

## Alcohol Abuse and Emotional Intelligence among adults of Karnataka

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### Abstract

Emotional intelligence is the capacity of a person to successfully and appropriately react to a wide range of emotional inputs that are generated from the inner self and immediate environment. The present study was an attempt to examine the impact alcohol abuse on emotional intelligence among adults situated at Karnataka State. The research instruments used were Alcohol use disorder identification test and emotion quotient test. The statistical techniques used were Spearman's Rank correlation and Mann Whitney U Test. The findings showed a positive link between the EI dimensions. There is a significant negative association between alcohol abuse and competency dimension of EI. The studies result indicates that there was no significant association between alcohol abuse and emotional intelligence.

There is a significant difference in alcohol abuse-based on the level of education but no significant difference in Emotional intelligence based on the education level.

**Keywords:** Alcohol abuse; Emotional intelligence; Maturity; sensitivity; Competency etc.

### 1. Introduction

Alcohol abuse remains a pervasive public health concern, with far-reaching implications not only for physical health but also for mental and emotional well-being. Amidst the myriad consequences of excessive alcohol consumption, one area that warrants deeper investigation is its potential impact on emotional intelligence (EI). Emotional intelligence, often defined as the ability to perceive, understand, regulate, and express emotions effectively, plays a pivotal role in various aspects of human life, including interpersonal associations, decision-making, and overall psychological adjustment. However, the relation between alcohol abuse and emotional intelligence remains relatively underexplored within the research literature (Mayer, Salovey, & Caruso, 2004)."

Pattern of excessive drinking that causes substantial distress or impairment is known as alcohol abuse. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), it includes behaviors such as repeated drinking leading to the neglect of major responsibilities, consuming alcohol in hazardous situations, facing legal issues due to drinking, and continuing to drink despite ongoing interpersonal or social problems (American Psychiatric Association, 2013)."

Hull (1981) developed a model of alcohol consumption based on the idea that drinking reduces a person's capacity for self-awareness. This data suggests that alcohol disrupts the encoding processes essential to a self-aware state, reducing the person's sensitivity to cues about proper behavior that are self-relevant as well as feedback about past behaviors that are self-evaluative. Because alcohol inhibits the processing of self-awareness, it is believed to offer psychological relief in so far as the latter type of knowledge can be a source of self-criticism and bad affect.

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It is argued that the self-awareness-based model provides a helpful framework for conceptualizing the reasons behind drinking as well as a wide range of alcohol's cognitive, affective, and social behavioral consequence (Hull, 1981).

Emotional intelligence, as put forth by Dalip Singh in 2003, is the foundation for the current EQ test. It states that emotional intelligence is the capacity of a person to successfully and appropriately react to a wide range of emotional inputs that are generated from the inner self and immediate environment. The three psychological components of emotional intelligence—emotional sensitivity, emotional maturity, and emotional competency—motivate people to accurately recognize, understand, and delicately handle the dynamics of human behavior. The examination is structured to measure each of the three dimensions.

A growing number of studies have looked at the connection between emotional intelligence (EI) and mental and physical health since the year 2000. Nonetheless, the connection between addictive diseases and emotional intelligence (EI) has remained mostly obscure. As a result, the research thoroughly examined and assessed the literature on this link. Out of the 51 articles they found on the subject, 36 met the inclusion requirements. The findings show that higher levels of smoking, drinking, and using illegal drugs are linked to lower levels of emotional intelligence (EI), and that "decoding and differentiation of emotions" and "regulation of emotions," two aspects of EI, are critical to addiction (Kun & Demetrovics, 2010).

This research aims to delve into the intricate interplay between alcohol abuse and emotional intelligence, seeking to elucidate how patterns of alcohol consumption may influence individuals' emotional abilities and competencies. By examining this relation, the researcher endeavor to contribute to a more comprehensive understanding of the psychological ramifications of alcohol abuse and potentially inform interventions aimed at mitigating its adverse effects on emotional well-being. Ultimately, this research endeavor aspires to shed light on the nuanced dynamics underlying the impact of alcohol abuse on emotional intelligence, with implications for clinical practice, public health interventions, and policy initiatives. By elucidating these connections, we endeavor to empower individuals, practitioners, and policymakers with the knowledge necessary to address the complex interplay between alcohol consumption and emotional well-being, fostering healthier, more resilient.

The need for further research on the impact of alcohol abuse on emotional intelligence is paramount for several reasons: Alcohol abuse is a significant public health concern globally, with far-reaching consequences for individuals, families, and communities. Understanding how chronic alcohol consumption affects emotional intelligence can inform prevention efforts, intervention strategies, and treatment approaches aimed at mitigating the adverse effects of alcohol on emotional well-being. Emotional intelligence plays a crucial role in individuals' psychological well-being, influencing their ability to navigate interpersonal associations, cope with stress, and make adaptive decisions. Investigating the association between alcohol abuse and emotional intelligence is essential for understanding the psychological ramifications of alcohol consumption and identifying potential mechanisms underlying emotional difficulties in individuals with alcohol use disorders. Enhancing emotional intelligence skills may be an important component of alcohol treatment programs, yet empirical evidence regarding the efficacy of such interventions is limited. Research on the impact of alcohol abuse on emotional intelligence can inform the development and optimization of interventions targeting emotional regulation skills in individuals undergoing treatment for alcohol use disorders, potentially improving treatment outcomes and reducing relapse rates. Individual differences in susceptibility to the effects of alcohol on emotional intelligence highlight the need for personalized intervention strategies tailored to individuals' specific needs and vulnerabilities. Further research in this area can elucidate the factors that moderate the association between alcohol use and emotional intelligence, informing the development of tailored interventions that address underlying risk factors and promote resilience. Alcohol-related behaviors and emotional intelligence may vary across cultural contexts, yet much of the existing research has been conducted in Western, predominantly Caucasian populations. Cross-cultural studies are needed to examine how cultural norms, values, and social contexts influence the association between alcohol use and emotional intelligence, enhancing our understanding of these dynamics across diverse populations.

### *Objectives*

- To explore relationship between alcohol abuse and emotional intelligence and its dimensions such as maturity, sensitivity and competency among adults of Karnataka.
- To identify if there is difference in alcohol abuse and emotional intelligence based on education level among adults of Karnataka.

## Hypotheses

- There will be a significant correlation between alcohol abuse and emotional intelligence and its dimension.
- There will be significant difference in alcohol abuse based on education level.
- There will be significant difference in alcohol abuse based on emotional intelligence

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## 2. Method

### 2.1. Participants

The sample for this study consists of adults who belong to the age group of 18 to 45 years. The sample size of the study is 50 (48 male and 2 female) from various rehabilitation centers of Karnataka. Simple random sampling was the method of sampling that was employed. Simple random sampling enhances the generalizability of study findings by mitigating bias by the equitable inclusion of all individuals within the target population. This strategy is particularly advantageous for making inferences about the entire population based on the sample.

### 2.2. Instruments

#### 2.2.1. Alcohol use disorders identification test AUDIT (1989)

The World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) (1989) by the World Health Organization. This scale was used to measure the level of alcohol use of the participants. This is a one-dimensional scale. The scale consists of 10 items. The AUDIT has demonstrated good internal consistency across various studies. Cronbach's alpha, a measure of internal consistency, has been reported to be around 0.80 to 0.90 in different populations (Allen et al., 1997).

#### 2.2.2. Emotional quotient Test

The emotional quotient test is a self-assessment created by Drs. Dalip Singh and NK Chadha (2003). Emotional sensitivity, emotional competence, and emotional maturity are the three elements of emotional intelligence that are measured via tests. This consists of 22 items. Additionally, they are separated into three domains of emotional intelligence, including competency, sensitivity, and maturity. This EQ test has a validity of 0.89, test-retest reliability of 0.94, and split-half reliability of 0.89.

#### 2.2.3. Procedure

The tools' hard copy was taken. Data was collected in person. During the data collection, a simple random sampling method was put into use. The participants in the study had a discussion with the researcher regarding the importance of the work being done. The first thing the individuals did was introduce themselves to one another and start forming associations. The investigator addressed any queries or worries expressed before delivering the instruments. Participants in the study were guaranteed that their identities and the information collected would be kept private and were advised to complete the test. The researcher collected 50 responses in all. The scoring was completed in accordance with the handbook's instructions, after which the results were entered into a spreadsheet for statistical analysis and SPSS analysis. Exclusively to further the study's goals. In this investigation, the association as well as the Mann-Whitney U Test were utilized.

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## 3. Results and discussion

The basic descriptive statistics of the variables under examination, such as the arithmetic mean, median, mode, standard deviation, skewness, and kurtosis, were computed and shown in table 1 to provide a general understanding of the nature of the distribution of the variables.

Table 1 shows the descriptive statistics of the variables under study. The arithmetic mean of the variables Sensitivity, maturity, competency, emotional quotient and alcohol abuse were 41.02, 40.40, 51.53, 44.4898 and 28.87755 respectively. The median of the variables was 40, 40, 50, 40 and 29 respectively. The variables' respective modes were 40, 40, 50, 40, and 29.

The standard deviation of the variables Sensitivity, maturity, competency, emotional quotient and alcohol abuse were 6.8, 11.31, 14.14965, 12.63448 and 5.406912 respectively. The value of skewness for the variables were -1.35019, 0.468585, 0.899487, 1.492717, -0.28944. The variables' kurtosis values were, in order, -3.871423, 2.793073, 0.449793,

2.30424, and 0.156349. From the table values, it can be concluded that the collected data was not normally distributed and viable for non-parametric statistical techniques.

**Table 1** Descriptive statistics of the variables under study

Statistic	Sensitivity	Maturity	competency	Emotional intelligence	Alcohol Abuse
Mean	41.02	40.40	51.53	44.4898	28.87755
Median	40	40	50	40	29
Mode	40	40	50	40	24
S.D	6.84	11.31	14.14965	12.63448	5.406912
Skewness	-1.35019	0.468585	0.899487	1.492717	-0.28944
Kurtosis	3.871423	2.793073	0.449793	2.30424	0.156347

### 3.1. Correlation among variables alcohol abuse, sensitivity, maturity, competency the elements of emotional intelligence

To know how the variables alcohol abuse, maturity, sensitivity, competency are related to each other, spearman's rank association coefficient was calculated and results are presented in table 2.

**Table 2** Spearman's rank correlation of the variables under study

Variables	Sensitivity	Maturity	Competency	Alcohol Abuse	EQ
Sensitivity	-				
Maturity	0.392**	-			
Competency	0.334*	0.525**	-		
Alcohol abuse	-0.079	-0.217	-0.633**	-	
EQ	0.587**	0.550**	0.605**	-0.244	-

\*\* Association is significant at the 0.01 level (2-tailed); \* Association is significant at the 0.05 level (2-tailed).

From table 2, which shows the association of variables under study, it can be observed that there exist associations among few of the study variables. A negative association indicates that if the value of one variable increases, the value of another also decreases in other words the variables are inversely proportional. The detailed descriptions of the association among variables are given below.

It is evident that there is association between the variables under study. Sensitivity and Maturity ( $r_s = 0.392$ ) ( $P < 0.05$ ) are positively correlated with each other as maturity increases sensitivity also increases and vice versa. Sensitivity and Competency ( $r_s = 0.334$ ) ( $p < 0.05$ ) which are positively correlated with each other as competency increases sensitivity also increases and vice versa. Between Sensitivity and Alcohol abuse ( $r_s = -0.079$ ) there is no significant association. Between maturity and competency ( $r_s = 0.525$ ) ( $P < 0.01$ ) there is a positive association between the two domains. Between maturity and alcohol Abuse ( $r_s = -0.217$ ) there is no significant association. Between competency and alcohol Abuse ( $r_s = -0.633$ ) ( $P < 0.01$ ) there is negative association between the two variables as competency increases alcohol use decreases and vice versa. A negative coefficient (-0.244) suggests a weak negative association between EQ and Alcohol Abuse. Which means that there no significant association between alcohol abuse and emotional intelligence.

The results revealed that Domains of emotional intelligence such as sensitivity, maturity are not significantly correlated. But, the dimension of EI, competency is negatively correlated to alcohol abuse which means as competency increase alcohol tends to decrease.

Previous research supports this negative association. Davis et al., 2010 conducted a study that found that individuals with lower emotional intelligence scores were more likely to engage in problematic alcohol use due to difficulties in managing emotions and coping with stress (Davis et al., 2010). The negative association between alcohol abuse and competency highlights that individuals with higher emotional intelligence tend to exhibit lower rates of problematic

alcohol use. Emotional intelligence encompasses skills such as emotional awareness, regulation, and empathy, which enable individuals to manage stress, navigate social interactions more effectively, and make informed decisions about alcohol consumption. By understanding and regulating their emotions, people with higher emotional intelligence are less likely to resort to alcohol as a coping mechanism during challenging situations.

### 3.2. Difference in alcohol abuse and emotional intelligence based on education level (educated and uneducated individuals).

To know the difference in alcohol abuse and emotional intelligence based on the level of education the investigator employed Mann Whitney U test, the details of classification are given in the table 3.

**Table 3** Mann Whitney U Value of alcohol abuse and emotional intelligence based on educational level

	Alcohol abuse	emotional Intelligence
Mann-Whitney U	118.500	140.500
Z	-1.983	-1.445
Asymp. Sig. (2-tailed)	0.047	0.149
Exact Sig. [2*(1-tailed Sig.)]	0.047 <sup>b</sup>	0.151 <sup>b</sup>

Here the U value of alcohol abuse shows significance ( $U=0.047$ ,  $p<0.05$ ). That is, there is a statistically significant difference in alcohol abuse between individuals with different education levels. The U value of emotional intelligence indicates no significance. Therefore, there is no statistically significant difference in emotional intelligence scores between different individuals with education levels.

Previous research supports this difference Crum et al. (1992) conducted a study which stated that Adults without high school or college education are at higher risk for alcohol problems, while those with a high school diploma and not college education have a lower risk. However, the risk is not significantly higher in adults with college degrees (Crum et al.1992).

Kerr et al., 2017 conducted a study on Alcohol and Drugs found that higher educational attainment is linked to lower rates of alcohol abuse due to improved coping strategies and social integration (Kerr et al., 2017).

The association between alcohol abuse and individual level of education reveals significant disparities influenced by socioeconomic status, knowledge, social norms, and occupational factors. Generally, higher educational attainment correlates with lower rates of alcohol abuse. This connection is often attributed to better access to healthcare resources, heightened awareness of alcohol-related risks, and participation in social circles that discourage excessive drinking. Additionally, individuals with higher education levels may possess stronger coping mechanisms and benefit from workplace policies that discourage substance abuse.

## 4. Conclusion

Present study was conducted to understand the association of alcohol abuse on emotional intelligence and its domains. Based on the findings, it is possible to conclude that there is a positive association between the domains of emotional intelligence that is sensitivity, maturity, and competency. But there is no significant association between maturity and alcohol abuse and sensitivity and alcohol abuse. There is a significant negative association between competency and alcohol abuse. These findings and conclusions States that as a whole there is no significant association between alcohol abuse and emotional intelligence among adults. There is significant difference in alcohol abuse based on the level of education. But there is no significance difference in emotional intelligence based on education. It highlights the complexity of factors influencing emotional intelligence and alcohol abuse and underscores the need of a multifaceted approaches in addressing substance use disorder. Furthermore, the absence of a association prompts consideration of other variables that may impact both emotional intelligence and alcohol abuse, such as personality trait, social environment, family dynamics, cultural and biological factors. It is also essential to acknowledge the limitation of the research, including the sample size, self-reported data, recall bias etc. Future studies could benefit from overcoming these limitations and exploring additional variables or populations to further elucidate the association between emotional intelligence and alcohol abuse.

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## Compliance with ethical standards

### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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