

Alexithymia and emotional intelligence among persons with alcohol dependence

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ABSTRACT

Background: Alcohol abuse is reflected as a major public health concern in worldwide. It impaired many areas of life, including familial, vocational, psychological, legal, social, or physical aspects of life. Greater drug abuse has also been seen in those with high alexithymia, a condition that is strongly associated with low emotional intelligence. However, there is a dearth of Indian literature on the same. **Methods:** Cross-sectional hospital-based study; one hundred alcohol dependent patients, diagnosed by the Diagnostic and Statistical Manual of Mental Disorders, were selected by purposive sampling. One hundred normal controls were selected. General Health Questionnaire, an Indian adaptation of Emotional Intelligence Scale, and Toronto Alexithymia Scale were used for assessment. The statistical analysis of descriptive and inferential was carried out using the Statistical Product and Service Solutions (SPSS) 16.0. **Results:** Study revealed a significant difference in scores on the Emotional Intelligence scale between the alcohol dependent and normal control group. **Conclusion:** Our study suggests an association between low emotional intelligence, and high in alexithymia score. The present findings are generating and passing out relevant knowledge, which would be helpful and beneficial in reducing alcohol abuse, its harmful health effects, as well as in developing new treatment strategies for alcohol dependency.

Keywords: Alcohol, Alexithymia, Emotional Intelligence

Key Message: Prevalence of alexithymia among person with alcohol dependence is much larger than normal population. Alexithymia may be a risk factor for alcoholism and it's also may be affect treatment result. Individual with high emotional intelligence are able to control their feeling and behavior.

Alcohol dependence is known as one of the prominent causes of death and disability globally. Approximately 2 billion persons worldwide consume alcohol and one-third (nearly 76.3 million) is likely to have one or more alcohol related disorders.^[1] Research suggests that drinking alcohol is associated with nearly 1 out of 10 deaths in the ages 15 to 49 years.^[2] Alcohol abuse leads to many social and personal problems like; problems of health, disturbance in work life, poor family and social relationships, separation

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and divorce and emotional hardship in the family. In India, it is estimated 3 million people who abused alcohol died in 2016 and consumption of alcohol per capita has doubled from 2005 (2.4 liters) to 2016 (5.7 liters) with 4.2 litres being consumed by men and 1.5 litre by women.^[3]

Alcohol related disorders are associated with risk factors such as age, education, intelligence, socio-economic status, etc. Among other risks alexithymia is also considered to be an important risk for alcoholism and it has influence on treatment outcomes.^[4] Alexithymia refers to poor management of emotional behaviour and stress-management abilities, and it has been considered as a vulnerability factor for various medical and psychiatric illnesses.^[5] Alexithymia is the inability to talk about feelings due to a lack of emotional awareness. Alexithymia prevalence in alcoholism is 45–67% compared to 5–17% in the general population.^[6] Alexithymia has been repeatedly related to interpersonal deficits such as empathy impairments^[7] and it is only recently that this construct was investigated by researchers in the field of social neuroscience^[8]. Emotional intelligence on the other hand is defined as the ability to monitor one's own feelings and emotions, distinguish among them and use it to guide one's thinking and action.^[9] Alexithymic individuals appear to have a limited capacity for empathizing with others.^[10] Researchers demonstrated that the relationship between alexithymia and alcohol dependence is partially mediated by alcohol expectancy.^[4]

Narimani and Emaeli^[11] emphasized there is a significant difference between opioid addicted and non-addicted people and also between the group under treatment with methadone and those non-addicted group in the scale of general alexithymia and each of its three subscales. Hamidi et al.^[12] found that there is a significant difference among people suffering from drug abuse and normal controls in the scale of general alexithymia. Cleland et al.^[13] and Javani and Aghaei^[14] reported that people with alexithymia are at increased risk of drug and alcohol abuse. Thorberg et al.^[6] reported that the prevalence rate of alexithymia is higher in the population of the people suffering from alcohol dependence. Haan et al.^[15] reported that the alexithymia in patients suffering from drug abuse is a relatively temporary state and is not characterized as a stable feature. Haan et al.^[16] emphasized that alexithymia in patients suffering from drug abuse is seen both as a trait and a temporary state. On review of literature it was found that nonstudies were done in this area in the Indian context.

Emotional intelligence (EI), as a multidimensional construct¹⁷ is associated with a range of variables and consequences relating to life quality. These associations refer both to interpersonal aspects of (EI), e.g. better quality of social interaction, and to intrapersonal aspects of it such as empathy and mood adjustment. With regards to the interpersonal aspects of (EI), Mayer, Di Paolo, & Salovey (1990)¹⁸ found that those with limited emotional awareness were less able to sympathize with others. Inability to have cognitive processing of emotional knowledge and to regulate emotion is called alexithymia¹⁹ (Taylor & Bagby, 2000). People suffering from alexithymia, exaggerate normal physical excitements, cannot interpret the physical symptoms of emotional excitement well, they show emotional distress through bodily complaints and tend to search for physical symptoms in therapy proceeding²⁰. Hence present study was to an attempt to assess the relationship between emotional intelligence and alexithymia in people with alcohol dependents was planned. Moreover, the concern was to explore various aspects of emotional processing, thus the distinct yet overlapping concepts of emotional intelligence and alexithymia²¹ was explored.

Thus, the present study was conducted with the objective to assess alexithymia and emotional intelligence among alcohol dependent patients compared to normal controls.

METHODOLOGY

A hospital based cross-sectional study was conducted with 100 purposively selected patients with alcohol dependence. Participants were selected from four centres located in two districts of Haryana. Fifty participants from Bathla Psychiatric hospital (Karnal City) and 50 were selected from different institute/ hospital from Hissar District, like Shanti Mission Hospital (Model Town), Ankush Foundation (Azad Nagar), and Savera Foundation (Chicken-Bas). Male participants were selected who fulfilled ICD-10 criteria for alcohol dependence, were more than two weeks into a successful detoxification program, aged between 18 to 60 years, had eight years of schooling, and who gave the informed consent were included. Participant with chronic physical illness, organic brain disorders, other psychiatric disorders, and having history of harmful use of any other psychoactive substances were excluded from the study. Hundred normal comparable participants were selected from rural and urban community of Haryana. Male participants, aged between 18 to 60 years, having eight years of schooling, scoring below the cutoff (i.e. <3) on General Health Questionnaire, and who gave the informed consent were selected.

The present study was conducted from February 2012 to September 2012.

Ethical approval: The proposal was approved by statutory bodies of the, Ref no MU/RDC/1101 dated 12/11/2011.

Tools

- 1. Inform Consent Form and Socio Demographic Data Sheet** (Semi Structured Performa)
- 2. General Health Questionnaire (for control group):** developed by World Health Organization. There are total 12 items.^[22] The internal consistency of the GHQ-12 is 0.90, and concurrent validity is 0.58.
- 3. Alcohol Use Disorder Identification Test (AUDIT)-** It was used to screen for participants with alcohol related problems.^[23] This scale composed of total 10 items, those examining the quantity and frequency of alcohol consumptions and alcohol related behaviors and its consequences. The score of 8 or more indicates the problematic alcohol abuse. The Cronbach alpha is 0.85 and this test had adequate validity.
- 4. Emotional Intelligence Scale (EIS)^[24]:** It consists of total 40 items, in which 20 are positive and 20 are negative. The items are rated on a five point scale ranging from never true to always true. There are 19 items that are reverse scored. The items in the scale yield five factors, i.e. Factor I (appraisal of negative emotions), Factor II (appraisal of positive emotions), Factor III (interpersonal conflict and difficulties), Factor IV (interpersonal skills and flexibility), and Factor V (emotional facilitation and goal orientedness). The alpha coefficient of this scale is 0.87, and criterion validity is 0.75.
- 5. Toronto Alexithymia Scale (TAS-20):** It consists of 20 items that assesses alexithymia.^[25] It has three factors, Factor 1 (difficulty identifying feelings); Factor 2 (difficulty describing feelings); and Factor 3 (Externally-Oriented Thinking). Its internal consistency is 0.81, test-retest reliability is 0.77, and has adequate convergent and concurrent validity.

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Procedure

100 persons with diagnose of alcohol dependence as per ICD-10 criteria and fulfilling the exclusion and inclusion criteria were taken for the study (from the four centers of two districts from Haryana). Equal numbers of comparable normal participants were selected randomly from community of Haryana. After establishing rapport, informed consent was taken. The socio-demographic data sheet, Emotional Intelligence Scale, Toronto Alexithymia Scale, Alcohol Use Disorder Identification Test and General Health Questionnaire were systematically administered on participants.

Statistical Analysis

The statistical analysis was done using descriptive and inferential statistics with Statistical Package for Social Science (16.0). The level of significance was taken $p < 0.05$.

RESULTS

In the results it has been found that both groups matched on residence, occupation, and family type. On the other hand, both groups significantly differ on marital status and religion (Table 1).

Table 1 Socio-demographic characteristics of Clinical and Control groups.

Variable		Clinical Mean	Control Mean	T	p
Age		38.33	30.35	5.54	0.00
Education		11.10	14.22	5.67	0.00
Income		8415	9090	0.41	0.68
Variable		Clinical (n=100)	Control (n=100)	X ²	P
Residence	Urban	28	40	3.21	0.073
	Rural	72	60		
Marital status	Married	81	52	18.88	0.001
	Unmarried	19	48		
Occupation	Employed	72	60	3.21	0.073
	Unemployed	28	40		
Religion	Hindu	83	95	7.35	0.007
	Other	17	05		
Family Type	Joint	55	63	1.32	0.250
	Nuclear	45	37		
Mean AUDIT Score		18.65			

AUDIT= Alcohol Use Disorder Identification Test

Table 2 shows the mean difference of clinical and control groups across various domains of alexithymia and emotional intelligence. Results reveals that both clinical and control groups significantly differ on all dimensions of both alexithymia and emotional intelligence except externally oriented thinking, dimension of alexithymia scale and appraisal of positive emotions, interpersonal conflict and difficulty dimensions of emotional intelligence scale.

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Table 2 Domain wise comparison of clinical and control group (df=1;198) on Toronto Alexithymia Scale and Emotional Intelligence Scale

Variables	Group (=I, =II)	Mean	SD	t	p
Toronto Alexithymia Scale					
Difficulty Identifying Feelings (F1)	Clinical	14.4	2.56	5.96	0.01
	Control	11.91	3.30		
Difficulty Describing Feelings (F2)	Clinical	21.61	4.29	7.07	0.01
	Control	17.08	4.76		
Externally-Oriented Thinking (F3)	Clinical	24.57	3.40	1.68	0.10
	Control	23.17	4.04		
Toronto Alexithymia Scale Total	Clinical	60.58	6.74	8.03	0.01
	Control	52.16	8.03		
Emotional Intelligence Scale					
Appraisal of Negative Emotions (F1)	Clinical	36.12	9.03	4.96	0.01
	Control	42.07	7.91		
Appraisal of Positive Emotions (F2)	Clinical	34.04	6.74	0.83	0.40
	Control	34.83	6.73		
Interpersonal Conflict and Difficulty (F3)	Clinical	17.24	3.47	1.58	0.11
	Control	18.10	4.21		
Interpersonal Skill and Flexibility (F4)	Clinical	19.79	4.18	2.13	0.03
	Control	20.99	3.80		
Emotional Facilitation and Goal Orientation (F5)	Clinical	18.16	4.19	2.39	0.01
	Control	19.53	3.91		
Emotional Intelligence Scale Total	Clinical	125.35	17.93	4.19	0.01
	Control	135.52	16.39		

DISCUSSION

Study sample comprised of only males as the prevalence of alcohol abuse is relatively high in Indian population. In the present study the profile of alcohol-dependent patients examined with special emphasis on the role of age, education, income etc. Mean age of dependent patients was 38.33 years and that of control group was 30.35. According to the epidemiological Catchment Area (ECA) study this age group represents the maximum number of cases of alcoholism.^[26] Mean years of education of the participants in the study were 11.10 and 14.22 years in the clinical and control groups, respectively, which was contrary to previous study^[26] which shows a downward trend in the lifetime prevalence of alcoholism with high level of education. But in India, higher education has been found to be related with substance use.^[27] As far as income is concerned in the present study, the average income of the clinical group is less (Rs 8415) as compared to the control group (Rs 9090).

An earlier study done on individuals visiting de-addiction center in West Bengal found that 85% of the participants consuming alcohol were in the age group of 20-49 years.^[27] Another study was found that men with lower education and lower standard of living were more likely to report a risky usual quantity of alcohol (60g/drinking/ day).^[28] 72 % of the sample in the present study was from rural background. This was expected considering the fact that the majority of population in Haryana belong to the rural area. However the findings are in contrary to other prevalence studies^[26,29]. The findings of the present study reveal that 81%

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of the patients with alcohol dependence were married. 83 % of the sample in the present study belonged to the Hindu population. The results are explained due to large Hindu population in the area having cultural acceptance to the alcohol taking behavior and 55% sample of the study from joint families.

The results of alexithymia in present study for the control group is less (mean score 52.16) which is consistent with findings by other researchers.^[30]

Overall, the result obtained from the present study indicates that participants who have alcohol dependence scored higher on alexithymia. Researchers have reported that alexithymic people's reaction to stress is more intense; they have worse skills in coping with stress.^[31] In addition, some researchers also suggested that the cold and socially avoidant behaviors of persons with alexithymia show difficulties in interactions requiring significant emotional exchange.^[32] Another recent study from India^[33] showed similar results as found in our study. The previous study revealed that level of alexithymia in persons with alcohol dependence and their spouse were higher than healthy controls and their spouses.

In the results it has been found that on factor 1 of alexithymia scale i.e. difficulty identifying feelings, both groups differ significantly ($t=5.96$, $df=1,198$, $p<0.001$). The mean value of control group is lesser than the clinical group which indicates that control group had better understanding of their feelings and able to identifying them easily than alcohol dependent persons. Similar results found in difficulty describing feelings ($t=7.07$, $df=1,198$, $p<0.01$) (Table 2). In the comparison of emotional intelligence between the clinical and control groups was found to be significantly differ in factors of appraisal of negative emotions ($t=4.96$, $df=1,198$, $p=0.01$), interpersonal skill and flexibility ($t=2.13$, $df=1,198$, $p=0.03$) and emotional facilitation and goal orientation ($t=2.39$, $df=1,198$, $p=0.01$). In these factors of emotional intelligence control group scored higher than clinical group. It means higher the score better the emotional intelligence. Normal person are able to control negative emotions, have better coping in interpersonal skills, and have better goal orientation and motivation as compare to person with alcohol dependence (Table 2).

Present findings can also be understood in the light of poor adaptability to stress of the clinical group. Previous research examining emotional intelligence, suggests that individuals who report low emotional intelligence tend to use emotion-focused and avoidance coping styles and those persons who reports high levels of emotional intelligence used adaptive coping techniques to relieve distress.^[34] Similarly another study reveal that high emotional intelligence students were more likely to adopt reflection and appraisal, social and interpersonal, and organization and time-management skills. Low emotional intelligence students were more likely to engage in health-damaging behaviours.^[35] Thus, it might as well be interpreted that problematic alcohol use was a poor coping mechanism in alexithymic clinical group.

Overall, on the basis of results it is found that control participants had better emotional intelligence and easily able to express their feeling and correlate them with surroundings as compare to clinical group. The reason to choose this study is that studies conducted in West consistently indicated that higher emotional intelligence is related greater characteristics of positive mood and higher self-esteem.^[36] The findings of the paper have great practical implication. It is possible to improve various aspects of emotional intelligence competencies in a way that often benefits psychological health.

CONCLUSION

The study was conducted with an aim of comparing emotional intelligence and alexithymia in alcohol dependent group in comparison to normal control group. Regarding alexithymia (difficulty identifying feelings), the mean value of control group is lesser than the clinical group which indicates that control group had better understanding of their feelings and able to identifying them easily than alcohol dependent persons. In the emotional intelligence, control group scored higher than clinical group. It means normal person are able to control negative emotions, have better coping in interpersonal skills, and have better goal orientation and motivation as compare to person with alcohol dependence.

Practical Implication and Future Direction

It has been known for many years that addictive disorders are relapsing conditions. Alcohol abuse related problems, impaired family life and productive employment, reduce the quality of life and may threaten survival. So, the present findings are motivating because this could have implications both for preventive strategies and the choice of treatment. The present results also suggest that it could be useful to introduce intervention programs targeting vulnerable population's emotional competencies and also provides reason for hope because high emotional intelligence is found to be associated with less alcohol abuse, fewer alcohol-related problems. A plenty of literature provides guidelines to improve emotional intelligence. So, taking enhancement of emotional intelligence as a component in the treatment of alcoholics could lead to better treatment outcome. Further work is also needed to explore the factors that assist patients in abstaining from drug use and help sustain abstinence over time.

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Conflict of Interest

The author declared no conflict of interest.

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