A COMPARATIVE STUDY OF EMOTIONAL INTELLIGENCE & PERSONALITY OF ALCOHOLICS & DRUG ADDICTS AND NON-ALCOHOLICS & NON-DRUG ADDICTS

Introduction

A number of research articles and studies have examined the relationship between Emotional Intelligence (EI) and physical & mental health in literature. However, the relationship between emotional intelligence and addiction has remained relatively well hidden. The purpose of the present study is to compare, examine and measure the emotional intelligence level of alcoholics & drug addicts with non-alcoholics & non-drug addicts. It also tries to find personality of both categories i.e. alcoholics and drug addicts and non-alcoholics & non-drug addicts. While the relationship between addiction and emotional intelligence is no doubt extremely complex, the structure of this study is designed that attempts to measure the emotional intelligence level of drug and alcohol addicts and compare it with non-alcoholics & non-drug addicts.

Emotional Intelligence

Though the concept of emotional intelligence originated earlier, it only became well-known after the book by Goleman (1995). In fact, the first definition of emotional intelligence was given by Salovey and Mayer (1990). Emotional intelligence is defined as the subset of social intelligence that involves the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions.
Emotional Intelligence is said to involve the ability to perceive and accurately express emotion, to use emotion to facilitate thought, to understand emotions, and to manage emotions for emotional growth (Mayer & Salovey, 1997). While the construct of emotional intelligence is two decades older, the research on the psychology of emotions has a long and very rich history. Most of the early publications were based on clinical observations and case studies and lacked empirical data. The issue of emotions has been a dominant component of theories and treatments of mental disorders since the end of the 19th century.

Three main models of emotional intelligence exist. The first model by Peter Salovey and John Mayer perceives emotional intelligence as a form of pure intelligence, that is, emotional intelligence is a cognitive ability. A second model by Reuven Bar-On regards emotional intelligence as a mixed intelligence, consisting of cognitive ability and personality aspects. This model emphasizes how cognitive and personality factors influence general well-being. The third model, introduced by Daniel Goleman, also perceives emotional intelligence as a mixed intelligence involving cognitive ability and personality aspects. However, unlike the model proposed by Reuven Bar-On, Goleman's model focuses on how cognitive and personality factors determine workplace success.

**Addiction**

There are many different perspectives exists on “addiction”. Some experts see addiction as a “family disease” (Wegscheider-Cruse, 1989) or even as an attachment disorder, where chemical relationships are substituted for human ones (Flores, 2004). Others perspectives can range from viewing addiction as impairment in affect regulation (Khantzian, 1999) to
understanding it from a Buddhist standpoint as an exacerbated form of the desire for pleasure and aversion to pain that everyone experiences to some degree (Kornfield, 1993; O’Malley, 2004).

Alexander B. K. & Schweighofer A. R. F. (1988) in his research paper discussed that how the definition of “Addiction” has been altered to suit respective events. They wrote - The word "addiction" has too many meanings. This is partly because it contains a fundamental ambiguity. For centuries, "addiction" referred to the state of being "given over" or intensely involved with any activity. The ambiguity lay in the value attached to this state; addiction could be either tragic or enviable, or somewhere in between. As well, a second meaning emerged in the 19th century, and now coexists with the earlier one. The new meaning is more restrictive than the traditional one in three ways; it links addiction to harmful involvements with drugs that produce withdrawal symptoms or tolerance. Both the traditional and restrictive meanings survived into the present. In the ensuing uncertainty about its meaning, some authorities now wish to replace "addiction" with substitute terms like "drug dependence", "substance abuse", etc.

The Concept of Personality

The term "Personality" has many definitions. "Personality" can be defined as a dynamic and organized set of characteristics possessed by a person that uniquely influences his or her cognitions, motivations, and behaviors in various situations. The word "personality" originates from the Latin persona, which means mask. Personality may also refer to the patterns of thoughts, feelings and behaviors consistently exhibited by an individual over time that strongly influence our expectations, self-perceptions, values and attitudes, and predicts our reactions to
people, problems and stress. Psychologists themselves differ in their views, a few say that there is no such thing as personality and some even consider personality is a human characteristic (Mischel, 1976) on the other hand Eysenck (1970) defined personality as the more or less stable and enduring organization of a person's character, temperament, intellect and physique which determines individual’s personality.

Unique adjustment of the individual’s environment "According to Allport (1961) roughly summarized as the formula an individual has evolved to assure his survival and mastery within the framework of his existence". More recently Mischel (1976) viewed as personality consisted of "the distinctive patterns of behavior that characterize each individual's adaptation to the situations of his or her life". Another definition of personality by Alderman (1974) who defined personality as” integration or merging of all the parts of one's psychological life - the way one thinks, feels acts and behavior". Alderman's definition suggests that personality is two-fold one side thinks and feels, the other acts and behavior. In fact, no single definition of personality is acceptable to all psychologists,

Personality has been studied in a number of different ways. Some psychologists have developed broad theories to explain the origin and make-up of personality and other have focused only on one or two issues such as the influence of heredity or environment on personality.

The present study is expected to give an overview about level of emotional intelligence and personality type of alcoholics and drug addicts. This can be helpful to mental health professional (psychiatrist and psychotherapist) and organization (rehabilitation centers &
psychiatric setups). It is expected to help mental health professional to design a treatment procedure for alcohol and drug addicts. It will include medication and psychotherapy (Group Therapy and Individual Counseling, Family Therapy, Group Family Therapy and Psycho-Education).

**Literature Review**

A number of researches have been done in the past to evaluate the relationship between emotional intelligence and addiction.

A study by Gossop (1978) and Teasdale (1971) showed that drug dependent groups had typically high levels of psychoticism, together with increased scores on neuroticism. They also had lower level on extraversion than controls. Gossop and Eysenck (1980) found similar results on a larger study comparing drug addicts and controls. In addition the results showed low L scores (low social desirability).

Oscar-Berman (1990) were the first to draw attention to the fact that alcohol addicts, especially those suffering from Korsakoff’s syndrome, have difficulties in identifying and decoding emotions mediated by facial expressions. Recently, a Belgian team has confirmed this result in several publications. In their studies, alcohol patients, examined shortly after a detoxification treatment, scored lower on the EFE test than the healthy control group or people suffering from OCD (Kornreich, 2001).

A meta-analytic study assessing health behaviors and emotional intelligence found that higher emotional intelligence was significantly associated with better health (Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke, 2007). Studies have established a negative relationship between emotional intelligence and alcohol consumption (Austin, Saklofske, & Egan, 2005;
Furthermore, Brackett, Mayer, and Warner (2004) found that males with lower emotional intelligence demonstrated significantly more involvement than females in potentially harmful behaviors such as using illegal drugs and drinking alcohol excessively.

Kornreich (2002) have pointed out that the ability to identify emotions is tightly and negatively associated with interpersonal problems, and these problems seem to be a mediating factor between emotional identification deficits and alcoholism. Matyassy (2006), in their study on Hungarian alcoholic patients, have examined decoding capacity for emotions. They found no difference between alcoholic patients and the control group described by a maximum extent of social drinking.

Saklofske (2007) in their recent study had found no relationship between alcohol use and Emotional Intelligence measured by the Assessing Emotions Scale (AES) (Schutte, 1998). However, on the other hand, Austin (2005) presented a negative correlation between the intensity of alcohol consumption and Emotional Intelligence measured by means of AES.

Tsaousis & Nikolaou (2005) found a weak negative relationship between the factor “Understanding and Reasoning of Emotions” and alcohol use. However, in the study, there was no correlation between the total score of Emotional Intelligence and the daily amount of alcohol consumed. Brackett & Mayer (2003), applied Bar-On (1997) “The Emotional Quotient Inventory” and found negative relationship between the quantity of alcohol consumed and the perceived level of Emotional Intelligence while Austin (2005) using same inventory did not confirmed any relationship.

Trinidad & Johnson (2002) carried out a study on an adolescent population in which they found significant negative relationship between the ability of Emotional Intelligence and the
quantity of alcohol consumed. Brackett, Mayer, & Warner (2004) applied performance test along with the EQ-I have found significant relationship especially for men.

Kornreich (2003) found that people with opiate addiction performed worse in the task of identifying emotions than the controls, but better than people with alcohol addiction or alcoholic opiate users. Limonero (2006) investigated relationship between smoking and the use of cannabis with the perceived Emotional Intelligence measured by the questionnaire TMMS (Trait Meta-Mood Scale developed by Salovey, Mayer, Goldman, Turvey, & Palfai, (1995)). They found lower scores on the dimension of controlling emotions are predictive factors not only for smoking but for the use of cannabis on a regular basis. Further, lower scores were also associated with the first use of cannabis at a younger age.

Reay (2006) compared polydrug ecstasy users and polydrug nonecstasy users with regard to their emotional and social intelligence and other aspects. They found those using ecstasy scored lower on all measures than polydrug nonecstasy users. They also scored lower on the questionnaire AES as well, which had been employed for the assessment of Emotional Intelligence.

Trinidad & Johnson (2002); Trinidad, Unger, Chou, Azen, Johnson (2004); Trinidad (2004 & 2005) had investigated the relationship between smoking and Emotional Intelligence in several studies with adolescents. They applied a version of the Multifactor Emotional Intelligence Scale developed for adolescents (AMEIS) (Mayer, 1997) and found a lower level of Emotional Intelligence was associated with the first incidence of smoking at a younger age and with more intensive smoking.
Statement of Research Problem

A comparative study of emotional intelligence and personality of alcoholics & drug addicts and non-alcoholics and non-drug addicts

Objective of the Study

The objectives of the present study are:

1) To measure the status of emotional intelligence among alcohol & drug addicts and non-alcoholics and non-drug addicts.
2) To assess the personality among alcohol & drug addicts and non-alcoholics and non-drug addicts.
3) To observe at the factors affecting the emotional intelligence & personality in the drug addicts and alcoholics using most appropriate technique.

Hypothesis of the study

The following are the main hypotheses formulated in the present study

1) Emotional intelligence of drug addicts and alcoholics would be significantly lower than that of non alcoholics & drug addicts.
2) The alcoholics & drug addicts would be score high on Neuroticism as compared to the non alcoholics & drug addicts.
3) The alcoholics & drug addicts would score low on Extraversion as compared to the non alcoholics & drug addicts.
4) The alcoholics & drug addicts would score high on Psychoticism as compared to the non alcoholics & drug addicts.
5) The personality development would be better in non-addicted than addicted.

Methodology of the present study

A) Sampling

Sampling is the process of selecting units (e.g., people, organizations) from a population of interest so that by studying the sample we may fairly generalize our results back to the population from which they were chosen. Putting it differently, it is the act, process, or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population. For quantitative part of this study, the purposive sampling method will be used for sample selection. For the present study, 50 samples for each category i.e. drug addicts & alcoholics and non-alcoholics & drug addicts will be considered for the current research. In the current research, the demographic characteristics of non-alcoholics & non-drug addicts and alcoholics & drug addicts will be male, working (Govt. and Non-govt. sector) and graduates. The age limit for the both category would be 21-55 years. Sample will be collected from various rehabilitation centers and hospitals with psychiatric setup along with de-addiction centre in Mumbai and Pune. The definition of alcohol & drug addiction and substance dependence are given below for illustrative purpose.

**Alcohol Addiction:** Habitual intoxication, prolonged & excessive intake of alcohol which may lead to breakdown in psychological & physiological health.

**Drug addiction:** Drug addiction is the compulsive use of a substance despite its negative or dangerous psychological effects. It means that the person needs the drug to function normally & abruptly stopping the drug leads to withdrawal symptom.
**Substance dependence:** When an individual persists in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed.

**Poly-substance:** Poly-substance dependence refers to a type of substance dependence disorder in which an individual uses at least three different classes of substances in discriminately & does not have a favorite drug that qualifies for dependence on its own

Following table showing the short Summary of sample:-

<table>
<thead>
<tr>
<th>Sample</th>
<th>Alcoholic</th>
<th>Drug</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addicted</td>
<td>50</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>Non-Addicted</td>
<td>50</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>200</td>
</tr>
</tbody>
</table>

B) Operational definition of sample

1. **Addicted**

   Who was consuming excessive quantity of alcohol since last five years on a regular basis consider as alcohol addict. Who was consuming excessive quantity of drugs (ploy-substance) since last five years on a regular basis consider as drugs’ addict.

2. **Non-addicted**

   Who have taken alcohol/drugs (ploy-substance) for some time in their life and left, consider as non-addicted.
C) **Measuring Tools**

In the current study, two scales will be used to measure emotional intelligence level and personality of alcoholics & drug addicts and non-alcoholics & drug-addicts.

1) Mangal’s Emotional Intelligence Rating Scale (MEIRS)

2) Eysenk Personality Questionnaire - Revised (EPQ-R)

1) **Mangal’s Emotional Intelligence Rating Scale (MEIRS)**

In order to measure and assess the emotional intelligence among drug addicts & alcoholics and non-alcoholics & drug addicts, Mangal’s Emotional intelligence rating scale will be used. It is a hundred questions survey to measure the emotional intelligence level in people.

Mangal’s Emotional Intelligence Rating Scale has been developed by Dr. S.K. Mangal (M.D. University, Rohtak) and Mrs. Shubhra Mangal (C.R.S. College of education, NOIDA). Emotional intelligence inventory has been designed for the male and female for the measurement of their emotional intelligence (total as well as separately) in respect of four areas or aspects of emotional intelligence namely, Intra-Personal Awareness (knowing about one’s own emotion) Inter-Personal Awareness (knowing about others emotion), Intra-Personal Management (managing one’s own emotion) and Inter-Personal Management (managing others emotion). Each area/aspect has 25 items each and 100 in total. Reliability of test is 0.92 (Test Re-test method) and validity of this test are 0.71 from inter-validity formula.

2) **Eysenk Personality Questionnaire - Revised (EPQ-R)**

Further, to assess the personality of drug addicts & alcoholics and controlled group, Eysenk Personality Questionnaire - Revised (EPQ-R) will be 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 characterised by instability, nervousness and general anxiety. 'E' scale: extroversion-introversion. Those scoring high on the E scale are characterised 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.

D) Variables under the study

Following variables under the study in research

A) Independent variable:-

1. Alcoholics and drugs addicted
2. Non alcoholics and non-drugs addicted

B) Dependent variable:-

1. Emotional intelligence
2. Personality

E) Research Design

In present study researcher will be using the 2x2 factorial research designs.
**Statistical techniques for data analysis**

Scores of both scales (Mangal’s Emotional Intelligence Rating Scale and Eysenck Personality Questionnaire – Revised (EPQ-R)) will be calculated for alcoholics & drug addicts using recommended methods. These results & findings will be then compared with various other findings available in literature. Further, in the current research, appropriate descriptive statistics and two-way ANOVA technique and for the comparison ‘t’ test will be used for data analysis.

**Discussion**

Discussion will be drowned with the help of results and findings.

**Conclusions**

Conclusion of present study would be highlighted throughout as per formulated hypotheses and statistical results.

**Scope, Limitations and Utility**

The present study is designed to measure the emotional intelligence level in addicts and non-addicts. This will also help to understand the personality of drug addicts and alcoholics as compared to non-addicts and non-alcoholics.

Since the data is collected from few rehabilitation centers from Mumbai and Thana, results cannot be replicated for all India level for its general conclusion and a larger scale study covering pan India is required to form a designated view about the relationship between emotional intelligence and addiction.

This will help to prepare strategies for counseling and psychotherapy to deal effectively with addicts. This will also help to understand the personality of addicts and their emotional intelligence which can be useful for medication purpose.