

Research Paper

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

Ishita Karmakar¹, Dr. Priyanka Samuel^{2*}

ABSTRACT

Background: Substance Use Disorder (SUD) is a major global mental health concern affecting an individual's cognitive, emotional, and social functioning. Personality traits influence vulnerability to substance use and recovery outcomes, and may interact with addiction severity and social cognition. **Aim:** This study examined relationships between personality traits, addiction severity, and social cognition among individuals with SUD. **Method:** Using random sampling, 50 inpatients and outpatients diagnosed with SUD from a psychiatric hospital in Ahmedabad, Gujarat, were assessed using the Addiction Severity Index-5, Edinburgh Social Cognition Test, and NEO Five-Factor Inventory-3. Data analysis was done using Pearson's correlation and regression analyses. **Results:** Addiction severity showed a significant positive association with Neuroticism and significant negative associations with Conscientiousness and Agreeableness. Social cognition showed significant positive associations with personality traits. No significant relationship was found between addiction severity and social cognition. **Conclusion:** Personality traits emerged as key correlates of addiction severity and social cognition, suggesting trait-specific pathways.

Keywords: *Substance Use Disorder, Addiction Severity, Social Cognition, Personality Traits*

Personality traits play a central role in understanding the development, initiation, and progression of substance use behaviors (Sher et al., 2010; Zuckerman, 2007). Substance Use Disorder (SUD) is characterized by persistent maladaptive patterns of use that impair psychological, interpersonal, and occupational functioning (American Psychiatric Association [APA], 2022). Research consistently shows that personality traits such as sensation seeking, impulsivity, disinhibition, and psychoticism are strongly associated with the onset and maintenance of substance use across populations (Zuckerman & Kuhlman, 2000; González et al., 2016). These traits increase vulnerability by promoting risk-taking, reward sensitivity, and reduced inhibitory control, thereby facilitating early experimentation and escalation to problematic use (Verdejo-García et al., 2008; Woicik et al., 2009). Maladaptive personality features, including impulsivity, novelty seeking, distorted self-perceptions, and dissocial behaviors, are particularly salient risk factors among adolescents and young adults, a period marked by heightened neurobiological and psychosocial vulnerability (Castellanos-Ryan & Conrod, 2012; Hopwood et al., 2011).

¹Doctorate of Philosophy Scholar in Clinical Psychology, National Forensic Sciences University, Delhi

²Assistant Professor, National Forensic Sciences University, Delhi

*Corresponding Author

Received: April 11, 2026; Revision Received: June 25, 2026; Accepted: June 29, 2026

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

Increasing addiction severity has also been linked to neurocognitive and social-cognitive alterations mediated by chronic substance-related brain changes (Volkow et al., 2014). Neuroimaging studies demonstrate disruption in neural circuits underlying executive functioning, emotional regulation, and decision-making, which perpetuate addictive behaviors (Koob & Volkow, 2016).

Social cognition, encompassing processes such as emotion recognition and Theory of Mind, is increasingly recognized as impaired in individuals with SUD (Green et al., 2008; Quednow, 2017). Deficits in social cognition compromise interpersonal functioning and treatment engagement and have been shown to worsen with greater addiction severity (Maurage et al., 2011; Preller et al., 2014; Quednow, 2017).

There is also substantial overlap between substance use severity and personality pathology, particularly traits associated with antisocial and borderline personality disorders (Grant et al., 2004; Trull et al., 2018). These features interact with neurocognitive vulnerabilities, contributing to impulsivity, emotional dysregulation, and poor treatment outcomes (Bateman & Fonagy, 2016; Verdejo-García & Bechara, 2009). However, emerging longitudinal evidence suggest that personality traits are malleable. Recovery and sustained abstinence have been associated with increase in conscientiousness and agreeableness, reflecting improved self-regulation and interpersonal functioning (Littlefield et al., 2009; Littlefield et al., 2012; Blonigen et al., 2013; Hopwood et al., 2011; Roberts & Mroczek, 2008; Roberts et al., 2017). Neurobiological recovery, particularly restoration of prefrontal functioning, further supports adaptive personality change during recovery (Goldstein & Volkow, 2011; Verdejo-García et al., 2018).

While personality traits and social cognition have been individually associated with substance use disorder, their combined role in predicting addiction severity remains underexplored. Existing research is largely correlational and based on non-clinical or limited demographic samples, reducing its applicability to clinical populations. Additionally, inconsistencies in measurement approaches and limited examination of underlying mechanisms restrict clarity of findings. Therefore, further research using an integrated and methodologically rigorous approach is needed to examine personality traits and social cognition as predictors and correlates of addiction severity in clinically and culturally relevant contexts.

The present study examines the relationships between personality traits, addiction severity, and social cognition in individuals with SUD, emphasizing personality traits as a key explanatory factor influencing both behavioral and cognitive aspects of addiction.

METHODOLOGY

Aim and Objective

The aim of the current research study is to determine Personality Traits and Social Cognition as predictors and correlates of Addiction Severity in individuals with Substance Use Disorder.

Participants

The study included 50 male patients (ages 18–55) with Substance Use Disorder, recruited from inpatient and outpatient units of the Hospital for Mental Health, Ahmedabad, Gujarat, India, using random sampling based on inclusion and exclusion criteria.

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

Inclusion and Exclusion Criteria

1. Inclusion Criteria

- Patients diagnosed with Substance use Disorder ICD-10, DCR (W.H.O, 1992).
- Patient age ranges from 18 – 55 years old.
- Education ranges from 6th Grade and above.
- Patients willing to give consent to the study.

2. Exclusion Criteria

- Major medical illness, neurological disorder or significant head injury
- Intellectual disability or substance related problems.
- Patient with any organic mental disorder and psychiatry condition

Tools

1. **Addiction Severity:** The Addiction Severity Index–Fifth Edition (McLellan, 1992) was employed to evaluate the severity of difficulties across seven functional areas, including medical status, employment and financial support, alcohol use, drug use, legal issues, family and social relationships, and psychiatric symptoms. Assessments were conducted for both lifetime and recent (past 30 days) functioning using a 0–4 Likert-type rating scale. The scale has been reported to possess satisfactory internal consistency, with reliability coefficients ranging between 0.80 and 0.90.
2. **Social Cognition:** The Edinburgh Social Cognition Test (ESCoT; Baksh et al., 2018) was utilized to assess social cognitive abilities, including cognitive and affective Theory of Mind as well as comprehension of social norms, through a series of 11 cartoon-based video scenarios. Participant responses were rated on a three-point scoring scale. The instrument has demonstrated strong psychometric properties, with evidence supporting its reliability and validity.
3. **Personality Traits:** The NEO Five-Factor Inventory–3 (NEO-FFI-3; McCrae & Costa, 1992) was administered to evaluate five broad personality domains using 60 self-report items rated on a five-point Likert-type scale. The measure has demonstrated acceptable internal consistency, with Cronbach's alpha coefficients ranging from 0.72 to 0.82.

Ethical Consideration

In order to adhere to the ethics laid down by the governing bodies of Psychology, the following measures were taken. The ethical clearance and permission were taken from the respective institutions for conducting the study and data collection. Informed consent of the participants was taken. All the personal information was kept confidential and response anonymity was maintained.

Procedure

After obtaining approval from the institutional ethics committee, informed consent was secured from all participants prior to their inclusion in the study. A total of 50 patients diagnosed with Substance Use Disorder were selected from inpatient and outpatient services at HMH, Ahmedabad using purposive sampling based on predefined inclusion and exclusion criteria. Participants were provided with a detailed explanation of the study objectives and assessment procedures. Socio-demographic and clinical information was then collected through a structured proforma. Subsequently, participants were administered the Addiction Severity Index–5th Edition (ASI), the Edinburgh Social Cognition Test (ESCoT), and the

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

NEO Five-Factor Inventory–3 (NEO-FFI-3). The assessment was conducted across two sessions, each lasting approximately one hour, to minimize fatigue and ensure reliable responses.

Data Analysis

Data were systematically coded and entered into the Statistical Package for Social Sciences (SPSS), IBM version 16, for statistical analysis. Descriptive statistics were computed to summarize socio-demographic variables and test scores. Pearson's product-moment correlation analysis was performed to examine relationships among addiction severity, social cognition, and personality traits. Multiple regression analysis was further employed to determine the predictive value of addiction severity domains on personality traits and social cognition variables. Statistical significance was evaluated at conventional probability levels.

RESULTS

Table 1 presents the descriptive statistics for all study variables, including sociodemographic characteristics (age, education, occupation, socioeconomic status, family type, and marital status) and scores on the Addiction Severity Index (ASI), Edinburgh Social Cognition Test (ESCoT), and NEO Five-Factor Inventory–3 (NEO-FFI-3).

Table 1 Descriptive Statistics

VARIABLES	M	SD	Range	Skewness	Kurtosis
Age	33.40	9.07	34.00	0.67	-1.11
Education	8.66	3.19	15.00	0.12	0.52
Occupation	1.50	0.51	2.00	-0.01	-2.09
SES	1.52	0.54	2.00	0.32	-1.11
Family Type	1.18	0.39	1.00	1.72	2.12
Marital Status	1.70	0.46	1.00	-0.90	-1.24
ASI Employment	0.50	0.51	1.00	0.13	-1.12
ASI Alcohol	0.78	0.40	1.67	1.11	-0.58
ASI Family/Social	0.42	0.29	1.00	0.47	-0.61
ASI Psychiatric	0.42	0.29	1.00	0.47	-0.61
ASI Total	2.18	1.38	3.84	0.85	1.11
NEO Openness	39.78	11.42	35.00	0.18	-1.20
NEO Conscientiousness	33.32	12.40	30.00	0.82	-0.94
NEO Extraversion	33.32	12.40	30.00	0.82	-0.94
NEO Agreeableness	34.22	12.13	41.00	0.14	-1.28
NEO Neuroticism	64.46	10.62	38.00	-0.10	-1.32
ESCoT Total	10.08	5.42	25.00	1.06	1.96
ESCoT Common	7.80	5.40	20.00	1.04	1.96
ESCoT Interpersonal	7.94	6.05	30.00	1.63	4.05
ESCoT Intrapersonal	8.92	5.47	30.00	1.37	3.45

M = Mean; SD = Standard Deviation; ASI = Addiction Severity Index; ESCoT = Edinburgh Social Cognition Test; NEO = NEO Five-Factor Inventory.

The mean age of participants was 33.40 years (SD = 9.07), with an age range of 18 to 55 years. The average years of education were 8.66 (SD = 3.19).

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

Indices related to addiction severity (ASI medical, employment, alcohol, drug, legal, family/social, and psychiatric domains) showed varying levels of symptom severity, with mean scores ranging from 0.42 to 1.18, indicating heterogeneity in addiction-related problems within the sample.

Social cognition scores reflected average performance across ESCoT domains. ESCoT total scores showed a mean of 10.08 (SD = 5.42), while interpersonal and intrapersonal components had means of 7.94 (SD = 6.05) and 8.92 (SD = 5.47), respectively.

Personality trait scores revealed moderate levels across all five dimensions. Mean scores for Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism were 39.78 (SD = 11.42), 33.32 (SD = 12.40), 33.32 (SD = 12.40), 34.22 (SD = 12.13), and 64.46 (SD = 10.62), respectively.

Skewness and kurtosis values for most variables were within acceptable limits (± 2), indicating that the data distributions did not substantially deviate from normality and were suitable for further statistical analyses.

Table 2 presents the correlations between Addiction Severity (employment status, addiction, family/social relationships, psychiatric problems, and total score) and domains of Social Cognition (cognitive and affective Theory of Mind, interpersonal and intrapersonal understanding of social norms).

Table 2 Correlation between Addiction Severity (AS) and Social Cognition (SC) in patients with Substance Use Disorder

VARIABLES	SC1	SC2	SC3	SC4
AS1	.138	.080	.078	.076
AS2	.000	-.194	-.051	.105
AS3	.043	.042	.028	.047
AS4	.073	.020	-.006	.127
AS (Total)	.084	-.049	.007	.137

** $p < 0.01$; * $p < 0.05$

The results indicated no statistically significant correlations between addiction severity and any social cognition domains. This suggests that Addiction Severity Index scores did not significantly influence performance on the Edinburgh Social Cognition Test.

Table 3 shows the correlations between addiction severity domains and personality traits.

Table 3 Correlation between Addiction Severity (AS) and Personality Traits (PT) in patients with Substance Use Disorder

VARIABLES	PT-O	PT-C	PT-E	PT-A	PT-N
AS1	.227	.080	-.123	-.036	.309*
AS2	-.081	-.047	-.132	-.123	.092
AS3	-.188	-.318*	-.063	-.452**	.007
AS4	.176	-.261	-.249	-.446**	.422**
AS (Total)	.033	-.198	-.215	-.383**	.298*

** $p < 0.01$; * $p < 0.05$

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

A significant positive correlation was found between addiction severity related to employment status (AS1) and Neuroticism (PT-N) ($r = .309, p < .05$). Significant negative correlations were observed between addiction severity related to family and social relationships (AS3) and Agreeableness (PT-A) ($r = -.452, p < .01$) as well as Conscientiousness (PT-C) ($r = -.318, p < .05$).

Addiction severity related to psychiatric problems (AS4) demonstrated significant negative correlations with Agreeableness ($r = -.446, p < .01$) and significant positive correlations with Neuroticism ($r = .422, p < .01$).

Overall addiction severity showed a significant negative association with Agreeableness ($r = -.383, p < .01$) and a significant positive association with Neuroticism ($r = .298, p < .05$).

Table 4 illustrates correlations between domains of social cognition and personality traits.

Table 4 Correlation between Social Cognition (SC) and Personality Traits (PT) in patients with Substance Use Disorder

VARIABLES	PT-O	PT-C	PT-E	PT-A	PT-N
SC1	.372**	.383**	-.079	.270	-.032
SC2	.262	.430**	.018	.303*	-.167
SC3	.330*	.385**	-.032	.284*	-.036
SC4	.413**	.236	-.124	.242	.135

** $p < 0.01$; * $p < 0.05$

Cognitive Theory of Mind (SC1) was significantly positively correlated with Openness to Experience ($r = .372, p < .01$) and Conscientiousness ($r = .383, p < .01$). Affective Theory of Mind (SC2) showed significant positive correlations with Conscientiousness ($r = .430, p < .01$) and Agreeableness ($r = .303, p < .05$).

Interpersonal understanding of social norms (SC3) demonstrated significant positive correlations with Conscientiousness ($r = .385, p < .01$), Openness ($r = .330, p < .05$), and Agreeableness ($r = .284, p < .05$). Intrapersonal understanding of social norms (SC4) was significantly positively correlated with Openness to Experience ($r = .413, p < .01$).

Table 5 represents the multiple regression analyses that examined whether addiction severity domains predicted personality traits and social cognition.

Table 5 Multiple Regression Analyses Predicting Personality Traits (PT) and Social Cognition (SC) in patients with Substance Use Disorder

DV	IV	R ²	Adjusted R ²	F (5, 44)	p
PT-O	AS1, AS2, AS3, AS4, ASTotal	.12	.02	1.24	.307
PT-C	AS1, AS2, AS3, AS4, ASTotal	.24	.15	2.79	.028*
PT-E	AS1, AS2, AS3, AS4, ASTotal	.07	-.04	0.64	.672
PT-A	AS1, AS2, AS3, AS4, ASTotal	.43	.36	6.54	< .001***
PT-N	AS1, AS2, AS3, AS4, ASTotal	.20	.11	2.17	.074
SC1	AS1, AS2, AS3, AS4, ASTotal	.02	-.09	0.18	.971
SC2	AS1, AS2, AS3, AS4, ASTotal	.05	-.05	0.49	.782

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

DV	IV	R ²	Adjusted R ²	F (5, 44)	p
SC3	AS1, AS2, AS3, AS4, ASTotal	.01	-.10	0.11	.990
SC4	AS1, AS2, AS3, AS4, ASTotal	.02	-.09	0.20	.961

$p < .05^*$, $p < .01^{**}$, $p < .001^{***}$

Agreeableness was significantly predicted by addiction severity domains, $F(5, 44) = 6.54$, $p < .001$, explaining 43% of the variance ($R^2 = .43$). Conscientiousness was also significantly predicted, $F(5, 44) = 2.79$, $p = .028$, accounting for 24% of the variance ($R^2 = .24$). Regression models predicting Openness, Extraversion, and Neuroticism were not statistically significant.

Similarly, none of the regression models predicting social cognition domains reached statistical significance.

DISCUSSION

The present study aimed to examine the relationships among addiction severity, personality traits, and social cognition in individuals with Substance Use Disorder.

Descriptive findings revealed substantial variability in addiction severity, social cognition, and personality traits, indicating heterogeneity within the clinical sample. Contrary to expectations, addiction severity did not show significant associations with social cognition domains. This suggests that deficits in social cognition may not vary directly with the degree of addiction severity. However, overall performance on social cognition tasks indicated poor functioning, possibly reflecting the impact of chronic substance use on cognitive and interpersonal processes.

Significant relationships were observed between addiction severity and personality traits. Higher addiction-related employment difficulties and psychiatric problems were associated with increased Neuroticism, reflecting emotional instability, stress vulnerability, and impulsivity.

Negative associations between addiction severity and Agreeableness and Conscientiousness suggest that greater substance-related family, social, and psychiatric problems are linked with reduced responsibility, lower empathy, interpersonal conflict, and poor self-discipline. These findings are consistent with previous research (Perry et al., 2008; Stetsiv et al., 2023). Strong associations between social cognition and personality traits were also observed. Higher Theory of Mind and social norm understanding were related to greater Openness, Conscientiousness, and Agreeableness, indicating that social cognitive abilities are closely linked with adaptive personality characteristics such as cooperation, curiosity, and responsibility. These findings align with prior studies (Parada et al., 2020).

Regression analyses further demonstrated that addiction severity selectively predicted Agreeableness and Conscientiousness, but not Openness, Extraversion, Neuroticism, or social cognition domains. This suggests that substance use severity has a targeted influence on specific personality traits rather than a broad impact on overall personality structure or social cognitive functioning.

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

Overall, the findings highlight the importance of considering personality traits, particularly Agreeableness and Conscientiousness, in understanding addiction severity, while social cognition appears to be more closely associated with personality characteristics than with addiction severity itself. These results underscore the need for treatment approaches that incorporate personality and interpersonal functioning in rehabilitation planning.

CONCLUSION

The present study provides an integrated examination of the relationships between addiction severity, personality traits, and social cognition, offering a nuanced understanding of psychological factors involved in substance use. Findings suggest that addiction severity is not uniformly associated with all personality or social cognition domains but shows selective relationships with specific traits. Higher substance use severity was linked to lower Agreeableness and Conscientiousness, reflecting difficulties in interpersonal functioning, self-regulation, and goal-directed behavior. These traits may act both as vulnerability factors for substance use and as areas negatively impacted by prolonged use.

Notably, addiction severity was not significantly associated with social cognition, indicating that abilities related to understanding social cues and mental states may remain relatively unaffected by severity of use in this sample. However, significant associations between personality traits and social cognition highlight the influence of dispositional factors on social cognitive processing. Overall, the findings support a personality-informed approach to assessment and intervention, emphasizing targeted, individualized treatment strategies in substance use disorders.

Clinical Implication and Limitation

The present study contributes to the mental health and clinical psychology domain by examining the relationship between social cognition and personality traits in individuals with substance use disorder. Exploring these constructs offer deeper insight into cognitive emotional functioning and supports the need for comprehensive, personalized treatment approaches. The findings reinforce the importance of multidimensional psychological assessment in clinical practice.

However, certain limitations must be acknowledged. The modest sample size, constrained by time and resources, limits generalizability and statistical strength. Gender differences could not be examined, despite their potential relevance to personality and social cognition in substance use disorders. Future research with larger, more diverse samples, gender-based analyses, and longitudinal designs would help validate findings, clarify causal relationships, and enhance clinical applicability.

REFERENCES

- American Psychiatric Association. (2022). DSM-5-TR: Diagnostic and statistical manual of mental disorders (5th ed., text rev.). American Psychiatric Publishing.
- Baksh, R. A., Abrahams, S., Auyeung, B., & MacPherson, S. E. (2018). The Edinburgh Social Cognition Test (ESCoT): Examining the effects of age on a new measure of theory of mind and social norm understanding. PLOS ONE, 13(4), e0195818. <https://doi.org/10.1371/journal.pone.0195818>
- Ball, S. A. (2005). Personality traits, problems, and disorders: Clinical applications to substance use disorders. Journal of Research in Personality, 39(1), 84–102. <https://doi.org/10.1016/j.jrp.2004.09.001>

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

- Blonigen, D. M., Timko, C., Moos, R. H., & Moos, B. S. (2013). Personality change predicts drinking outcomes among alcohol use disorder patients. *Journal of Studies on Alcohol and Drugs*, 74(6), 930–939. <https://doi.org/10.15288/jsad.2013.74.930>
- Castellanos-Ryan, N., & Conrod, P. J. (2012). Personality and substance misuse: Evidence for a four-factor model of vulnerability. *Addiction Biology*, 17(1), 143–152. <https://doi.org/10.1111/j.1369-1600.2011.00392.x>
- Goldstein, R. Z., & Volkow, N. D. (2011). Dysfunction of the prefrontal cortex in addiction: Neuroimaging findings and clinical implications. *Nature Reviews Neuroscience*, 12(11), 652–669. <https://doi.org/10.1038/nrn3119>
- Gonzálvez, M. T., Espada, J. P., Guillén-Riquelme, A., Secades-Villa, R., & Orgilés, M. (2016). Personality traits and substance use disorders: A systematic review. *Journal of Substance Abuse Treatment*, 67, 1–14. <https://doi.org/10.1016/j.jsat.2016.04.004>
- Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., Ruan, W. J., & Pickering, R. P. (2004). Co-occurrence of 12-month alcohol and drug use disorders and personality disorders in the United States. *Archives of General Psychiatry*, 61(4), 361–368. <https://doi.org/10.1001/archpsyc.61.4.361>
- Green, M. F., Penn, D. L., Bentall, R., Carpenter, W. T., Gaebel, W., Gur, R. C., ... Heinssen, R. (2008). Social cognition in schizophrenia: An NIMH workshop on definitions, assessment, and research opportunities. *Schizophrenia Bulletin*, 34(6), 1211–1220. <https://doi.org/10.1093/schbul/sbm145>
- Hopwood, C. J., Morey, L. C., Skodol, A. E., Stout, R. L., Yen, S., Grilo, C. M., ... Gunderson, J. G. (2011). Pathological personality traits among patients with and without substance use disorders. *Journal of Abnormal Psychology*, 120(4), 873–883. <https://doi.org/10.1037/a0024484>
- Koob, G. F., & Volkow, N. D. (2016). Neurobiology of addiction: A neurocircuitry analysis. *The Lancet Psychiatry*, 3(8), 760–773. [https://doi.org/10.1016/S2215-0366\(16\)001048](https://doi.org/10.1016/S2215-0366(16)001048)
- Littlefield, A. K., Sher, K. J., & Wood, P. K. (2010). A personality-based description of alcoholism risk. *Psychological Science*, 21(11), 1490–1495. <https://doi.org/10.1177/0956797610383432>
- Maurage, P., Grynberg, D., Noël, X., Joassin, F., Philippot, P., Hanak, C., ... de Timary, P. (2011). Dissociation between affective and cognitive empathy in alcoholism. *Alcoholism: Clinical and Experimental Research*, 35(9), 1662–1668. <https://doi.org/10.1111/j.1530-0277.2011.01512.x>
- McCrae, R. R., & Costa, P. T., Jr. (2004). A contemplated revision of the NEO Five-Factor Inventory. *Personality and Individual Differences*, 36(3), 587–596. [https://doi.org/10.1016/S0191-8869\(03\)00118-1](https://doi.org/10.1016/S0191-8869(03)00118-1)
- McLellan, A. T., Kushner, H., Metzger, D., Peters, R., Smith, I., Grissom, G., ... Argeriou, M. (1992). The fifth edition of the Addiction Severity Index. *Journal of Substance Abuse Treatment*, 9(3), 199–213. [https://doi.org/10.1016/0740-5472\(92\)90062-S](https://doi.org/10.1016/0740-5472(92)90062-S)
- Parada, P., Oliva-Macías, M., Herrero-Fernández, D., & Pérez-Fernández, L. M. (2020). Social cognition, personality dimensions and clinical symptoms as predictors in people with polydrug abuse. *Revista de Psicopatología y Psicología Clínica*, 25(1), 23–30. <https://doi.org/10.5944/rppc.24462>
- Roberts, B. W., & Mroczek, D. (2008). Personality trait change in adulthood. *Current Directions in Psychological Science*, 17(1), 31–35. <https://doi.org/10.1111/j.1467-8721.2008.00543.x>

Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder

- Roberts, B. W., Luo, J., Briley, D. A., Chow, P. I., Su, R., & Hill, P. L. (2017). A systematic review of personality trait change through intervention. *Psychological Bulletin*, 143(2), 117–141. <https://doi.org/10.1037/bul0000088>
- Verdejo-García, A., Lawrence, A. J., & Clark, L. (2008). Impulsivity as a vulnerability marker for substance-use disorders. *Neuroscience & Biobehavioral Reviews*, 32(4), 777–810. <https://doi.org/10.1016/j.neubiorev.2007.11.003>
- Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. *New England Journal of Medicine*, 374(4), 363–371. <https://doi.org/10.1056/NEJMr1511480>

Acknowledgment

The authors appreciate all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The authors declared no conflict of interest.

How to cite this article: Karmakar, I. & Samuel, P. (2026). Personality Traits and Social Cognition as Predictors and Correlates of Addiction Severity in Substance Use Disorder. *International Journal of Indian Psychology*, 14(2), 3278-3287. DIP:18.01.297.20261402, DOI:10.25215/1402.297