A COMPARATIVE STUDY ON EMOTIONAL INTELLIGENCE AND PERSONALITY TRAITS BETWEEN MALE ALCOHOL DEPENDENTS AND NON-ALCOHOLIC MALES

Shruthi Krishnan1, Kavitha Chellaiah2, Hemapiya Mugilan George3

1Postgraduate, Department of Psychiatric Medicine, Institute of Mental Health, Chennai, Tamil Nadu.
2Assistant Professor, Department of Psychiatric Medicine, Institute of Mental Health, Chennai, Tamil Nadu.
3Assistant Professor, Department of Psychiatric Medicine, Institute of Mental Health, Chennai, Tamil Nadu.

ABSTRACT

BACKGROUND

With increase in substance use, various aspects are continuously explored to find some measures to prevent relapse and risk behaviours among people. One such aspect is emotional intelligence. Research show that better emotional intelligence makes a person better in his behaviour, and improves his mental well-being and quality of life. Also, emotional intelligence can vary with personality traits. This study aims to analyse emotional intelligence and personality traits among alcoholics and non-alcoholics.

METHODS

A cross-sectional descriptive study was conducted for a period of 2 months after approval by the institutional ethics committee in the Institute of Mental Health. The study participants were 47 male patients of age 20-45 attending the OPD or admitted in wards diagnosed as alcoholics according to ICD10 (F10.1,2,3,4) and 42 normal mentally healthy males of age 20-45 attending Institute of Mental Health as attendees of patients. After obtaining informed consent, the participants were given an interview for basic socio-economic details. Singh’s emotional intelligence and Eyesenck’s personality questionnaire were given to the participants and results were analysed.

RESULTS

Emotional intelligence scores were significantly higher in non-alcoholics when compared to age, education and socio-economic status matched alcoholics. High neurotics had lower and predominantly extroverts had higher emotional intelligence.

CONCLUSIONS

With this study, it is clear that emotional intelligence has an influence on a person’s drinking behaviour along with his personality traits. A better emotional intelligence reduces a person’s chances to take substance.

KEYWORDS

Emotional Intelligence, Personality Traits, Alcoholics, Comparison, Alcohol Dependence

HOW TO CITE THIS ARTICLE: Krishnan S, Chellaiah K, George HM. A comparative study on emotional intelligence and personality traits between male alcohol dependents and non-alcoholic males. J. Evid. Based Med. Healthc. 2019; 6(34), 2306-2309. DOI: 10.18410/jebmh/2019/471

BACKGROUND

The concept of emotional intelligence originated and became widespread in 1990 where it was defined as the ability to understand emotions of oneself and that of others. A better emotional intelligence is associated with better social intelligence and better tolerance for one’s one emotions and that of others. Also, researches show that emotional intelligence is related to physical and mental well-being. Concept of emotional and social learning thereby improving intelligence is the centre for improving youth development paving way for better adulthood. Alcoholism which is a single diagnostic entity rather a group of heterogeneity in premorbid vulnerabilities, clinical expression and response to treatment is not much explored in terms of emotional intelligence. Emotional intelligence can be trait emotional intelligence or ability emotional intelligence. Trait emotional intelligence is the group of emotion related self-reported dispositions and perceptions which can be measured through self-reported scale.

On the other hand, personality traits like impulsivity are consistently associated with substance use especially alcoholism. Personality has its effects on any kind of mental illness and more with substance use. The negative characteristics of personality are highly associated with alcohol dependence and constantly being proven with substance use especially alcoholism. Many theories linking personalities are being studied and formulated as well.

METHODS

A cross-sectional descriptive study was conducted in Institute of Mental Health after obtaining clearance from
Institutional Ethics Committee for a period of 2 months in November and December of 2018. A universal sampling method was used where in people attending the hospital were chosen. A selective sampling method was used to select male alcoholics aged from 20-45 years who were diagnosed as having F10 mental and behavioural disorders due to alcohol use, F.20.0 alcohol dependence syndrome currently abstinent, F.30.0 uncomplicated withdrawal. Other substance use excluding nicotine, patients with co-morbid psychosis or other mental illness were excluded. Patients were explained about the study and were given no financial benefits. Similarly, male attendees coming to the hospital who have never consumed any substance and not suffering from mental illness were selected after explaining the study and obtaining informed written consent. No financial benefits were given. A total of 47 subjects and 42 controls were selected and balanced for age group, educational status and socioeconomic status.

The patients were diagnosed based on detailed clinical history and ICD 10. Patients were given Clinical Institute of Withdrawal Assessment – Revised questionnaire to assess withdrawal state and screened for emotional intelligence using Singh's emotional intelligence questionnaire. Also, patients were assessed on their personality using Eysenck's Personality Inventory. The same emotional intelligence and personality inventory were given for controls and the results were analysed.

Clinical Institute of Withdrawal Assessment- Revised
This is a universally used scale to assess the level of withdrawal. According to severity index alcoholics who scored less than 3, mild withdrawal was chosen to avoid confounding with other features of withdrawal which may hamper the subjects from participating in the interview. Subjects who participated had score of less than 3 for at least 3 consecutive days before the interview.

Singh’s Emotional Intelligence
In order to measure and assess emotional intelligence Singh’s scale is used. It was developed and validated by Dr. Dalip Singh. It is selected as it suits the Indian population under study. This is a 60-question-interview which will take around 15-20 minutes to administer. The questions are on various domains of emotional intelligence such as self-efficiency, leadership, motivation, empathy, interpersonal relationships. It is self and interviewer administered Likert scale response of 1- strongly disagree to 5- strongly agree. Subjects are required to score and accordingly.

Eysenck Personality Questionnaire - Revised (EPQ-R)
To assess the personality of alcoholics and non-alcoholics EPQ- R was used. The EPQ measures the personality traits, usually called temperament, in 4 scales, P-Psychoticism or Tough- Mindedness, E-Extraversion, N-Neuroticism or Emotionality and L-Lie. ’N’ scale: neuroticism or emotionality is sometimes called the Neurotic scale. Those scoring high on the N scale are characterized by instability, nervousness and general anxiety. ’E’ scale: extroversion-introversion. Those scoring high on the E scale are characterized by extroversion, good mixer, sociability, impulsiveness, a tendency to become aggressive. ’P’ scale: psychoticism or tough-mindedness, or psychotic scale is generally considered a measurement of hostility. ’L’ scale: lie scales are constructed from items listing issues and behaviours which are either socially desirable but infrequently practiced or frequently practiced but socially undesirable. Reliability ranges are 0.80 to 0.90 and validity of test is satisfactory.

Statistical Analysis
Data entry was done in Microsoft Excel sheet and statistical analysis was done using SPSS version 23. Frequency distributions were calculated for all the study variables. The data were tabulated and statistically analysed. Chi square test was applied for the variables with p value of less than 0.05

### Table 1. Demographic Profile - Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Study Group n (%)</th>
<th>Control Group n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td>6 (12.7)</td>
<td>6 (14.2)</td>
</tr>
<tr>
<td>26-30</td>
<td>12 (25.5)</td>
<td>11 (26.1)</td>
</tr>
<tr>
<td>31-35</td>
<td>10 (21.2)</td>
<td>11 (26.1)</td>
</tr>
<tr>
<td>36-40</td>
<td>13 (27.6)</td>
<td>11 (26.1)</td>
</tr>
<tr>
<td>41-45</td>
<td>6 (12.7)</td>
<td>5 (11.9)</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>42</td>
</tr>
</tbody>
</table>

### Table 2. Educational Profile

<table>
<thead>
<tr>
<th>Education Status</th>
<th>Study n (%)</th>
<th>Control n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>10 (21.2)</td>
<td>11 (26.1)</td>
</tr>
<tr>
<td>Secondary</td>
<td>31 (65.9)</td>
<td>29 (69.9)</td>
</tr>
<tr>
<td>Higher Secondary</td>
<td>4 (8.5)</td>
<td>2 (4.7)</td>
</tr>
<tr>
<td>Diploma or Degree</td>
<td>2 (4.2)</td>
<td>2 (4.7)</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>42</td>
</tr>
</tbody>
</table>

### Table 3. Socio Economic Status as per Modified Kuppuswamy Classification

<table>
<thead>
<tr>
<th>Age Distribution</th>
<th>Alcoholics Mean (Range)</th>
<th>Mean %</th>
<th>Non-Alcoholics Mean (Range)</th>
<th>Mean %</th>
<th>Difference in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td>192 (181, 206)</td>
<td>64</td>
<td>250 (220, 286)</td>
<td>88.33</td>
<td>19.33</td>
</tr>
<tr>
<td>26-30</td>
<td>211 (204, 256)</td>
<td>70.3</td>
<td>265 (247, 280)</td>
<td>88.33</td>
<td>18.03</td>
</tr>
<tr>
<td>31-35</td>
<td>203.1 (197, 220)</td>
<td>67.7</td>
<td>259.63 (225, 277)</td>
<td>86.54</td>
<td>19.84</td>
</tr>
<tr>
<td>36-40</td>
<td>223.69 (197, 220)</td>
<td>74.56</td>
<td>272.27 (268, 281)</td>
<td>90.75</td>
<td>16.19</td>
</tr>
<tr>
<td>41-45</td>
<td>185.33 (168, 198)</td>
<td>61.77</td>
<td>272.6 (261, 294)</td>
<td>90.8</td>
<td>29.03</td>
</tr>
</tbody>
</table>

### Table 4. Comparison of Emotional Intelligence among Age Groups

<table>
<thead>
<tr>
<th>Socio Economic Status</th>
<th>Alcoholics Mean (Range)</th>
<th>Mean %</th>
<th>Non-Alcoholics Mean (Range)</th>
<th>Mean %</th>
<th>Difference in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper middle</td>
<td>230.5 (220, 241)</td>
<td>76.8</td>
<td>278 (276, 280)</td>
<td>92.66</td>
<td>15.83</td>
</tr>
<tr>
<td>Middle</td>
<td>202.23 (168, 207)</td>
<td>67.41</td>
<td>269.45 (244, 284)</td>
<td>89.81</td>
<td>22.4</td>
</tr>
<tr>
<td>Upper Lower</td>
<td>212.7 (176, 256)</td>
<td>70.9</td>
<td>263.71 (220, 227)</td>
<td>87.9</td>
<td>17</td>
</tr>
<tr>
<td>Lower</td>
<td>202.6 (181, 217)</td>
<td>67.53</td>
<td>227.22 (235, 268)</td>
<td>75.74</td>
<td>8.21</td>
</tr>
</tbody>
</table>

### Table 5. Comparison of Emotional Intelligence among Various Socio-Economic Status
RESULTS
Table 4 shows the comparison of emotional intelligence scores showing mean and least and highest scores obtained by alcoholic and non-alcoholic males of same age group. There is significant difference in the emotional intelligence scores of both the population indicating that alcoholics of same age group have lesser emotional intelligence ranging from 16.19 to 29.03 difference from non-alcoholics. The maximum difference is in age 41-45 and minimum in 36-40. The differences are close in their range. Table 5 shows that there is difference in emotional intelligence in socio economic status of alcoholics and non-alcoholics. The least difference of 8.21% is in lower status and maximum difference is in middle status of 22.4%. These are statistically and clinically significant. Table 6 shows that alcoholics have higher neuroticism. People scoring predominantly for neuroticism showed emotional intelligence score significantly lesser for emotional intelligence than those who scored for extroversion. People scored predominantly for psychotism showed neutral scores for emotional intelligence and no significant difference could be drawn.

DISCUSSION
This study was done to identify the level of emotional intelligence and personality traits among alcoholics and non-alcoholic males. As emotional intelligence differs across gender, age, educational and socio-economic status, the subjects and controls were matched accordingly. Only males were thus chosen to avoid gender variations. Revised Kuppuswamy classification was employed which included education as a component. The subjects and controls were matched and the interview for emotional intelligence was conducted. This is similar to previous studies which dealt with addiction and emotional intelligence conducted worldwide and in India. Among addiction, alcohol being the major burden of our region, we chose alcoholics alone. The prevalence being 25% in our area, maximum population were belonging to middle and upper lower economic classes entering our tertiary care centre. These people were mostly of middle age group which again was the fruit bearing age of families. Thus their addiction and dependence pattern was important as in terms of their family life’s quality. Thus we compared the subjects and controls on the basis of emotional intelligence in terms of age and socio economic status. As in accordance with earlier studies, emotional intelligence scores were much lower well above statistical and clinical significance in alcoholics than non-alcoholics. Also we derived that emotional intelligence showed a rising till middle age and became lower in older groups and was superior in higher educational strata. When it was a lower educational and economic status group the emotional intelligence scores did not much differ between the two groups. This again goes by earlier studies that education plays a vital role in emotional intelligence. The other part of the study was assessment of personality or temperament traits among alcoholics and non-alcoholics. A known fact that alcoholics have high impulsivity and novelty seeking this study found out a relationship between psychotism, neuroticism, extroversion among alcoholics and their emotional intelligence. Interestingly extroverts were good scorers in emotional intelligence in both alcoholics and non-alcoholics. This may in part be the overlapping nature of concepts of the questions in the questionnaire used. However the statistical significance could not be proven. On the other hand, people with high neuroticism traits scored statistically significant lesser scores in emotional intelligence. This is clearly because of their emotionality, worrying nature which always hampers their intra personal and inter personal emotional relationships. Psychoticism traits showed neutral results with emotional intelligence in that people with psychotism predominance were 2 out of 47 subjects and 1 out of controls which thus was insufficient to draw conclusions.

CONCLUSIONS
This study has both theoretical and practical purposes. Theoretically concept of emotional intelligence is emphasized and widely studied. Also, emotional intelligence and personality traits are linked in this study. Practically it caters to the burning problem of the society that is alcoholism. Alcoholism is the heart of the study and so educating patients on terms of emotional intelligence can to some extent improve their behaviour. The study shows lower emotional intelligence beyond doubt in alcoholics and so paves a new path to explore in terms of treating alcoholism.

Limitations
The study was conducted exclusively in one tertiary care hospital, so the geography is restricted. Studies on geographical bearing on emotional intelligence is limited. Further, the impact of emotional intelligence on treatment is not explored in this study. This stops with the identification of difference in emotional intelligence. Furthermore, follow up will be ideal to identify the bearing on emotional intelligence, relapse prevention of alcoholics. But this study can be generalized to a bigger population as the majority is of lower middle and middle age which is the key population of Tamil Nadu and India.

REFERENCES


