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Research Paper

Emotional Intelligence and Psychological Well-Being among Alcoholics and Non Alcoholics Adults: A Positive Psychology Perspective

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ABSTRACT

Human behavior is shaped by the interplay of emotional, psychological, and social factors, and recent advances in Positive Psychology emphasize the importance of emotional strengths in promoting mental health and adaptive functioning. The present study examined differences in Emotional Intelligence and Psychological Well-Being between alcoholic and non-alcoholic adults, and explored the relationship between these two psychological constructs. A total sample of 300 male participants aged 18–45 years was selected through purposive sampling comprising 150 diagnosed Alcoholic adults from various de-addiction centers and 150 Non-Alcoholic adults from community settings in Lucknow. Standardized tools, including the Emotional Intelligence Inventory and the Psychological Well-Being Scale, were administered to assess key variables. Results revealed significantly lower Emotional Intelligence ($t = 5.84$, $p < .01$) and Psychological Well-Being ($t = 4.84$, $p < .01$) among alcoholic adults compared to non-alcoholic adults. Life Satisfaction dimensions such as efficiency, sociability, mental health, and interpersonal relations were also adversely affected in the alcoholic group. Moreover, a positive and moderately strong correlation ($r = 0.67$) was found between Emotional Intelligence and Psychological Well-Being, indicating that higher EI is associated with better psychological functioning. The findings highlight that alcohol dependence undermines emotional regulation, interpersonal competence, and overall well-being, while emotional intelligence serves as a protective factor that supports healthier coping and psychological resilience. The study underscores the importance of strength-based therapeutic interventions that incorporate emotional skills training in alcohol rehabilitation programs.

Keywords: *Emotional Intelligence, Psychological Well-Being, Alcohol Use Disorder, Positive Psychology, Life Satisfaction, Mental Health, Rehabilitation*

Human behavior is shaped by a continuous and complex interaction of emotional, cognitive, and social factors. In the last few decades, the emergence of Positive Psychology has broadened the scope of mental health research by focusing not only on the reduction of psychological distress but also on the enhancement of human strengths, resilience, and optimal functioning. Within this framework, Emotional Intelligence and Psychological Well-Being have been identified as two essential determinants of healthy

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adjustment, effective coping, and overall life satisfaction. Emotional Intelligence, commonly described as the ability to recognize, understand, regulate, and utilize emotions constructively, contributes significantly to interpersonal effectiveness, sound decision-making, stress management, and emotional stability. Psychological Well-Being, as proposed in contemporary psychological models, consists of key elements such as autonomy, environmental mastery, positive relationships, personal growth, a sense of purpose, and self-acceptance. Together, these dimensions offer a comprehensive understanding of what it means to live a meaningful and fulfilling life.

Alcoholism or Alcohol Use Disorder (AUD) is a chronic and recurrent condition that adversely affects cognitive functioning, emotional regulation, interpersonal relationships, and social adjustment. Beyond its medical implications, alcohol dependence represents a deep psychosocial challenge that disrupts emotional balance and undermines well-being. Empirical studies consistently show that individuals with alcohol dependence tend to have difficulties in regulating emotions, higher impulsivity, poor coping strategies, and a diminished sense of personal control. These vulnerabilities often lead to strained social relationships, occupational problems, and psychological distress, thereby lowering their overall well-being.

In contrast, adults with higher emotional intelligence generally demonstrate healthier emotion management, constructive decision-making, and stronger social support networks-factors that contribute to better psychological well-being. Although research has extensively documented the biological and behavioral consequences of alcohol use, fewer studies have explored the combined role of EI and PWB through the lens of positive psychology. This theoretical perspective highlights the importance of psychological strengths and protective factors that enable individuals to build resilience, recover from adversity, and make healthier life choices.

Positive psychology suggests that enhancing emotional intelligence and strengthening well-being can act as buffers against substance misuse. Improved emotional competence may help individuals manage difficult emotions without relying on alcohol, while greater well-being may foster purpose, resilience, and internal motivation for healthier behavior. Hence, examining the patterns of EI and PWB among alcoholics and non-alcoholics could provide meaningful insights for designing prevention programs, therapeutic interventions, and rehabilitation strategies.

The present study adopts an exploratory approach, seeking to investigate differences in emotional intelligence and psychological well-being between alcoholic and non-alcoholic adults, and to understand how these variables interact within each group. By integrating positive psychology principles, this research moves beyond the deficit model of addiction and emphasizes strengths-based conceptualizations that encourage growth, adaptation, and recovery.

The findings of this study are expected to contribute to clinical psychology, addiction research, and positive psychology by offering empirical evidence on how emotional and psychological strengths influence patterns of alcohol use. The study underscores the value of emotional skills and psychological resources in promoting healthier behaviors, supporting recovery processes, and enhancing overall well-being.

Theoretical Background

1. Emotional Intelligence (EI): Emotional Intelligence, as proposed by Mayer and Salovey (1997) and popularized by Goleman (1995), refers to the ability to perceive, understand, manage, and utilize emotions effectively in oneself and others. High EI contributes to better self-regulation, interpersonal relationships, and resilience-key components of psychological well-being. Research has shown that individuals with higher EI demonstrate healthier coping strategies, less emotional distress, and greater life satisfaction. Conversely, low emotional intelligence is often associated with impulsivity, poor emotional control, and maladaptive coping behaviors, including substance abuse.

2. Psychological Well-Being (PWB): Psychological Well-Being, as conceptualized by Ryff (1989), encompasses self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth. It reflects an individual's overall sense of fulfillment and meaning. Positive psychology underscores that well-being is not merely the absence of distress but the presence of positive functioning and self-realization.

Positive Psychology Perspective: From the standpoint of positive psychology, emotional intelligence and Psychological Well-Being function as personal strengths that foster resilience and life satisfaction. Among Non Alcoholics adults, these attributes contribute to adaptive coping, optimism, and interpersonal harmony. However, among alcoholics, the erosion of emotional regulation often undermines their psychological well-being. Substance dependence typically reduces emotional awareness, distorts self-perception, and fosters a sense of powerlessness-all antithetical to the tenets of positive psychology.

Rationale of the Study

The current study seeks to examine and compare Emotional Intelligence and Psychological Well-Being among alcoholics and non alcoholic adults. The study is grounded in the premise that alcohol dependence negatively influences emotional processing leading to lower well-being. Understanding these differences may provide valuable insights for therapeutic interventions that aim to enhance positive psychological resources among individuals with alcohol use disorders.

REVIEW OF RELATED RESEARCH

Costa and McCrae (1980) underscored the importance of personality traits in shaping well-being. Their findings indicate that individuals high in openness, conscientiousness, and extraversion tend to report enhanced psychological health. Moreover, emotional stability emerged as a significant predictor of mental well-being, highlighting the protective function of balanced emotional responses in everyday functioning.

Oishi and Diener (2001) demonstrated that elements such as supportive social networks, a sense of community belonging, and access to restorative natural environments significantly nurture psychological functioning. These environmental resources serve as buffers against stress and promote a sense of connectedness and emotional balance.

Diener et al. (2010) presented a subjective well-being perspective that integrates positive emotions, life satisfaction, and a sense of meaning.

Petrides et al. (2004) and **Mayer et al. (2016)** provided strong evidence that individuals with higher EI exhibit greater resilience, enhanced emotional functioning, and higher life

satisfaction. Research consistently demonstrates that low EI is associated with emotional dysregulation, impulsive behaviors, and vulnerability to psychological distress.

Trinidad and Johnson (2002) reported that adolescents with lower levels of emotional competence are more susceptible to experimenting with or abusing substances.

Kun and Demetrovics (2010), who observed that emotional processing deficits in alcohol-dependent individuals contribute to craving, relapse, and impaired judgment and mental health and mental health positively correlated with life satisfaction.

Riley and Schutte (2003) further supports this link by demonstrating that individuals with higher EI tend to adopt healthier coping strategies and are less likely to engage in maladaptive behaviors such as alcohol misuse.

Krishna Priya and Sandhya (2019) documented significantly lower levels of both EI and PWB among alcohol-dependent individuals. Their research highlights how emotional deficits and maladaptive coping perpetuate a cycle of psychological difficulties and continued alcohol use.

FathimaMariyam and Naila (2024) also show that non-alcoholic adults exhibit higher emotional intelligence scores, supporting the notion that EI may serve as a protective factor against alcohol misuse.

Charney et al. (2010) and **Felitti (1998)** shows that long-term alcohol consumption impairs emotional stability, disrupts interpersonal relationships, and diminishes an individual's sense of control and purpose. These impairments contribute to reduced psychological well-being and heightened emotional vulnerability.

Keyes (2005) emphasizes, PWB fosters resilience and equips individuals to cope with life's challenges. Thus, reduced well-being among alcohol-dependent individuals increases the likelihood of relying on alcohol as a maladaptive coping mechanism.

Schutte et al. (2007) and **Ciarrochi et al. (2002)** concluded that EI plays a central role in predicting life satisfaction and overall psychological health. Emotional self-regulation- a core component of EI- emerges as a key mediator that enhances coping ability and fosters well-being.

The literature clearly indicates that Emotional Intelligence and Psychological Well-Being are central constructs in understanding alcohol use patterns. Through an explanatory lens, these variables serve both as predictors andoutcomes of alcohol-related behavior. High EI and PWB promote adaptive functioning and reduce reliance on maladaptive coping strategies like alcohol. Conversely, alcoholism weakens emotional processing and well-being, reinforcing emotional vulnerability.

This review highlights the theoretical and empirical justification for the present study, which aims to further explore these relationships among alcoholic and non-alcoholic adults from a Positive Psychology Perspective.

Objectives

1. To assess the level of Emotional Intelligence among alcoholics and non-alcoholic adults.
2. To examine differences in Psychological Well-Being across the groups.
3. To explore the interrelationships among Emotional Intelligence and Psychological Well-Being.

Hypotheses

1. Alcoholics will have significantly lower Emotional Intelligence than non-alcoholic adults.
2. Alcoholics will report lower Psychological Well-Being than non-alcoholics.
3. Emotional Intelligence will positively correlate with Psychological Well-Being.

Sampling: The data for the present study were collected from JeevanKiran Drug De-Addiction Centre, Lucknow; Nirvan Hospital - Centre of Excellence in Psychiatry & De-Addiction, Lucknow; Abhasa De-Addiction Centre, Lucknow; AIIMS/Regional Public De-Addiction Services Centre, Lucknow; and Aarti Foundation De-Addiction & Rehabilitation Centre, Lucknow. A sample of 300 males was selected, including 150 participants diagnosed with Alcoholism or Alcohol Use Disorder (AUD)according to ICD-11 with no co-morbid psychiatric disorder (screened with the help of Addiction Severity Index, 5thEdition) and 150 Non Alcoholic adults from different Area of Lucknow. Participants were within the age range of 18 to 45 years and had educational attainment up to at least the 8th standard. Purposive sampling was used to recruit participants.

Tools:

- **Psychological Well-Being Scale:** The *Psychological Well-Being Scale* was developed by **D. S. Sisodiya and PoojaChaudhary (2012)** to assess the psychological well-being of adults. The scale consists of 50 items, with 10 items representing each of the five key dimensions of Psychological Well-Being: Satisfaction, Efficiency, Sociability, Mental Health, and Interpersonal Relations. Responses are recorded on a five-point Likert scale, ranging from *strongly disagrees* to *strongly agree*. The total score is obtained by summing the responses for all items, where a higher score indicates greater psychological well-being. Psychometric evaluation reports a test-retest reliability of 0.87, internal consistency of 0.90, and content validity of 0.94, demonstrating that the scale is both reliable and valid for research purposes.
- **Mangal Emotional Intelligence Inventory:** The *Mangal Emotional Intelligence Inventory* was developed by Dr. S. K. Mangal and Mrs. ShubhraMangal (2012) to measure emotional intelligence among individuals aged 16 years and above. The inventory contains 100 items, covering four major components of Emotional Intelligence, with 25 items assigned to each:
    1. Intra-Personal Awareness
    2. Inter-Personal Awareness
    3. Intra-Personal Management
    4. Inter-Personal Management

Responses are recorded using three options: Always, Sometimes, and Never.The inventory demonstrates strong psychometric properties, with a test-retest reliability of 0.92 and a validity coefficient of 0.71, based on the inter-validity formula.

- **Addiction Severity Index (ASI), 5th Edition:**The *Addiction Severity Index (ASI)*, developed by **Thomas McLellan, Ph.D., and DeniCarise, Ph.D.**, assesses functioning across seven major problem areas relevant to addiction:Medical, Employment/Support**,** Alcohol**,** Drugs**,** Legal**,** Family/Social andPsychologicalAll clients undergo the same standardized interview, ensuring uniformity and reliability of information collected. The ASI gathers both past 30-day data and lifetime history. A Patient Rating Scale is used to evaluate the individual's perceived severity of problems and the importance of treatment in each area. The scale ranges from:
  0 – Not at all
  1 – Slightly
  2 – Moderately
  3 – Considerably
  4 – Extremely

Procedure:
First the investigator identified the De-Addiction Centers for data collection and took concern from the Head of the De-Addiction Centers and informed the value and importance of the present study. The non-alcoholics were individually selected from different areas of lucknow. The investigator assured that the gathering information should be kept confidential and only be used for research purpose. With their permission and after establishing a rapport, the investigator distributed the questionnaire of 'emotional intelligence' and Psychological Well-Being Scaleto the subjects and given necessary instructions regarding the questionnaire.

The respondents also ensured the confidentiality of their responses and emphasized the truthful responses. After completion, the questionnaires were collected back.

RESULT

Table 1: Percentage Distribution of Emotional Intelligence Dimension Among alcoholic and Non Alcoholic adults

Statistic	Intra - Personal Awareness	Inter-Personal Awareness	Intra-Personal Management	Inter-Personal Management
Alcoholics adult	**20%**	**22%**	**28%**	**30%**
Non-Alcoholics adult	**22%**	**23%**	**30%**	**25%**

Table 2: Percentage Distribution of Psychological wellbeing Dimension Among alcoholic and Non Alcoholic adults

Statistic	Satisfaction	Efficiency	Sociability	Mental Health	Interpersonal Relations
Mean	22%	20%	18%	22%	18%
Standard Deviation	18%	15%	20%	18%	17%

Table 3: Descriptive Statistics of Psychological wellbeing Dimension Among alcoholic and Non Alcoholic adults

Sr. No	Psychological wellbeing	No of Alcoholics Participant	Mean	No of Non-Alcoholics Participant	Mean
1.	**Extremely High**	**2**	196.5	9	210.22
2.	**High**	**8**	179.63	14	184.36
3.	**Above Average**	**12**	165.92	23	170.83
4.	**Average**	**58**	148.16	57	152.30
5.	**Below Average**	**39**	131.18	26	133.04
6.	**Low**	**19**	115.42	12	118.42
7.	**Very Low**	**12**	102.77	9	107
Total		**150**	139.66	150	152.84

Table 4: Descriptive Statistics of Emotional Intelligence Dimension Among alcoholic and Non Alcoholic adults

Sr. No	Emotional Intelligence Level	No of Alcoholics Participant	Mean	No of Non-Alcoholics Participant	Mean
1	Excellent	5	188.8	18	191.83
2	Good	9	174.67	22	182.32
3	Above average	12	155.83	12	166.25
4	Average	59	136.58	50	145.58
5	Below average	22	111.28	20	120.15
6	Low	13	94.77	16	103.5
7	Very Low	30	82.67	12	84.67
	Total	150	124.03	150	145.42

Table 5: Comparison of Emotional Intelligence Scores Among alcoholic and Non Alcoholic adults

Variable	Alcoholics ($N_1 = 150$)		Non-Alcoholics ($N_2 = 150$)		SED	t-value
	Mean	SD	Mean	SD		
Emotional Intelligence	124.03	30.36	145.42	32.91	3.66	5.84

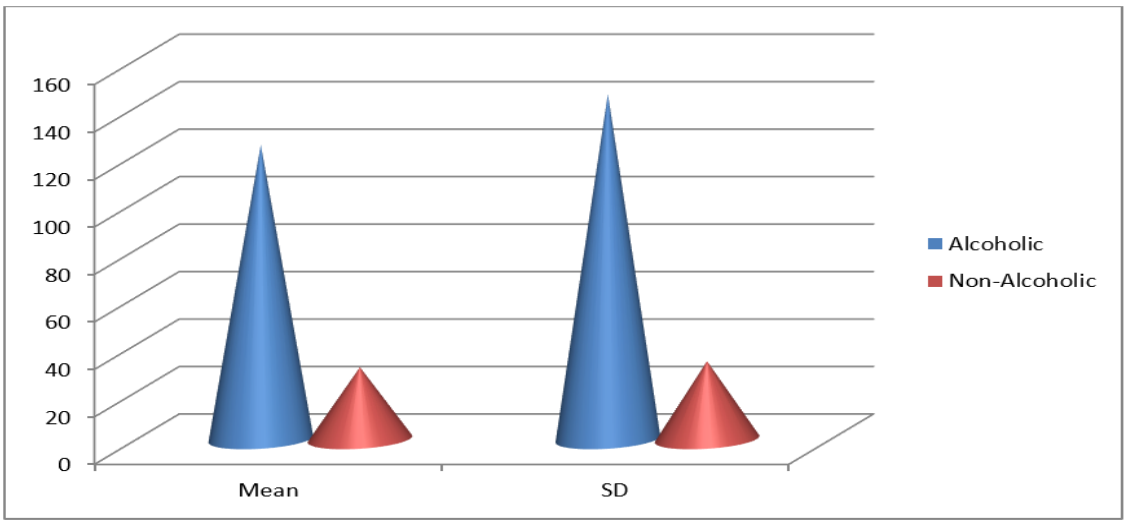

Table 6: Comparison of Psychological Well-Being Scores Among alcoholic and Non Alcoholic adults

Variable	Alcoholics (N = 150)		Non-Alcoholics (N = 150)		SED	t-value
	Mean	SD	Mean	SD	2.72	4.84
Psychological Well-Being	139.66	21.3	152.84	25.65		

Emotional Intelligence	Alcoholic	Non-Alcoholic
Mean	139.66	21.3
SD	152.84	25.65

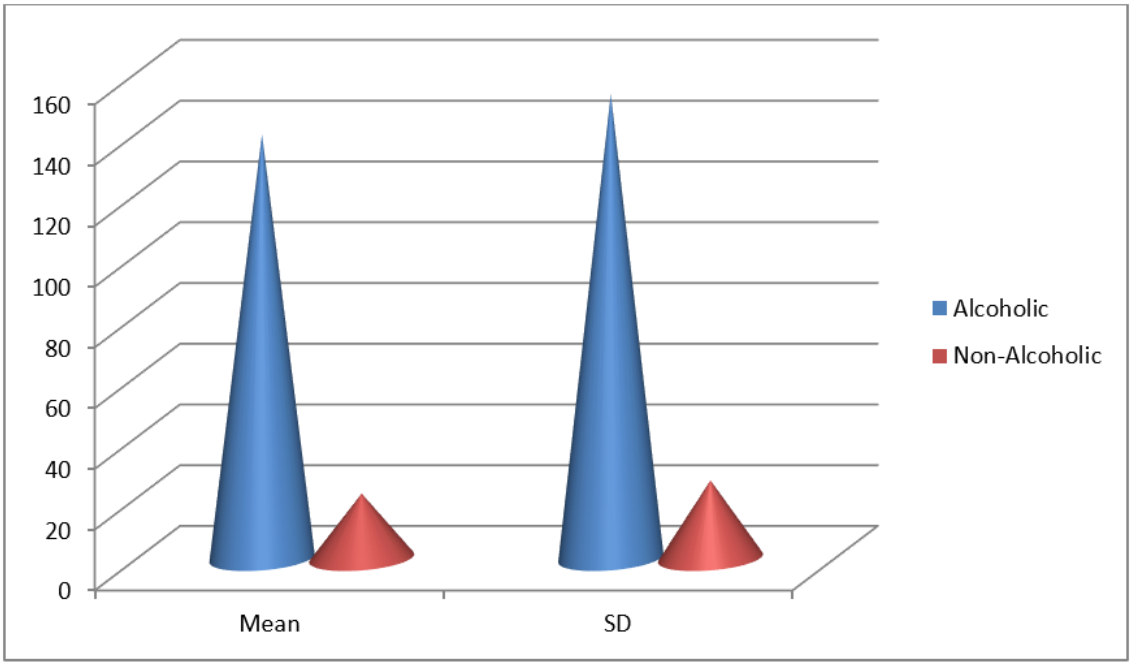

Table 7: Correlation Matrix

Variable	Emotional Intelligence	Psychological Well-Being
Psychological Well-Being	0.67	1
Emotional Intelligence	1	0.67

DISCUSSION

The current study was designed to rigorously test the hypothesis that chronic alcohol dependence is associated with demonstrable deficits in Emotional Intelligence and Psychological Well-Being, and to quantify the intrinsic relationship between these two constructs. The statistical evidence derived from the independent samples t-tests (Table 5 and Table 6) and descriptive analysis confirms a profound and significant difference between alcoholic and non-alcoholic adult populations, lending strong empirical support to psychological models of addiction. The finding that non-alcoholic adults exhibit significantly higher overall EI scores (t-value of 5.84) is fundamentally consistent with seminal works by **Goleman (1995)** and the **Salovey and Mayer (1990)** model, which posit that EI is critical for effective life functioning. A detailed breakdown (Table 1) reveals that the deficits among alcoholic adults span all four measured dimensions, particularly those relating to self-management. The lower scores in Intra-Personal Awareness and Intra-

Personal Management suggest a critical impairment in emotional regulation and self-monitoring, a key vulnerability factor previously identified in the relapse cycle (e.g., **Kroll & Raskin, 2003**). Alcoholism appears to systematically erode the cognitive and emotional architecture necessary for adaptive emotional processing. Similarly, the statistically significant difference in overall PWB (t-value of 4.84) reinforces the established literature linking substance use to diminished quality of life. The observed impact on specific dimensions (Table 2), such as Efficiency, Mental Health, and Interpersonal Relations, aligns precisely with **Ryff's (1989)** multidimensional model, demonstrating that addiction undermines the core pillars of eudemonic well-being, including purpose in life and environmental mastery. The descriptive data (Table 3) further quantifies this erosion, showing a disproportional concentration of alcoholic participants in the Low and Very Low PWB strata, indicating a widespread failure to thrive psychologically. The most theoretically powerful finding is the confirmation of a positive and strong correlation ($r = 0.67$) between Emotional Intelligence and Psychological Well-Being (Table 7). This correlation is robust and highly congruent with theories from Positive Psychology (e.g., **Seligman, 2002**), which advocate for the cultivation of character strengths to promote flourishing. This result provides empirical grounding for viewing high EI as a protective psychological resource that enhances an individual's capacity to navigate stress, resist negative affect, and build supportive social structures. The strength of this relationship suggests that EI contributes meaningfully to an individual's resilience against the psychological distress often preceding or accompanying addiction.

CONCLUSION

This research compellingly demonstrates that alcoholism severely compromises Emotional Intelligence (EI) and Psychological Well-Being (PWB), confirming these are significantly lower in alcoholic adults compared to non-alcoholics.

The core finding-the strong link between EI and PWB-compels a strategic shift in clinical practice:

- **Clinical Intervention:** Treatment protocols must integrate strength-based, EI-focused training (e.g., emotional recognition, self-regulation) to rebuild compromised psychological capacities. This approach is essential to mitigate emotional dysregulation (a primary relapse trigger), enhance self-efficacy, and establish sustainable interpersonal relationships.
- **Research Direction:** Future studies must prioritize longitudinal designs to empirically assess the causal efficacy of targeted EI interventions in improving long-term abstinence **rates** and boosting the overall psychological stability of recovering individuals.

In essence, the study argues that emotional competencies are foundational to mental health and sustained recovery, validating EI as a crucial target for addiction treatment.

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Conflict of Interest

The author(s) declared no conflict of interest.

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