis presuming no significant difference in depression between neurotics and drug addicts' patients was rejected. The neurotics and drug addicts' patients were significantly different on depression. The higher mean score of neurotic patients revels that they have possessive more high depression than drug addict patients. It means neurotic patients were fond to be more hopeless, feeling of inadequacy and inferiority, guilt feeling, difficulty in concentration, slowed thinking, poor memory, Suicidal ideas may be present in severe cases. This finding is consistent with findings of related studies.

Robin (2009) studied self-report techniques, indicated that many of the patients were experiencing strong depressed feelings. This depression, however, was not as clearly evident in the overt behaviour of the patient.

The above major hypothesis was divided into twelve sub hypotheses. The first sub-objective of the present study was to compare neurotics and drug addicts on apathy area of depression. The data were analysed with the help of t test and the results are given in table 2.

Table 2. Mean S.D. and Significance of difference between neurotics and drug addicts on apathy area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	18.18	4.92	3.01**
Drug Addicts	50	14.90	5.97	

****Significant at 0.01 level of confidence.**

The results given table 2, it appeared that there is significant difference on apathy area of depression in neurotics and drug addicts' patients. The mean of apathy area of depression score was 18.18 and 14.90 respectively for neurotics and drug addicts' patients. The results indicate that neurotic patients had significantly higher on apathy area of depression than drug addict patients, the difference between the two group was found statistically ($t=3.01$, $P<0.01$). Thus, hypothesis presuming no significant difference in apathy area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addict's patient were significantly different on apathy area of depression. The higher mean score of neurotic patients revels that they have more aversive than drug addict's patient.

The second sub-objective of the present study was to compare neurotics and drug addicts on sleep disturbances area of depression. The data were analysed with the help of t test and the results are given in table 3.

Table 3. Mean S.D. and Significance of difference between neurotics and drug addicts on sleep disturbance area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	20.40	7.68	2.66**
Drug Addicts	50	16.60	6.62	

****Significant at 0.01 level of confidence.**

The results given table 3, it appeared that there is significant difference on sleep disturbance area of depression in neurotic and drug addicts' patients. The mean of sleep disturbance area of depression score was 20.40 and 16.60 respectively for neurotic and drug addicts' patients.

The results indicate that neurotics had significantly higher on sleep disturbance area of depression than drug addict patients, the difference between the two group was found statistically (t=2.66, P<0.01). Thus, hypothesis presuming no significant difference in sleep disturbance area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addicts' patients were significantly different on sleep disturbance area of depression. The higher mean score of neurotic patients revels that they are more common with insomnia than drug addict patients.

The third sub-objective of the present study was to compare neurotic and drug addicts on pessimism area of depression. The data were analysed with the help of t test and the results are given in table 4.

Table 4. Mean S.D. and Significance of difference between neurotics and drug addicts on pessimism area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	17.40	6.20	2.85**
Drug Addicts	50	13.30	8.04	

****Significant at 0.01 level of confidence.**

The result given table 4. It appeared that there is significant difference on pessimism area of depression in neurotic and drug addicts' patients. The mean of pessimism area of depression score was 17.40 and 13.30 respectively for neurotic and drug addicts' patients. The results indicate that neurosis had significantly higher on pessimism area of depression than drug addict patients, the difference between the two group was found statistically (t=2.85, P<0.01). Thus, hypothesis presuming no significant difference in pessimism area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addict patients were significantly different on pessimism area of depression. The higher mean score of neurotic patients revels that they are more looking of worst side of things comparatively to drug addicts.

The fourth sub-objective of the present study was to compare neurotics and drug addicts on fatigability area of depression. The data were analysed with the help of t test and the results are given in table 5.

Table 5. Mean S.D. and Significance of difference between neurotic and drug addicts on fatigability area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	18.20	6.58	2.37*
Drug Addicts	50	14.90	7.27	

***Significant at 0.05 level of confidence.**

The results given table 5, it appeared that there is significant difference on fatigability area of depression in neurotic and drug addicts' patients. The mean of fatigability area of depression score was 18.20 and 14.90 respectively for neurotic and drug addicts' patients. The results indicate that neurotics had significantly higher on fatigability area of depression than drug addict patients, the difference between the two group was found statistically ($t=2.37$, $P<0.05$). Thus, hypothesis presuming no significant difference in fatigability area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addicts' patients were significantly different on fatigability area of depression. The higher mean score of neurotic patients revels that they are more common with complaint of reduced energy and easy fatigability than drug addict patients.

The fifth sub-objective of the present study was to compare neurotics and drug addicts on irritability area of depression. The data were analysed with the help of t test and the results are given in table 6.

Table 6. Mean S.D. and Significance of difference between neurotic and drug addicts on irritability area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	19.54	4.38	2.75**
Drug Addicts	50	16.30	7.14	

****Significant at 0.01 level of confidence.**

The results given table 6, it appeared that there is significant difference on irritability area of depression in neurotic and drug addicts' patients. The mean of irritability area of depression score was 19.54 and 16.30 respectively for neurotic and drug addicts' patients.

The results indicate that neurotics had significantly higher on irritability area of depression than drug addict patients, the difference between the two group was found statistically ($t=2.75$, $P<0.01$). Thus, hypothesis presuming no significant difference in irritability area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addicts' patients were significantly different on irritability area of depression. The higher mean score of neurotic patients revels that they are more feels restlessness and subjective feeling of unease anxiety is a frequent accompaniment of depression than drug addict patients.

The sixth sub-objective of the present study was to compare neurotics and drug addicts on social withdrawal & self-centredness area of depression. The data were analysed with the help of t test and the results are given in table 7.

Table 7: Mean S.D. and significance of Difference between Neurotics and Drug Addict patients on social withdrawal & self-centredness area of depression.

Groups	N	M	SD	t-value
Neurotics	50	17.7	4.42	3.46**
Drug Addicts	50	14.10	5.926	

****Significant at 0.01 level of confidence.**

From the results given table 7, it appeared that there is significant difference on social withdrawal & self-centeredness area of depression in neurotics and drug addicts' patients. The mean of social withdrawal & self-centeredness area of depression scores was 17.7 and 14.10 respectively for neurotics and drug addicts' patients. The results indicate that neurotic patients had significantly higher on social withdrawal & self-centeredness area of depression than drug addicts' patients, as the difference between the two groups was found statistically significant ($t = 3.46$, $P <0.01$). Thus, hypothesis presuming no significant difference in social

withdrawal & self-centredness area of depression between neurotics and drug addicts' patients was rejected. The neurotics and drug addicts' patients were significantly different on social withdrawal & self-centredness area of depression. The higher mean score of neurotic patients revels that they have loss of interest in daily activities result in social withdrawal decreased ability to function in occupation and interpersonal area.

The seventh sub-objective of the present study was to compare neurotics and drug addicts on dejected and sadness area of depression. The data were analysed with the help of t test and the results are given in table 8.

Table 8. Mean S.D. and Significance of difference between neurotic and drug addicts on dejected or sadness area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	19.02	3.57	2.26*
Drug Addicts	50	17.10	4.79	

***Significant at 0.05 level of confidence**.

The results given table 8, it appeared that there is significant difference on dejected or sadness area of depression in neurotic and drug addicts' patients. The mean of dejected or sadness area of depression score was 19.02 and 17.10 respectively for neurotic and drug addicts' patients. The results indicate that neurotics had significantly higher on dejected or sadness area of depression than drug addict patients, the difference between the two group was found statistically ($t=2.26$, $P<0.05$). Thus, hypothesis presuming no significant difference in dejected or sadness area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addicts' patients were significantly different on dejected or sadness area of depression. The higher mean score of neurotic patients revels that they are more sadness of mood or loss of interest and pleasure in almost all activities than drug addict patients.

The eighth sub-objective of the present study was to compare neurotics and drug addicts on self-dislike area of depression. The data were analysed with the help of t test and the results are given in table 9.

Table 9. Mean S.D. and Significance of difference between neurotic and drug addicts on self-dislike area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	17.90	4.38	3.26**
Drug Addicts	50	13.40	8.717	

****Significant at 0.01 level of confidence.**

The results given table 9, it appeared that there is significant difference on self-dislike area of depression in neurotic and drug addicts' patients. The mean of self-dislike area of depression score was 17.90 and 13.40 respectively for neurotic and drug addicts' patients. The results indicate that neurotics had significantly higher on self-dislike area of depression than drug addict patients, the difference between the two group was found statistically ($t=3.26$, $P<0.01$). Thus, hypothesis presuming no significant difference in self-dislike area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addicts' patients were significantly different on self-dislike area of depression. The higher mean score of neurotic patients revels that they are more feels that lack of initiative and energy comparatively drug addict patients.

The ninth sub-objective of the present study was to compare neurotics and drug addicts on self-acquisition area of depression. The data were analysed with the help of t test and the results are given in table 10.

Table 10. Mean S.D. and Significance of difference between neurotic and drug addicts on self-acquisition area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	16.78	5.26	0.46
Drug Addicts	50	16.24	6.37	

Not significant at any level of confidence.

The results given table 10, it appeared that there is significant difference on self-acquisition area of depression in neurotic and drug addicts' patients. The mean of self-acquisition area of depression score was 16.78 and 16.24 respectively for neurotic and drug addicts' patients. When the mean of two groups were put to t-test and t-value was found to be 0.46 which was not significant at any level of confidence. It indicates the acceptance of null hypothesis, revealing that there is no significant difference in neurotic and drug addict patients on self-acquisition area of depression.

The tenth sub-objective of the present study was to compare neurotics and drug addicts on self-harm area of depression. The data were analysed with the help of t test and the results are given in table 10.

Table 11. Mean S.D. and Significance of difference between neurotic and drug addicts on self-harm area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	16.80	6.55	2.247*
Drug Addicts	50	13.60	7.645	

***Significant at 0.05 level of confidence.**

The results given table 11, it appeared that there is significant difference on self-harm area of depression in neurotic and drug addicts' patients. The mean of self-harm area of depression score was 16.80 and 13.60 respectively for neurotic and drug addicts' patients. The results indicate that neurotics had significantly higher on self-harm area of depression than drug addict patients, the difference between the two group was found statistically ($t=2.247$, $P<0.05$). Thus, hypothesis presuming no significant difference in self-harm area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addicts' patients were significantly different on self-harm area of depression. The higher mean score of neurotic patients revels that they show more self-harm than drug addict patients.

The eleventh sub-objective of the present study was to compare neurotics and drug addicts on somatic reoccupation area of depression. The data were analysed with the help of t test and the results are given in table 12.

Table 12. Mean S.D. and Significance of difference between neurotic and drug addicts on somatic reoccupation area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	17.80	5.22	4.86**
Drug Addicts	50	12.50	5.68	

****Significant at 0.01 level of confidence.**

The results given table 12, it appeared that there is significant difference on somatic reoccupation area of depression in neurotic and drug addicts' patients. The mean of somatic reoccupation area of depression score was 17.80 and 12.50 respectively for neurotic and drug addicts' patients. The results indicate that neurotics had significantly higher on somatic reoccupation area of depression than drug addict patients, the difference between the two group was found statistically ($t=4.86$, $P<0.01$). Thus, hypothesis presuming no significant difference in somatic reoccupation area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addicts' patients were significantly different on somatic reoccupation area of depression. The higher mean score of neurotic patients revels that they possess more significant decreased in appetite or weight, early morning awakening and psychomotor agitation or retardation comparatively to drug addict patients.

The twelfth sub-objective of the present study was to compare neurotics and drug addicts on indecisiveness of depression. The data were analysed with the help of t test and the results are given in table 13.

Table 13. Mean S.D. and Significance of difference between neurotic and drug addicts on indecisiveness area of depression.

Groups	N	M	S.D.	t-value
Neurotics	50	17.20	5.38	2.63**
Drug Addicts	50	13.80	7.35	

***Significant at 0.05 level of confidence.**

The results given table 13, it appeared that there is significant difference on indecisiveness area of depression in neurotic and drug addicts' patients. The mean of indecisiveness area of depression score was 17.20 and 13.80 respectively for neurotic and drug addicts' patients. The results indicate that neurotics had significantly higher on indecisiveness area of depression than drug addict patients, the difference between the two group was found statistically ($t=2.63$, $P<0.05$). Thus, hypothesis presuming no significant difference in inductiveness area of depression between neurotic and drug addicts' patients was rejected. The neurotic and drug addicts' patients were significantly different on indecisiveness area of depression. The higher mean score of neurotic patients revels that they more indecisiveness, slowed thinking, pessimistic ideas, and thoughts of death than drug addict patients.

The second objective of the present study was to compare neurotic and drug addicts on social adjustment. The data were analysed with the help of t test and the results are given in table14.

Table 14. Mean S.D. and Significance of difference between neurotic and drug addicts on social adjustment.

Groups	N	M	S.D.	t-value
Neurotics	50	114.70	34.71	2.00*
Drug Addicts	50	101.30	32.23	

***Significant at 0.05 level of confidence.**

The results given table 14, it appeared that there is significant difference on social adjustment in neurotic and drug addicts' patients. The mean of social adjustment score was 114.70 and 101.30 respectively for neurotic and drug addicts' patients. The results indicate that neurotics had significantly lower on social adjustment than drug addict patients, the difference between the two group was found statistically ($t=2.00$, $P<0.05$). Thus, hypothesis presuming no significant difference in social adjustment between neurotic and drug addicts' patients was rejected. The neurotic and drug addicts' patients were significantly different on social adjustment. The higher mean score of neurotic patients shows poor social adjustment than drug addict patients. The lower mean score indicates that drug addict patient is more socially adjusted and are quick to establish affectional relations with others. This study is supported by Bell, Blumenthal, Voyal. (1986) who studied the social adjustment of addicted patients

was primary influenced by vocational variables. For the patients with organic psychiatric disorders, affective psychosis or neurotic/personality disorder, prediction by pre-hospital variable did not prove to be very useful.

The current study had produced some important results regarding depressive behaviour and social adjustment of neurotic and drug addicts' patients. The study demonstrated that level of depression (overall and in all dimensions) was significantly higher in neurotic patients as compared to drug-addicted patients. The level of social adjustment was significantly lower in neurotic patients, which indicates that neurotic patients are less socially adjusted as compared to drug-addicted patients.

Although there are limitations to this study, the study findings have implications for further research as well as for designing mental health-promoting interventions for neurotic and drug- addicted patients.

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