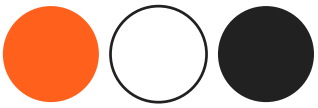
# MAPC – Clinical Psychology

# Sample Project Report

**Brought to you by**

MAPCHELP.com



**If you get benefited from the content of this website**

**Then**

**Please share your**

**Synopsis**

**Project Report**

**Internship Report**

**On**

# mapchelp@gmail.com

MAPCHELP.com

**ABSTRACT**

A comparative study was conducted individuals with alcohol dependence and mentally healthy individuals for emotional intelligence. The objective was to compare the level of emotional intelligence in alcohol dependent individuals and mentally healthy individuals. For this study 30 patients with alcohol dependence and 30 matched control subjects were selected. Schutte Self-Report Emotional Intelligence Test was used for assessment. The data was statistically analyzed by using SPSS version 16 and 6 Independent t – tests were used to assess the level of emotional The results of the findings are

- There is a significant difference in the level of emotional intelligence of alcohol dependent individuals and mentally healthy individuals.
- There is a significant difference in the ability to perceive emotions of alcohol dependent individuals and mentally healthy individuals.
- There is a significant difference in the ability to manage own emotions of alcohol dependent individuals and mentally healthy individuals.
- There is a significant difference in the ability to manage others' emotions of alcohol dependent individuals and mentally healthy individuals.
- There is a significant difference in the ability to utilize emotions of alcohol dependent individuals and mentally healthy individuals.
- There is no significant difference in the level of emotional intelligence alcohol dependent individuals belonging to different age group i.e. 24 to 39 years of age and 40 to 55 years of age.

The conclusion is that at in each dimensions the scores of mentally healthy individuals were significantly higher as compared to individuals with alcohol dependence.

## INTRODUCTION

According to studies by Alcohol & Drug Information Centre (ADIC) Alcohol and Substance abuse is on a steady increase at an alarming rate, causing serious threats to many nations, by higher spends on medical health, increase in crime rates, reduction in productivity & work efficiency, adverse effects on human relationships, eroding social and moral values and impeding the overall progress of societies to achieve positive results. Alcoholism is one of the most widespread and common forms of addiction. Millions of persons are dependent on alcohol. Alcohol dependence, sometimes known as 'alcoholism', is the most serious form of drinking problem and describes a strong, often uncontrollable, desire to drink.

The DSM-IV also defines a person with alcohol dependence as exhibiting several specific symptoms, including:

Being unable to control the amount of alcohol that is consumed and the length of time that drinking occurs

- Experiencing withdrawal symptoms whenever alcohol consumption ends
- Extreme changes in daily habits because of the effects of drinking
- Failing at attempts to control drinking
- Needing to consume increasingly larger amounts of alcohol in order to become intoxicated

According to WORLD HEALTH ORGANISATION Alcoholism is "A term of long-standing use and variable meaning, generally taken to refer to chronic continual drinking or periodic consumption of alcohol which is characterized by impaired control over drinking, frequent episodes of intoxication, and preoccupation with alcohol and the use of alcohol despite adverse consequences."

According to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV): Alcoholism is "A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress."

According to the DSM-5, as with most addiction problems, despite any consequences, a person who has a problem with alcoholism, will generally continue to use alcohol They may make half-hearted attempts to stop or cut back their use, usually to no avail.

Alcohol dependence is a chronic and often progressive disease that includes a strong desire to drink despite repeated problems.

Irrespective of the reasons for the use of alcohol to alter their emotions, the effects of doing so are the same. Most importantly, alcohol affects the cerebral cortex of the brain. This is where thought processing and consciousness are located. Further to the effect of reducing emotional pain for the person abusing alcohol, there are very serious and harmful emotional effects on persons associated with the individual. Alcoholism disrupts families and disturbances in personal relationships.

According to studies related to the effects of alcohol on amygdala, given the social and economic ramifications associated with alcohol dependency, many studies have focused on the neuropsychological effects of alcohol. It has become clear that even low to moderate levels of

alcohol can result in cognitive impairments, including inconsistencies in emotional processing. Alcohol dependency is a disease prevalent in the society that negates one, of his emotional balance and has a direct affect on Emotional Intelligence which helps one to navigate life's ups and downs. It affects way one behaves, handle social complexities, and makes personal decisions.

Our emotions are crucial to our ability to adapt to the challenges of our daily life. When we feel good, we're able to handle even the most burdensome of tasks with great ease, but when we are miserable, we perceive even an enjoyable activity with a sense of gloom and doom. Emotions also affect our relationships with others. If a friend tells us a joke story and we react by laughing instead of looking sad or concerned, otherwise we may appear stupid. On the other hand, if you laugh when a friend is in pain, we may cause offense for different reasons. If we get irritated at a minor issue it makes us seem hyper-sensitive or even unbalanced. Conversely, we get over thrilled to a relatively minor piece of good news, people may question our maturity and mental stability. We are living in a society where we are being monitored, we need to adhere to those social norms or face condemnation or ridicule. Our emotions not only influence the way others treat us, but also our own inner sense of well-being and self-esteem. Our interactions which demands emotional regulation and self-awareness.

In 1995, psychologist and science journalist Daniel Goleman published a book introducing the concept of emotional intelligence. The very idea "that an ability to understand and manage emotions greatly increases our chances of success" was well accepted and went on to greatly influence the way people think about emotions and human behavior.

**Defining Emotional Intelligence**

As the field is growing so rapidly, researchers are constantly revising their own definitions. Some definitions are as below:

According to Salovey and Mayer (1990), emotional intelligence is: "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions."

According to Reuven Bar-On (1996), emotional intelligence is: "An array of non-cognitive (emotional and social) capabilities, competencies and skills that influence one's ability to succeed in coping with environmental demands and pressures."

According to Six Seconds Team (1997), emotional intelligence is: "The capacities to create optimal results in your relationships with yourself and others."

According to Maurice Elias (2001), "Emotional intelligence is the set of abilities that we like to think of as being on the other side of the report card from the academic skills."

According to Peter Salovey and John Mayer (2002), emotional intelligence is: "The ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional meanings, and to reflectively regulate emotions in ways that promote emotional and intellectual growth."

According to Hein (2005, 2008, 2009), emotional intelligence is: “The mental ability we are born with which gives our emotional sensitivity and potential for emotional management skills that help us maximize our long term health, happiness and survival.”(2005), “Knowing how to separate healthy from unhealthy feelings and how to turn negative feelings into positive ones.”(2008), “Emotional intelligence is the innate potential to feel, use, communicate, recognize, remember, learn from, manage, understand and explain emotions.”

According to Byron Stock (2007), “Emotional Intelligence (EI) is the ability to acquire and apply knowledge from your emotions and the emotions of others.” You can use the information about what you’re feeling to help you make effective decisions about what to say or do (or not to say or do) next.

According to Travis Bradberry and Jean Greaves (2009), “Emotional intelligence is your ability to recognize and understand emotions in yourself and others, and your ability to use this awareness to manage your behaviour and relationships.”

According to Golis Chris (2009), “EQ is achieving Self- and Social Mastery by being smart with core emotions.”

To gain better insight into what exactly Emotional intelligence is referring to book by Justin Bariso, there are 13 signs as mentioned below.

1. **You think about feelings.**

   Emotional Intelligence is when you can reflect into how you are feeling that is the awareness of the feelings as you are experiencing it.

**2. You pause.**

Sure all of us have encountered moments when we just speak out things which we regret later

The pause is just taking a step back before you act or speak. This valuable pause time helps you refrain from making a permanent decision, based on a passing emotion.

**3. You strive to control your thoughts.**

Many a times we do not have control over our feelings at the time we are experiencing it. But atleast you can control the way you react to those emotions, by paying attention to the ongoing thoughts. By attempt to control your thoughts, you are fighting to becoming a slave to your emotions, giving yourself opportunities to live in congruence with your goals and values.

**4. You benefit from criticism.**

If it were not for critics the best in us would not surface. Criticism gives you an insight into how others think

So every time you get a negative feedback take it as an opportunity to reflect. Also it challenge to improvise oneself and also increases your tolerance threshold

**5. You show authenticity.**

Authenticity does not imply opening up oneself to everyone, all the time. It means you say what you mean you are functioning in and adhering to your own principles inspite of the fact that your thoughts and feelings may not be appreciated. It means standing by conviction no matter what others judge you as.

**6. You demonstrate empathy.**

Empathy is unlike sympathy where you are not walking into others shoes are getting swayed It is the ability which includes understanding others' thoughts and feelings, may help you connect with others yet maintaining a rational detachment. Empathy prevents you from judging or labeling others, due to the understanding of what the others are going through. Empathy actually brings closer as you are connected to others in a meaningful way.

**7. You praise others.**

There is not as soul who does not wish to be praised. When you appreciate others, you are fulfilling a very human desire which in turn builds trust in the process. This act of praising and appreciating genuinely comes only when you focus on the good qualities in others. Also while praising an individual be specific, and so you can help them to bring out the best in them.

**8. You give helpful feedback.**

Feedback is a very sensitive input, the way it is given can make or defeat the purpose for which it was given. Negative feedback is a weapon and has potential to hurt other persons'

feelings. It is thereby necessary to re-structure your criticism, as constructive feedback, so that the person receiving it perceives it as beneficial and positive and not something that makes him feel unworthy.

**9. You apologize.**

The very act of ask for an apology takes courage. But by doing so, it displays you as an individual who has humility, this quality that will naturally pull others to you. Emotional intelligence gives insight that apologizing doesn't always mean that you have made a mistake. It means you value your relationship more than your ego

**10. You forgive and forget.**

It is torture to bear a grudge and not forgive others as unknowingly you get more preoccupied in nurturing it. The person who has offended may move on with his/her life, you deny yourself the chance to heal the hurt.

When you forgive and forget, you refuse to give control of your feelings and emotions which allows you to move ahead in life.

**11. You keep your commitments.**

Commitments gives insight into your trustworthiness. If you keep your word even if was a trivial. You develop a reputation as someone who can be counted upon or relied upon.

**12. You help others.**

One of the greatest ways to positively impact the emotions of others is to help them.

Actions like these build trust and inspire others to follow your lead when it is utmost necessary.

**13. You protect yourself from emotional sabotage.**

Many a times people manipulate others emotions for their personal gain. Thereby it may be essential to continue to wear the armour of your own emotional intelligence, to protect yourself for being emotionally manipulated.

**Emotional Intelligence** is said to involve the ability to perceive and accurately express emotion, to use emotion to facilitate thought, to understand emotions, and to manage emotions for emotional growth (Mayer &Salovey, 1997)

The recent decade there has been a lot of work and talk emotional intelligence across the world. Many organizations in their recruitment s are testing their candidates for emotional intelligence. "Few fields of psychological investigation appear to have touched so many disparate areas of human endeavour so quickly, and expansively, as has the concept of emotional intelligence" (Matthews, Roberts, &Zeidner, 2003, p. 109)

The **three major models of emotional intelligence**

1)Mayer, Salovey and Caruso's EI ability model,

2) Bar-On's EI competencies model,

3) Goleman's EI performance model

The first model by Peter Salovey and John Mayer commonly referred to as the Mayer and Salovey's Ability model.

This model of EI includes four types of abilities:

1. Perceiving emotions — the ability to identify and interpret emotions in faces, pictures and voices – including the ability to identify one's own emotions. For example say someone close is upset we are able top perceive their emotions.

2. Using emotions — the ability to use emotions to facilitate various cognitive activities, such as thinking and problem solving. The emotionally intelligent person can be benefited in his or her changing moods in any work. For example one needs to concentrate on ones work he so even if he was initially in foul mood he consciously chooses to improve his mood.

3. Understanding emotions — the ability to comprehend emotion language and to appreciate complicated relationships among emotions. For example, understanding emotions include the ability to be sensitive to slight variations of emotions, and the ability to recognize and describe how emotions grow over time.

4. Managing emotions — the ability to regulate emotions in both ourselves and in others. Therefore, the emotionally intelligent person can tie together emotions, even negative ones, and manage them to achieve intended goals. Example an emotionally stable individual in a crisis situation remains composed and influences others to stay composed.

A second model by Reuven Bar-On regards emotional intelligence as a mixed intelligence, consisting of cognitive ability and personality aspects. His model contains five components that are self-awareness, self-regulation, social skill, empathy, motivation

From Darwin to the present, most descriptions, definitions and conceptualizations of emotional-social intelligence have included one or more of the following key components, all of which are included in the Bar-On conceptual model:

(i) the ability to understand emotions as well as express our feelings and ourselves;

(ii) the ability to understand others‘ feelings and relate with people;

(iii) the ability to manage and control our emotions;

(iv) the ability to manage change and solve problems of an intrapersonal and interpersonal nature;

(v) the ability to generate positive mood and be self-motivated.

These meta-factors of the conceptual model of emotional-social intelligence are referred as follows in the Bar-On measures of this model. Each of these 5 meta-factors comprises a number of closely related competencies, skills and facilitators (15 in all), are listed and briefly defined below.

**INTRAPERSONAL** (self-awareness and self-expression): Self-Regard (being aware of, understanding and accepting ourselves).

- Emotional Self-Awareness (being aware of and understanding our emotions)
- Assertiveness (expressing our feelings and ourselves nondestructively)
- Independence (being self-reliant and free of emotional dependency on others)

- Self-Actualization (setting and achieving goals to actualize our potential)

•**INTERPERSONAL** (social awareness and interaction): Empathy (being aware of and understanding how others feel)

- Social Responsibility (identifying with and feeling part of our social groups)• Interpersonal Relationship (establishing mutually satisfying relationships)

•**STRESS MANAGEMENT** (emotional management and control): Stress Tolerance (effectively and constructively managing our emotions)

- Impulse Control (effectively and constructively controlling our emotions)

•**ADAPTABILITY** (change management): Reality Testing (validating our feelings and thinking with external reality)

- Flexibility (coping with and adapting to change in our daily life)
- Problem Solving (generating effective solutions to problems of an intrapersonal and interpersonal nature)

**GENERAL MOOD** (self-motivation): Optimism (having a positive outlook and looking at the brighter side of life)

- Happiness (feeling content with ourselves, others and life in general)

Goleman‘s (1998) first model of emotional intelligence identified five domains, or dimensions, of emotional intelligence encompassing twenty-five competencies. Three dimensions, self-awareness, self-regulation, and motivation, described personal competencies related to knowing and managing emotions in one‘s self. The remaining two dimensions, empathy and social skills, described social competencies related to knowing and managing emotions in others. As Goleman

refined his model, the self vs. others distinction would remain an important dimension of his emotional intelligence typology. A statistical analysis by Richard Boyatzis (2000) supported collapsing the twenty five competencies into twenty, and the five domains into the four: Self Awareness, Self-Management, Social Awareness, and Relationship Management (Boyatzis, Goleman, & Rhee, 2000). While the analysis verified that the competencies nest within each EI domain, it also suggests that the distinction between the social awareness cluster and the relationship management cluster may be more theoretical than empirical.

A third model by Goleman's model was also mixed model like Bar-On, wherein he categorized by 5 comprehensive areas i.e Knowing individual's emotions, Distinguishing emotions in others, Management of relationships, Management of emotions, Inspiring oneself

His model elaborates 4 crucial dimensions and that can be further divided in to twenty competencies. These are (1) Self-Awareness (2) Self-Management (3) Social Awareness (4) Relationship Management. Goleman's model outlines four 14 main emotional intelligence constructs.

The first construct, self-awareness, is the ability to read one's emotions and recognize their impact while using intuition to guide decisions. The ability to recognize and understand one's own emotions, is a critical part of emotional intelligence. Beyond just recognizing your emotions, one has to be aware of the effect of your own actions, moods, and emotions of other persons. In order to become self-aware, you must be capable of monitoring your own emotions, recognizing different emotional reactions, and then correctly identifying each particular emotion. Self-aware individuals also recognize the relationships between the things they feel and how they behave. These individuals are also capable of recognizing their own strengths and limitations, are

open to new information and experiences, and learn from their interactions with others. Goleman suggests that people who possess this self-awareness have a good sense of humor, are confident in themselves and their abilities, and are aware of how other people perceive them. As a result of intrinsic motivation, they tend to be very committed and are good at taking initiative when a task is put forth to them.

Self management, the second construct, involves controlling one's emotions and impulses and adapting to changing circumstances.

The third construct, social awareness, includes the ability to sense, understand, and react to other's emotions while comprehending social networks. Being able to interact well with others is another important aspect of emotional intelligence. True emotional understanding involves more than just understanding your own emotions and the feelings of others - you also need to be able to put this information to work in your daily interactions and communications.

Finally, relationship management, the fourth construct, entails the ability to inspire, influence, and develop others while managing conflict (Goleman, 1998). In professional settings, managers benefit by being able to build relationships and connections with employees, while workers can benefit from being able to develop a strong rapport with leaders and co-workers. Some important social skills include active listening, verbal communication skills, nonverbal communication skills, leadership, and persuasiveness. Being empathetic also allows persons to understand the power dynamics that often influence social relationships, especially in workplace environments. Such capable persons are able to sense who controls different relationships, understand how

which forces or factors influence feelings and behaviors, and accurately interpret different situations that hinge on such power dynamics.

Researcher Lorenzo Fariselli of Six Seconds Italia (www.6seconds.it) conducted the analysis, "The finding suggests emotional intelligence is a developing ability; it is likely that accumulated life experiences contribute to EQ."

Inevitably with increasing age you encounter good and bad experiences, conceding it's all part of life's rich tapestry. The findings of some research indicated that numerous significant differences among the age groups that were compared were relatively small (Bar-On, 1997). The older groups on the EI scale scored higher, while the respondents in their late forties and early fifties received the highest mean score. Based on a research observation carried out by Bar-On and Parker (2000), there was a similar increase in EI with age in children and adults. As Goleman (1998) pointed out, the influence of age proposes that EI goes up with age, at least up to the fifth decade in life (Bar-On, 2000). Goleman (1998) stated that there is a relationship between age and EI. Goleman pointed out that EI increases with age.

The communication between your emotional and rational "brains" is the physical source of emotional intelligence. The pathway for emotional intelligence starts in the brain, at the spinal cord. Your primary senses enter here and must travel to the front of your brain before you can think rationally about your experience. However, first they travel through the limbic system, the place where emotions are generated. So, we have an emotional reaction to events before our rational mind is able to engage. Emotional intelligence requires effective communication between the rational and emotional centers of the brain.

In case of normal population with no psychological or physical complication emotion intelligence increases gradually along with increase in cognition.

Alcohol can also have a negative impact on the brain's limbic system. The limbic system consists of the hippocampus and the septal regions. The primary function of the limbic system is to control states of emotion and memory. Perceiving emotions — the ability to identify and interpret emotions in faces, pictures and voices – including the ability to identify one‘s own emotions. It leads to irrational, impulsive, and immature thinking—all unfortunate hallmarks of addiction.

Alcohol Dependence affects the ability to use emotions to facilitate various cognitive activities, such as thinking and problem solving. The ability to comprehend emotion language and to appreciate complicated relationships among emotions, ability to recognize emotions grow, the ability to regulate emotions in both ourselves and in others and manage them to achieve intended goals. Thereby the probability of increase in emotional intelligence with an alcohol dependent individual is less unless he withdraws from alcohol or de-addicted

## REVIEW OF LITERATURE

KS Sumi, Varghese P Punnoose Nisha Cyriac conducted a study on Emotional Intelligence in alcohol dependent and mentally healthy individuals. The objective of the study was to compare the emotional intelligence alcohol dependent and mentally healthy individuals to investigate if it was higher in alcohol dependents. For this study 30 patients with alcohol dependence and 30 matched control subjects were selected. Mangal Emotional Intelligence Inventory was used for assessment. The data was statistically analyzed by using SPSS version 22. The finding was patients with alcohol dependence were significantly deficient in almost all the areas of emotional intelligence. Lower scores in self-awareness were associated with younger age at onset of alcohol use. The conclusion was patients with alcohol dependence have significantly low emotional intelligence.

Arash, M. ShahrokhA.S. Mousavi R. and Salman, S. investigated emotional intelligence components in alcohol dependent and mentally healthy individuals. The objective is to investigate if the emotional intelligence components is higher in alcohol dependents. The study, included alcohol dependent individuals and mentally healthy inpatients. Each group consisted of 40 individuals (male/female). All the participants completed Bar-On emotional intelligence test. 20 males and 20 females were included in each group. The analyses revealed that there is a significant difference in alcohol dependent individuals as compared with the control group and received lower scores in empathy, responsibility, impulse control, self-esteem, optimism, emotional consciousness, stress tolerance, autonomy, problem-solving, and total score of emotional intelligence components. The conclusion was that patients with alcohol dependence had deficits in components of emotional intelligence.

Singh, Amandeep conducted a comparative study of emotional intelligence amongst alcoholic and non-alcoholics. The objective was to investigate if the non-alcoholics would score higher on emotional intelligence than alcoholics. The sample consists of 400 male subjects including 200 alcoholics and 200 non-alcoholics. The age range of subjects was between 18-30 years (Mean= 21.99; SD = 2.29). The subjects were matched on socio-economic-status, working status and family income. Tools used are 1) Bar-On Emotional Quotient Inventory (Bar-On, 1997. There was a structural interview questionnaire. The conclusion was emotional intelligence, alcoholics differed significantly from non-alcoholics on three accounts namely emotional self-awareness, self-regard and independence.

Velga Sudraba Elmars Rancans and Inga Millere (2012) studied The Emotional Intelligence Features of Substance Use Disorders Patients: Pilot Research Results. The objective of the pilot research project was to establish and describe substance use disorders patient personality factors relating to Emotional Intelligence and its constituting competencies. There were 183 alcoholics and 58 drug addicts in the participant group. Bar-On Emotional Quotient Inventory - EQ-i 3 was used as the research instrument. There were statistically significant differences for alcoholics and drug addicts in two Emotional intelligence factors (Interpersonal and Adaptation) and on five scales (Self-actualization, Empathy, Social Responsibility, Problem Solving, and Impulse Control Scales). There were statistically significant differences between genders in the Interpersonal factor and on the Empathy and Social Responsibility scales. There were statistically significant differences for male alcoholics and drug addicts in the Interpersonal and Adaptation factors and on four scales (Self actualization, Empathy, Social Responsibility, Problem Solving), but no difference on the Impulse Control scale. There were statistically

significant differences for female alcoholics and drug addicts on only one Emotional intelligence scale (Problem Solving). It was concluded that substance use disorders patient emotional intelligence indicators had a tendency to higher indicators.

Bernadette Kun & Zsolt Demetrovics (2010) conducted a study on Emotional Intelligence and Addictions: A systematic review. In their meta-analysis the objective was to study the relationship between emotional intelligence and addictive disorders. They systematically reviewed and critically evaluated the literature on the relationship between emotional intelligence and addictive disorders. They identified 51 articles on the topic of which 36 fulfilled the inclusion criteria. Results indicate that a lower level of emotional intelligence is associated with more intensive smoking, alcohol use, and illicit drug use and two components of emotional intelligence play a key role in addictions: “decoding and differentiation of emotions” and “regulation of emotions.”

Dennis R.T. and Anderson C.( 19 May 2000) conducted a study to explore the relationship between emotional intelligence (EI) and adolescent tobacco and alcohol use (TAU). Subjects were 205 multi-ethnic adolescents (52% male) from middle schools in southern California (mean age=12.63 years), 153 from a public school and 52 from a parochial school. The abbreviated version of the Multifactor Emotional Intelligence Scale, Student Version [Mayer, J. D., Salovey, P., & Caruso, D. R. (1997) - Multifactor emotional intelligence scale, student version. Durham, NH] was used to assess the EI of the students. The results indicate negative correlation with a general, overall measure of tobacco and alcohol use, and with individual tobacco and alcohol scales and items. The conclusion is that the adolescents with high EI may possess a greater mental ability to read others well and detect unwanted peer pressure. These abilities may have

led to an increased resistance to TAU, thus explaining the negative correlations found in this study

SMS Psychiatric Centre Jaipur conducted a study to assess emotional intelligence and self-esteem of alcohol dependents and cannabis dependents. The objective of this study was to assess emotional intelligence and self-esteem of alcohol dependents and cannabis dependents A total of 120 was collected out of which 60 were alcohol dependents and 60 were cannabis dependents were selected Psychiatric Centre,. Assessment was done using Severity of alcohol dependents Questionnaire of Edwards (1978), Cannabis Use Disorder Identification Test (Adamson & Sellman, 2003), Raqon Emotional Intelligence Test(Roqan, 1971) and Rosenberg Self Esteem Scale (Rosenberg, 1965). The result findings are suggestive that alcohol dependents are poor in emotional intelligence and self-esteem in comparison with cannabis dependents. The severity of alcohol dependence is negatively correlated with emotional intelligence and self-esteem which is indicates that with the increase in severity of dependence the emotional intelligence and self-esteem of alcohol dependents were reduced. Similarly the severity of cannabis dependence is negatively correlated with emotional intelligence which signifies with the increase in severity of dependence the emotional intelligence of cannabis dependents were reduced but positively correlated with self-esteem which acknowledge us that with the increase in severity of dependence the self-esteem of cannabis dependents were increased

Kornreich,C. Delle-Vigne1,D.Knittel Julian A.N. Salvatore Campanella X. Noel, H.Verbanck,C.P.& ErmerE. The objective was to study the ‘social brain’ in alcoholics by investigating social contract reasoning, theory of mind and emotional intelligence. Participants Twenty-five recently detoxified alcoholics (17 men and eight women) were compared with 25

normal controls (17 men and eight women) matched for sex, age and education level. The behavioral study is comparing recently detoxified alcoholics with normal, healthy controls. Setting emotional intelligence and decoding of emotional non-verbal cues have been shown to be impaired in alcoholics. The results indicate that several emotional intelligence measures were lower in alcoholics compared to controls, but these were not correlated with reasoning performance. Conclusions were that conditional reasoning, including reasoning about social contracts and emotional intelligence appear to be impaired in alcoholics. Impairment seems to be particularly severe on descriptive rules.

Capito, LautenbacherES. Horn-Hofmann C performed a systematic review on acute alcohol effects on social drinkers' facial expressions of induced positive and negative emotions. The objective was to investigate if alcohol mostly influenced facial expressions of emotions. With a predefined algorithm, they searched three electronic databases (PubMed, PsycInfo, and Web of Science) for studies conducted on social drinkers that used acute alcohol administration, emotion induction, and standardized methods to record facial expressions. The results indicate that alcohol exerted effects on facial expressions of emotions in social drinkers, varied depending on the valence of emotion and on social interaction. The conclusions were that alcohol mostly influenced facial expressions of emotions in a socially desirable way, thus underscoring the view of alcohol as social lubricant.

Eikenberry Rachel had conducted a study, the relationship between Emotional Intelligence (EI) and substance abuse was examined. The objective of the study is as limited research was conducted to examine the role of EI as a contributing factor in a college student's propensity to engage in substance abuse related behaviors. This study utilized correlation analyses to explore

the relationship between the constructs of EI and substance abuse among a college student sample (N = 105). EI encompasses a subscale of abilities (perception of emotions, managing emotions in the self, social skills or managing others' emotions, and utilizing emotions) that were measured in undergraduate college students who completed the Schutte Self Report Emotional Intelligence Test, and The Simple Screening Instrument for Substance Abuse Self-Administered Form. Based on the EI construct, 6 research questions were generated. The study utilized Descriptive Statistics, an Independent Samples TT test, a Pearson Product-Moment Coefficient of correlation (Pearson r), and Analysis of Variance to evaluate differences that existed between groups and the relationship between the variables of emotional Intelligence and substance abuse. The results demonstrated a statistically significant relationship existed between the EI subscale of managing emotions in the self and substance abuse at the -.215 level. The study concludes the role of EI as a predictor of risky substance use.

MaciejKopera, AndrzejJakubczyk, HubertSuszek,Jennifer M. Glass KlimkiewiczAnnaWnorowska Kirk J. Brower MarcinWojnar conducted a study on relationship between emotional processing, drinking severity and Relapse in Adults Treated for Alcohol Dependence in Poland Abstract.The study objective was to explore the relationships between emotional processing, drinking history and relapse in a clinical sample of alcohol-dependent patients. The methods involved a group of 80 inpatients entering an alcohol treatment program in Warsaw, Poland was recruited and assessed at baseline and follow-up after 12 months. Baseline information about demographics, psychopathological symptoms, personality and severity of alcohol problems was obtained. The Schutte Self-Report Emotional Intelligence (EI) Test and Toronto Alexithymia Scale (TAS) were utilized for emotional processing assessment.. Results at baseline assessment, the duration of alcohol drinking was associated with

lower ability to utilize emotions. Patients reporting more difficulties with describing feelings drank more during their last episode of heavy drinking, and had a longer duration of intensive alcohol use. A longer duration of the last episode of heavy drinking was associated with more problems identifying and regulating emotions. Poor utilization of emotions and high severity of depressive symptoms contributed to higher rates of drinking at follow-up. These results underline the importance of systematic identification of discrete emotional problems and dynamics related to AD. This study concludes that there is a relationship between emotional processing, drinking history and relapse in a clinical sample of alcohol-dependent patients.

SomayehAlaei ,RozitaZabihi , ArmindokhtAhmadi , AkramDoosti and Seyed Mehdi Saberi conducted a study aims to investigate the relationship between emotional intelligence, spiritual intelligence and self-esteem, and self-control on men with addiction in rehabilitation centers of Tehran. This is a cross-sectional study sampling 200 men. From 12 treatment and rehabilitation centers in Tehran, 4 were randomly selected and fifty people from each center aged 20 to 50 with at least two years of addiction history were picked. Instruments used were: Eysenck Self-esteem Scale (ESI), Bradbury-Greaves Emotional Intelligence test, Abdullah Zadeh Spiritual Intelligence test and the Personal Control Scale (PCS). Results: A positive relationship was found between emotional intelligence, spiritual intelligence, self-esteem and substance abuse self-control (r=0.25, 0.21 and 0.24 at a level of confidence =0.001, respectively). Conclusion: Promotion of emotional intelligence, spiritual intelligence and self-esteem may prove useful in control of substance abuse in men.

M. Ghaderi , M. Nasiri , F. Jamshidifar , M. Shekofteh(2014) conducted wasstudyto assess the relation between emotional intelligence and alcohol drinking, cigarette smoking and psychiatric

drugs abuse in students' community.This descriptive study was conducted on 740 students who were selected by cluster random sampling method from Medical, Islamic Azad and National universities of Jiroft in 2013. Data was collected by researcher-made and emotional intelligence (Brad Berry–Graves) questionnaires and were analyzed using t-test, one way ANOVA, chi-square test and logistic regression. The results were mean and standard deviation of total emotional intelligence was 73.44±10.26 and prevalence of alcohol drinking, cigarette smoking and psychiatric drugs abuse were 13.8%, 10.8% and 5.7%, respectively. Based on t-test, a significant and inverse relation was found between cigarette smoking and psychiatric drugs abuse with total emotional intelligence (p=0.049 and p=0.004, respectively), self-awareness (p=0.003 and p=0.001, respectively) as well as social consciousness (p=0.014 and p=0.001, respectively) subscales, while only observed a significant relation between alcohol abuse and social consciousness subscale (p=0.037).The result was there was a significant relationship between emotional intelligence and alcohol drinking, cigarettesmoking and psychiatric drugs abuse. So, development of emotional intelligence can be a good solution to prevent alcohol consumption, cigarette smoking and psychiatric drugs abuse.

Pierre, P.BernardD.JTeccoaX. NoëlaU. H. IsidoreP.PaulV.conducted study which aimed to explore whether an impairment in emotional facial expressions (EFE) de-coding is specific to alcoholism compared with opiate dependence. An EFE decoding test consisting of 16 photographs of EFE portraying happiness, anger, sadness and disgust was administered to five different groups of 30 subjects each: recently detoxified alcoholics (RA); opiate addicts under methadonemaintenance treatment (OM); detoxified opiate addicts (OA); detoxified subjects with both alcohol and opiate dependence antecedents (DAO); and normalcontrols (NC). Repeated measures analysis of variance using a multivariate approach was conducted on EFE

decoding accuracy scores with group as the between-subjects factor. Accuracy scores were significantly lower in RA and DAO than in OM and OA, which had significantly lower scores than NC. Low accuracy scores in RA and DAO confirm previous results indicating that alcoholism is associated with impaired EFE recognition. Results in OM and OA indicate that opiate dependence is also associated with an impaired EFE decoding but less than in alcoholism. Alcohol and opiate chronic consumption could both exercise a deleterious effect on EFE-decoding brain function, alcohol having the most severe impact. Alternatively, EFE-decoding problems could be present before the development of alcohol and opiate dependence, with an additional effect of chronic alcohol consumption on EFE decoding. The conclusion is that EFE-decoding impairment could reflect a more general emotional intelligence deficit in addicted populations.

Nicola Schutte John M Malouff Donald W Hine conducted a study investigated (1) whether ability and trait emotional intelligence are related to heavy episodic drinking (binge drinking) and to alcohol-related problems and (2) whether trait emotional intelligence mediates between ability emotional intelligence and alcohol outcomes. One hundred Australian participants completed measures of ability and trait emotional intelligence, heavy episodic drinking, and experience of alcohol-related problems. Both lower ability and lower trait emotional intelligence were associated with more heavy episodic drinking and more alcohol-related problems. Trait emotional intelligence mediated significantly between ability emotional intelligence and both alcohol problems and heavy episodic drinking. These findings provide information regarding the relationship between ability and trait aspects of emotional intelligence. The conclusion is that emotional intelligence holds promise in facilitating the understanding of problem drinking.

Leanne Trick Mathew J Kempton Steven C.R. Williams TheodaraDuka (2014) investigated impaired fear recognition and attentional set-shifting is associated with brain structural changes in alcoholic patients.They performed structural magnetic resonance imaging and examined performance on a cognitive flexibility task (intra-extradimensional set shift and reversal; IED). They also presented subjects with fearful, disgust and anger facial emotional expressions. Participants were abstaining, multiply detoxified (MDTx; $n = 12$) or singly detoxified patients (SDTx; $n = 17$) and social drinker controls ($n = 31$). Alcoholic patients were less able than controls to change their behavior in accordance with the changing of the rules in the IED and they were less accurate in recognizing fearful expressions in particular. They also showed lower gray matter volume compared with controls in frontal brain areas, including inferior frontal cortex (IFC) and insula that mediate emotional processing, inferior parietal lobule and medial frontal cortex that mediate attentional and motor planning processes, respectively. Impairments in performance and some of the regional decreases in gray matter were greater in MDTx. Gray matter volume in IFC in patients was negatively correlated with the number of detoxifications, whereas inferior parietal lobule was negatively correlated with the control over drinking score (impaired control over drinking questionnaire). Performance in IED was also negatively correlated with gray matter volume in IFC/BA47, whereas recognition of fearful faces was positively correlated with the IFC gray matter. Repeated episodes of detoxification from alcohol, related to severity of dependency, are coupled with altered brain structure in areas of emotional regulation, attention and motor planning. The conclusions are that such changes may confer increased inability to switch behavior according to environmental demands and social incompetence, contributing to relapse.

Emre Bora NabiZorlu conducted: a meta-analysis onSocial cognition in alcohol use disorder.The objective of the meta-analysis aims to estimate mean effect sizes of deficits in social cognition in AUD and examines the effects of demographic and clinical confounding factors on the variability of effect sizes across studies.A literature review was conducted on research reports published from January 1990 to January 2016. Twenty-five studies investigating ToM and facial emotion recognition performances of 756 individuals with AUD and 681 healthy controls were selected after applying inclusion and exclusion criteria. Weighted effect sizes (*d*) were calculated for ToM, decoding and reasoning aspects of ToM, total facial emotion recognition and recognition of each of six basic emotions.Result was Facial emotion recognition was significantly impaired [$d = 0.65$, 95% confidence interval (CI) = 0.42–0.89], particularly for disgust and anger. AUD was also associated with deficits in ToM ($d = 0.58$, 95% CI = 0.36–0.81). These deficits were evident in tasks measuring both decoding ($d = 0.46$, 95% CI = 0.19–0.73) and reasoning ($d = 0.72$, 95% CI = 0.37–1.06) aspects of ToM. The longer duration of alcohol misuse and more depressive symptoms were associated with more severe deficits in recognition of facial emotions. The conclusions were that the alcohol use disorder appears to be associated with significant impairment in facial emotion recognition and theory of mind.

Manoj Sharma (2012) study examined the relationship between emotional intelligence (EI), alcohol, marijuana, and tobacco use. The objective was to investigate if EI scores were significant predictors of alcohol and marijuana use.A correlation analysis was used to explore the relationship between EI and the use of alcohol, marijuana, and tobacco among college students (n=199). EI abilities (perception, utilization, understanding, and regulation of emotions) were measured in college students who completed the valid and reliable Schutte Self Report Inventory

(SSRI), the Alcohol Use Disorders Identification Test (AUDIT), the Fagerstrom Test for Nicotine Dependence (FTND), and the Marijuana Screening Inventory (MSI). The results demonstrated that EI constructs (Perception, Utilization, Regulation, and Management of Emotion) scores were significant predictors of alcohol and marijuana use. The conclusion was that an association between the EI and cigarette smoking was not supported by this study.

Elise Brown, Edmond Chiu, Lloyd Neill, Juliet Tobin and John Reid School of Psychology, University of Tasmania, Hobart, Tas had conducted a study 'Is low Emotional Intelligence a primary causal factor in drug and alcohol addiction?' with the cooperation of 103 residents in a residential drug and alcohol rehabilitation program to confirm Goleman's (1995) assertion that low Emotional Intelligence (EI) was a major causal factor in drug and alcohol addiction. A range of measures including EI, level of psychological distress, and the Big Five Factors of personality were administered to the participants and compared against the criterion of an individual's recovery. The study also used a repeated measures design where the participants were surveyed again one month later. It was found that participants improved significantly in EI scores and experienced a significant reduction in psychological distress during the additional month in the rehabilitation program. It was also found that EI scores were significantly related to addiction levels, but this was fully mediated by the psychological distress variable.

Hannah Riley, Nicola S. Schutte (2003) conducted a study that low emotional intelligence as a predictor of substance use problems. They investigated the relationship between low emotional intelligence and substance-use problems in adults. One hundred and forty-one participants completed the Self-Administered Alcoholism Screening Test [1, 2], the Drug Abuse Screening Test [3], an emotional intelligence scale [4], and a measure of psychosocial coping [5]. Low emotional intelligence was a significant predictor of both alcohol-related problems and drug-related problems. Poorer coping predicted drug-related problems, but not alcohol-related problems. The conclusions were that coping was not found to be a significant mediator between emotional intelligence and substance-use problems.

Charles Kornreich , Dyna Delle-Vigne1, Julian Knittel , AuroreNerincx , Salvatore Campanella, Xavier Noel , Catherine Hanak , Paul Verbanck& Elsa Ermer conducted a study the 'social brain' in alcoholics by investigating social contract reasoning, theory of mind and emotional intelligence. A behavioral study comparing recently detoxified alcoholics with normal, healthy controls. Setting emotional intelligence and decoding of emotional non-verbal cues have been shown to be impaired in alcoholics. This study explores whether these deficits extend to conditional reasoning about social contracts. Participants Twenty-five recently detoxified alcoholics (17 men and eight women) were compared with 25 normal controls (17 men and eight women) matched for sex, age and education level. Measurements Wason selection task investigating conditional reasoning on three different rule types (social contract, precautionary and descriptive), revised Reading the Mind in the Eyes Test, Trait Emotional Intelligence Questionnaire (modified version) and additional control measures. Findings Conditional reasoning was impaired in alcoholics. Performance on descriptive rules was not above chance.

Several emotional intelligence measures were lower in alcoholics compared to controls, but these were not correlated with reasoning performance. The conclusions were that the conditional reasoning, including reasoning about social contracts and emotional intelligence appear to be impaired in alcoholics. Impairment seems to be particularly severe on descriptive rules. Impairment in social contract reasoning might lead to misunderstandings and frustration in social interactions, and reasoning difficulties about precautionary rules might contribute to risky behaviors in this population.

V. Rama Devi , P. Lakshmi Narayanamma conducted study aimed to investigate the relationship between demographic factors and emotional intelligence of engineering students. The survey was conducted among 177 engineering students with the help of a structured questionnaire. The data collection instrument was tested for reliability, and Cronbach's alpha was found to be 0.752, thereby ensuring the reliability of the instrument. The data was analyzed using various statistical tools like t - test, mean, standard deviation, ANOVA, and chi-square test. The results revealed that gender significantly influenced emotional intelligence, but schooling and background of the students did not exert a significant impact. The conclusionwas that the emotional intelligence is independent of age, father's education and occupation, mother's education, family size, and income, but not mother's occupation.

Lorenzo Fariselli, MassimilianoGhini, Joshua Freedman conducted research on age and emotional intelligence indicates. The objective was to investigate if the emotional intelligence (EQ) increases with age.Using the Six Seconds' Emotional Intelligence Assessment (SEI) 2 , a study of 405 American people shows that emotional intelligence (EQ) increases slightly with age. The relationship is r=.13 (p).The results indicate that some parts of emotional intelligence (EQ) do increase with age, though the effect is slight; in addition there are elements of EQ that

do not increase with age indicating some competencies must be developed through training. The conclusion is that emotional intelligence (EQ) increases slightly with age.

Louise H.Phillips Rory D.J.Maclean Roy Allen conducted a study onage and the understanding of emotions: Neuropsychological and Socio-cognitive Perspective.The objective was to study if there were age effects on the understanding of emotions in verbal descriptions. In the current study, 30 young adults (aged 20–40 years) and 30 older adults (aged 60–80 years) were tested on a range of emotional ability measures. The results indicate that there were no age effects on the ability to decode emotions from verbal material. Older people were less able to identify facial expressions of anger and sadness, and showed poorer ability to identify theory of mind from pictures of eyes. The conclusion was that specific age-related deficits in identifying some aspects of emotion from faces, but no age effects on the understanding of emotions in verbal descriptions.

Sharma Deeksha conducted a study that involved the analysis of Emotional Intelligence(EI) for different age-groups ranging from 17-60years. The objective was to investigate if there was an impact of age on the EI and its components. The age taken as continuous statistic for every respondent and clustered as: Young-Adulthood(17-23 years),Middle-age(24-34 years) and Mature-age (35-60) for analysis. EI and its components: Emotional-Competency, Emotional-Sensitivity and Emotional-Maturity were measured for 186 respondents. The results indicated significant impact of age on the EI and its components. Total EI increased with age. Emotional-Competency decreased from young adulthood to middle age and then increased for mature age. The conclusions were that maturity was maximum for mature age, whereas competency and sensitivity were maximum for middle age.

A study examining the long term stability (32 months) of emotional intelligence- related abilities over the course of a major life transition (The transition from high school to university) was reported by Parker, Saklofske, Wood, Eastabrook et al. (2005).The objective of the study was to examine of emotional intelligence- related abilities over the course of a major life transition. During the first week of full time study, a large group of undergraduates completed the EQ-i: short; 32 months later a random subset of these student (N=238), who had started their postsecondary education within 24 months of graduating from high school, completed the measure for a second time. The results indicated EI scores to be relatively stable over the 32 month time period. The conclusion was the overall pattern of change in EI- levels was more than can be attributed to the increased age of the participants.

Gowdhaman and Murugan (2009) reported a study on relationship between emotional intelligence and age. The study included B.Ed. teacher trainees (N= 300)The results have revealed a significant effect of age on emotional intelligence.

A study was made by Radhakrishnan, Gayatridevi and Velayudhan (2009) to analyse the differences in emotional intelligence among alcoholics, deaddicts and non alcoholic, Results revealed that alcoholics had lower level of emotional intelligence than deaddicts.

EvisFili (2016) conducted study aimed at investigating the differences in age and gender on emotional intelligence total score and emotional intelligence scales at 10-12 years old children. The objective study investigate  if that there will be differences between girls and boys and between different ages in several scales. The sample included 236 children (123 or 52.1% boys and 113 or 47.9% girls), with a mean age of 11 years (SD.835) (range: 10-12 years).. 236 parents participated in the study, 92 of them or 39.0 % were mothers, while only 144 of them or 61.0 %

were fathers. In the chi-square test, there were important differences reported in the distribution of the percentages of parent's gender and their employment rates. The TEIQue-Child Form questionnaire, contains 75 items responded to on a 5-point scale and measures five distinct facets. Descriptive statistics, chi-square test, Pearson correlation, T-test, and ANOVA were used to explore and analyze the differences, correlations of interest variables in the study on total EI and EI scales. Correlation analysis mostly indicated low significant relationship between EI scales. They did not found gender significant differences on EI total scores and EI scale scores. The ANOVA indicated significant differences in peer relationship and emotion perception scales. Younger children (10 years old) had a higher mean on peer relationship than older children (11 years old), $F(2) = 4.34$, $p=.019$. The ANOVA for emotion expression yielded significant differences the 11 years and 12 years old children. Older children had a higher mean score than younger children $F(2) = 3.017$, $p =.05$.

Chitra Krishnan, RichaGoel, Gurinder Singh, ChitraBajpai, Priyanka Malik and SeemaSahai conducted a study on Emotional Intelligence: A Study on Academic Professionals. The objective of the study is finding out the perception and the level of emotional intelligence in a person on the basis of his/her age group and gender. The study is exploratory in nature where quota sampling was used to collect data. This study attempts to study the level of emotional intelligence among faculty members of academic institutions (who are the institution's greatest asset), like Amity University, SRM University, Delhi University, Lucknow University, and Christ University. A 2x3 factorial design was prepared to compare emotional intelligence between age and gender of academic professionals. A self-designed questionnaire, prepared on Likert type scale was distributed among 200 academicians of India, out of which 165 were responded and eventually, 160 questionnaires were selected for analysis. Tools like item to total

correlation, reliability, factor analysis, and Z-test were used to analyze the data. Various factors like proficiency, holistic wisdom, candidness, insight, sensibility, understanding situations, truth loving, being relaxed; matured, balanced, having optimism, sagaciousness, calmness and development were identified. Results of the Z-test shows that respondents in different age groups differ in emotional intelligence except between age groups of 25-35 and above 55. Results further show that females have higher emotional intelligence than males. The conclusion is that respondents in different age groups differ in emotional intelligence also females have higher emotional intelligence than males

A research study focused on exploring the impact of demographic variables namely age, experience and gender on the level of emotional intelligence. This was a descriptive and exploratory research study. Population of the study comprised of all the employees working in private sector banks located in Madhya Pradesh. 160 employees were selected using convenient sampling method for sample of the study. Data was collected using Wong and Law Emotional Intelligence Scale (WLEIS) and a demographic schedule containing information about employees. SPSS 18.0 was used to analyze data. Many statistical tools such as cronbach alpha reliability test, t-test and ANOVA were used to make findings. Results of the study showed that employees working in private sector banks possess moderate level of emotional intelligence. In addition, age and experience significantly influence the employee's level of emotional intelligence. On the other hand, no significant difference exist between male and female's level of emotional intelligence.The conclusion was age and experience significantly influence the employee's level of emotional intelligence

PritiSuman Mishra conducted a study with objective to explore the relationship between emotional intelligence (EI) and the demographic variables such as gender, age and work experience. The research was carried out in various organizations in Delhi NCR. A questionnaire design was used to explore whether there was an association between the different demographic variables and EI. The analysis found statistically significant association of gender and work experience with EI. Female and more experienced executives were found to have more EI score as compared to male and less experienced executives respectively. However, age and EI were found to have no association in between. The results of the study have been discussed and interpreted in light of the findings of the previous researchers. These findings have significant implications for the development of HR skills and behaviours at workplace.

AfsanehGhanizadeh ,FatemehMoafian(2010) article on Critical Thinking and Emotional Intelligence: Investigating the Relationship among EFL Learners and the Contribution of Age and Gender.The article, first, examines the relationship between EFL university students' critical thinking (CT) and emotional intelligence (EI). Second, the roles of gender and age as moderating factors in the relationship between students' CT and EI are investigated. Third, the relationships between students' age and gender with their EI are studied. To attain the goals of the research, 86 EFL students completed the "Watson-Glaser Critical Thinking Appraisal" (Form A) and the "Bar-On's EQ-i test". The findings of the study indicated that there was a significant relationship between EFL learners' CT and their EI. Among the components of EI, flexibility and social responsibility were found to have the highest correlations with CT and were also shown to be positive predictors of CT. The results also revealed that age and gender did not moderate the relationship between CT and EI. Furthermore, it was found that neither age nor gender played any significant roles in learners' level of EQ.

Pooja P. · Kumar P. study on Demographic Variables and Its Effect on Emotional Intelligence: A study on Indian service sector employees. The objective is to develop a person's ability, the fields of psychology and neurosciences have highlighted the importance of EI, which is a person's response toward feelings and emotions. In this study, relationship of various demographic variables with EI, as measured by Trait Emotional Intelligence Questionnaire-Short Form, has been highlighted. The study has been conducted on a sample of 424 employees belonging to the Indian service sector. The results showed that demographic variables have an impact over EI. Organizations can take a cue from the study and adhere to diversity management practices to ensure financial gains and growth.

BARKHORDARI M, ROSTAMBEYGI P conducted a study on Emotional intelligence in nursing students. The objective of this research was to assess and compare Emotional Intelligence between freshman and senior baccalaureate nursing students at Islamic Azad University of Yazd. Methods: This descriptive, cross-sectional study was performed on a sample of 87 freshmen and senior baccalaureate nursing students at Islamic Azad University of Yazd. The data was collected, using a questionnaire. The questionnaire consisted of two parts; demographic information and the Baron Emotional Quotient Inventory (EQ-i). The data were analyzed through both descriptive and inferential statistics (t-test, and ANOVA). The mean score of emotional intelligence for the freshmen was 282.37±27.93 and for the senior students 289.64±21.13. No significant difference was found between the freshmen and senior students' score patterns. The findings showed that there was no statistically significant difference between the freshmen and senior students' scores.

## SIGNIFICANCE OF STUDY

There have been many correlational researches about emotional intelligence and alcoholism outside India. Though there are many studies to indicate the implication of emotional intelligence on alcoholism, very few studies vice versa has been carried out in Indian setting specially so study to compare the emotional intelligence of alcohol dependent and mentally healthy individuals who are not alcohol dependent, that highlights the effect of alcohol on Emotional Intelligence. The present study was a step in this direction. A better understanding of how alcohol might influence Emotional Intelligence may help to develop effective interventions

As prevention is better than cure, awareness of implications of alcohol on emotional intelligence will help create more social awareness in youth who are vulnerable to alcohol.

# METHODOLOGY

## STATEMENT OF RESEARCH PROBLEM

To investigate in Alcohol dependent individuals and Mentally Healthy individuals the level of emotional intelligence.

## AIMS AND OBJECTIVES OF THE STUDY

- To assess emotional intelligence in Alcohol dependent individuals and mentally healthy individuals.
- To compare the level of emotional intelligence in alcohol dependent individuals and mentally healthy individuals.
- To assess the level of emotional intelligence in alcohol dependent individuals belonging to different age groups that is age group of 24 to 39 years and 40 to 55 years
- To compare the level of emotional intelligence in alcohol dependent individuals belonging to different age groups that is age group of 24 to 39 years and 40 to 55 years

## VARIABLES

### INDEPENDENT VARIABLE

Independent variable has 2 levels

Nature of the Population: Alcohol dependent individuals versus Mentally healthy individuals

DEPENDENT VARIABLE:

Scores on The Schutte Self-Report Emotional Intelligence Test (SSEIT)

CONCEPTUAL DEFINITION OF THE VARIABLES

- INDEPENDENT VARIABLE

**Alcohol dependent individuals**:Individuals

- Being unable to control the amount of alcohol that is consumed and the length of time that drinking occurs
- Experiencing withdrawal symptoms whenever alcohol consumption ends
- Extreme changes in daily habits because of the effects of drinking
- Failing at attempts to control drinking
- Needing to consume increasingly larger amounts of alcohol in order to become intoxicated

**Mentally Healthy Individuals**:They should not be suffering from alcohol dependency

- DEPENDENT VARIABLE

**Emotional Intelligence** is said to involve the ability to perceive and accurately express emotion, to use emotion to facilitate thought, to understand emotions, and to manage emotions for emotional growth (Mayer &Salovey, 1997).

OPERATIONAL DEFINITION

- INDEPENDENT VARIABLE

Alcohol dependent individuals: Participants should be diagnosed with alcohol dependence by DSM-IV.

Mentally healthy individuals: Not alcohol dependent individuals who do not consume alcohol at all.

- DEPENDENT VARIABLE

The Schutte Self-Report Emotional Intelligence Test (SSEIT) is a method of measuring general Emotional Intelligence (EI), using four sub-scales: emotion perception, utilizing emotions, managing self- relevant emotions, and managing others' emotions. The SSEIT is structured off of the EI model by Salovey and Mayer (1990). Participants respond by indicating their agreement to each of the 33 statements using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A high score reflects a high level of emotional intelligence

## HYPOTHESIS OF THE STUDY

Hypothesis 1

There is a significant difference in the level of emotional intelligence of alcohol dependent individuals and mentally healthy individuals.

Hypothesis 2

There is a significant difference in the ability to perceive emotions of alcohol dependent individuals and mentally healthy individuals.

Hypothesis 3

There is a significant difference in the ability to manage own emotions of alcohol dependent individuals and mentally healthy individuals.

Hypothesis 4

There is a significant difference in the ability to manage others' emotions of alcohol dependent individuals and mentally healthy individuals.

Hypothesis 5

There is a significant difference in the ability to utilise emotions of alcohol dependent individuals and mentally healthy individuals.

Hypothesis 6

There is no significant difference in the level of emotional intelligence alcohol dependent individuals belonging to different age group i.e. 24 to 39 years of age and 40 to 55 years of age.

# MATERIALS AND METHODS

## STUDY DESIGN:

A randomized measure design having 1 Independent variable at 2 levels

## LOCATION OF THE STUDY

The data will be collected from rehabilitation centers as well as Alcoholic Anonymous meetings in Navi Mumbai

## SAMPLE SIZE

Total no. of sample will be 60, out of which 30 will be alcohol dependent individuals and 30 will be mentally healthy individuals.

## SAMPLING TECHNIQUE

For the present study, purposive sampling method will be used for sample selection.

## SAMPLE SELECTION

The sample will include only males between the age group of 24-55 years. They should not be suffering from any other mental disorder. they should have minimum education of 8$^{th}$ standard for reading and comprehending items of the questionnaire.

## RESEARCH TOOL

Schutte Self-Report Emotional Intelligence Test (SSEIT)

The Schutte Self-Report Emotional Intelligence Test (SSEIT) is a method of measuring general Emotional Intelligence (EI), using four sub-scales: emotion perception, utilizing emotions, managing self- relevant emotions, and managing others' emotions. The SSEIT is structured off of the EI model by Salovey and Mayer (1990). The SSEIT model is closely associated with the EQ-I model of Emotional Intelligence.

The SSEIT includes a 33-item self-report using a 1 (strongly agree) to 5 (strongly disagree) scale for responses. Each sub-test score is graded and then added together to give the total score for the participant.**Author** Dr. Nicola Schutte, 1998

RELIABILITY AND VALIDITY

Schutte and her colleges report a reliability rating of 0.90 for their emotional intelligence scale. The EI score, overall, is fairly reliable for adults and adolescents; however, the utilizing emotions sub-scale has shown poor reliability (Ciarrochi, Chan &Bajgar, 2001). Also, they report a mediocre correlation of the SSRI with such areas as self-estimated EI, the Big Five EI scale (0.51), and life satisfaction (Petrides and Furnham, 2000). SSRI correlation with well-being criteria showed the worst outcome with less than 0.20.The Emotional Intelligence Scale of Schutte et al. (1 998) is a unidimensional self-report measure of EI, which is based on Salovey and Mayer's (1990) ability model of EI (Van Rooy, Alonso &Viswesvaran,2005) and is widely used for research purposes.The 33-item emotional intelligence scale (EIS; Schutte et al., 1998)

assesses EI based on self report responses tapping the appraisal and expression of emotions in self and others; regulation of emotions in self and others; and utilisation of emotions in problem solving. Three of the scale's items (5, 28 and 33) are reverse-scored (Petrides&Furnham, 2000) and participants respond by indicating their agreement to each of the 33 statements using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A high score reflects a high level of emotional intelligence (Venter, 2003).

Validity of the EIS: Validity refers to the extent to which a measure accurately reflects the concept that it is intended to measure (www.iffgd.org~GIDisorders/glossary.html). Validity implies reliability (accuracy). A valid measure must be reliable, but a reliable measure need not be valid(en.wikipedia.org/wiki/Validity(statistics)).

## STATISTICAL ANALYSIS

Descriptive statistics used will be Mean and Standard deviation.

Inferential statistics used will be t-test.

## PROCEDURE FOR DATA COLLECTION

The data will be collected from rehabilitation centers as well as Alcoholic Anonymous meetings in Navi Mumbai. The rapport will be built with the participants and they will be given consent form. Once they give consent, questionnaire will be given to them. They would be instructed about how to respond to each statement. They will be debriefed about their scores and past researches.

## ETHICAL ISSUES

Consent will be taken from each participant before collecting data. Confidentiality and privacy will be maintained. Minimal plagiarism was done in review of literature.

# RESULT AND DISCUSSION

The study aimed at investigating in alcohol dependent individuals and mentally healthy individuals the level of emotional intelligence. The objectives of the research were to assess and compare emotional intelligence in alcohol dependent individuals and Mentally Healthy individuals and the level of emotional intelligence in alcohol dependent Individuals belonging to different age groups that is age group of 24 to 39 years and 40 to 55 years.

For the above objective following hypothesis were proposed:

There is a significant difference in the level of emotional intelligence of alcohol dependent individuals and mentally healthy individuals.

There is a significant difference in the ability to perceive emotions of alcohol dependent individuals and mentally healthy individuals.

There is a significant difference in the ability to manage own emotions of alcohol dependent individuals and mentally healthy individuals.

There is a significant difference in the ability to manage others' emotions of alcohol dependent individuals and mentally healthy individuals.

There is a significant difference in the ability to utilise emotions of alcohol dependent individuals and mentally healthy individuals.

There is no significant difference in the level of emotional intelligence alcohol dependent individuals belonging to different age group i.e. 24 to 39 years of age and 40 to 55 years of age.

The sample consisted of individuals with alcohol dependence and mentally healthy individuals. There were total 60 participants in the study, out of which 30 were individuals with alcohol dependence and 30 were mentally healthy individuals.

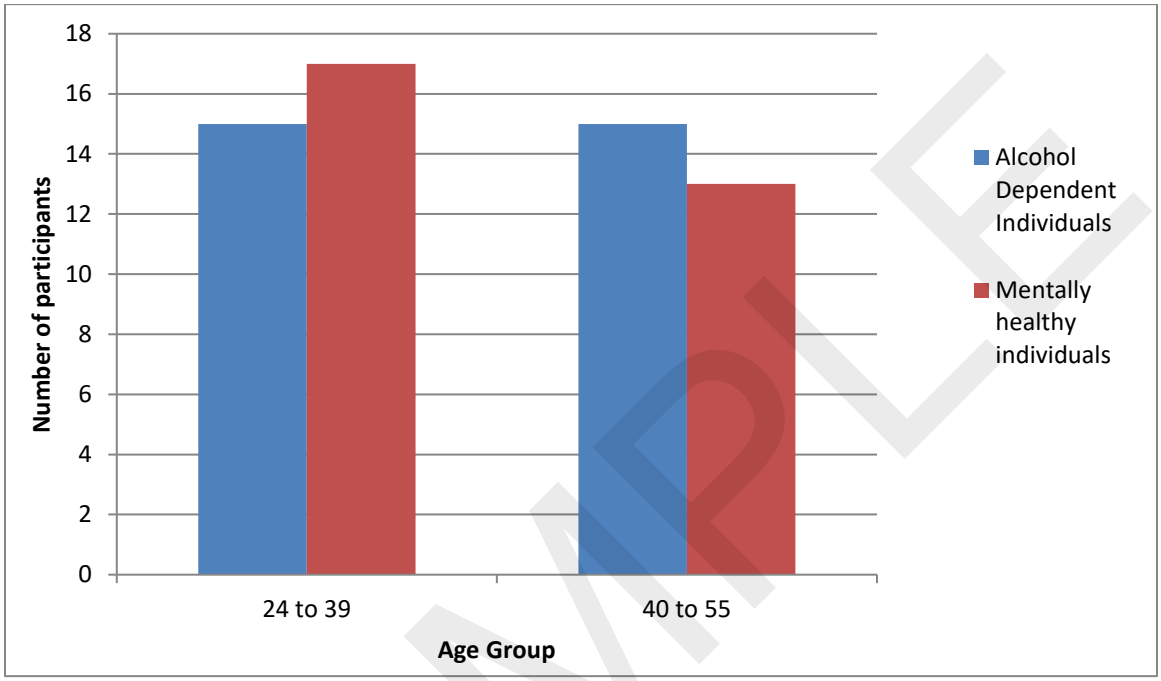



Figure 1 number of participants in different age groups of individuals with alcohol dependence and mentally healthy individual

Figure 1 showed number of participants in different age groups of individuals with alcohol dependence and mentally healthy individual. Referring to figure 1, itis seen that there were total 30 individuals with alcohol dependence, out of which 15 participants belonged to the age group of 24 to 39 and 15 participants were in age group of 40 to 55 years. Similarly, there were total 30 mentally healthy individuals, out of which 17 participants were from age group 24 to 39 years and 13 participants were from the age group of 40 to 55 years.

The findings that age emotional intelligence is independent of age is supported by AfsanehGhanideh who conducted a study on students of varied age group. The studies of V Rama Devi, PritiMishra,Louise H Rory and Lorenzo mentioned in Review of Literature also indicates the same.

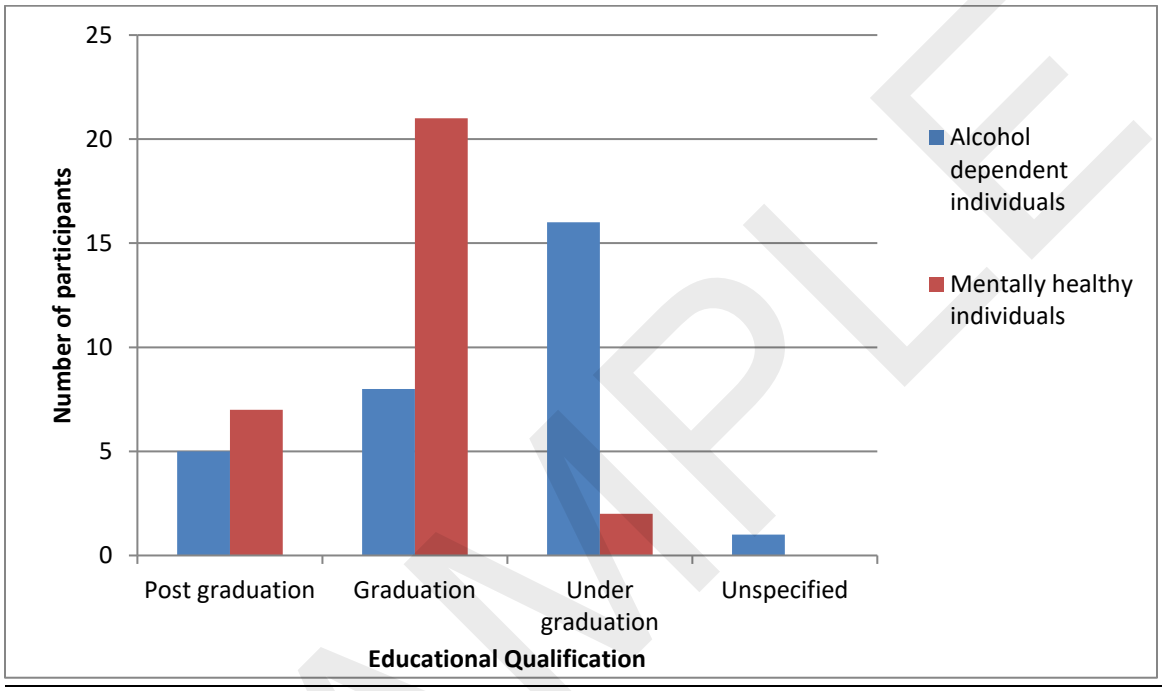



Figure 2. Educational qualification of individuals with alcohol dependence and mentally healthy individuals

Figure 2 presented educational qualification of individuals with alcohol dependence and mentally healthy individuals. Discussing about figure 2, itis understood that there were total 30 individuals with alcohol dependence, out of which 5 participants had educational qualification of post-graduation, 8 of them were graduates, 16 of them were undergraduates and 1 did not reveal about his educational qualification. Likewise, there were total 30 mentally healthy individuals, 7

participants had educational qualification of post-graduation, 21 of them were graduates, 2 of them were undergraduates and 0 did not reveal about his educational qualification.

There is no relationship between emotional intelligence and educational qualification. This can be supported by research conducted by Kashani et al. (2012) in which they found that there is no significant relation between emotional intelligence (self-awareness, self-management, social awareness and relationship management) and academic achievement.


Figure 3 Occupation of individuals with alcohol dependence and mentally healthy individuals

Figure 3 offered details about occupation of individuals with alcohol dependence and mentally healthy individuals. Discussing about figure 3, out of 30 individuals with alcohol dependence27 participants were working. That is, some of them were self-employed, some were doing job. 1participant was unemployed. When he was asked to elaborate on it he responded saying that he lost his job because of dependence on alcohol. And 2 of them had not revealed about their

occupation. According to Reuven Bar-On (1996), emotional intelligence is: “An array of non-cognitive (emotional and social) capabilities, competencies and skills that influence one’s ability to succeed in coping with environmental demands and pressures.” The occupational life of alcohol dependent individual is affected

In mentally healthy individuals, all were working. Some of them were doing jobs and others were self-employed.

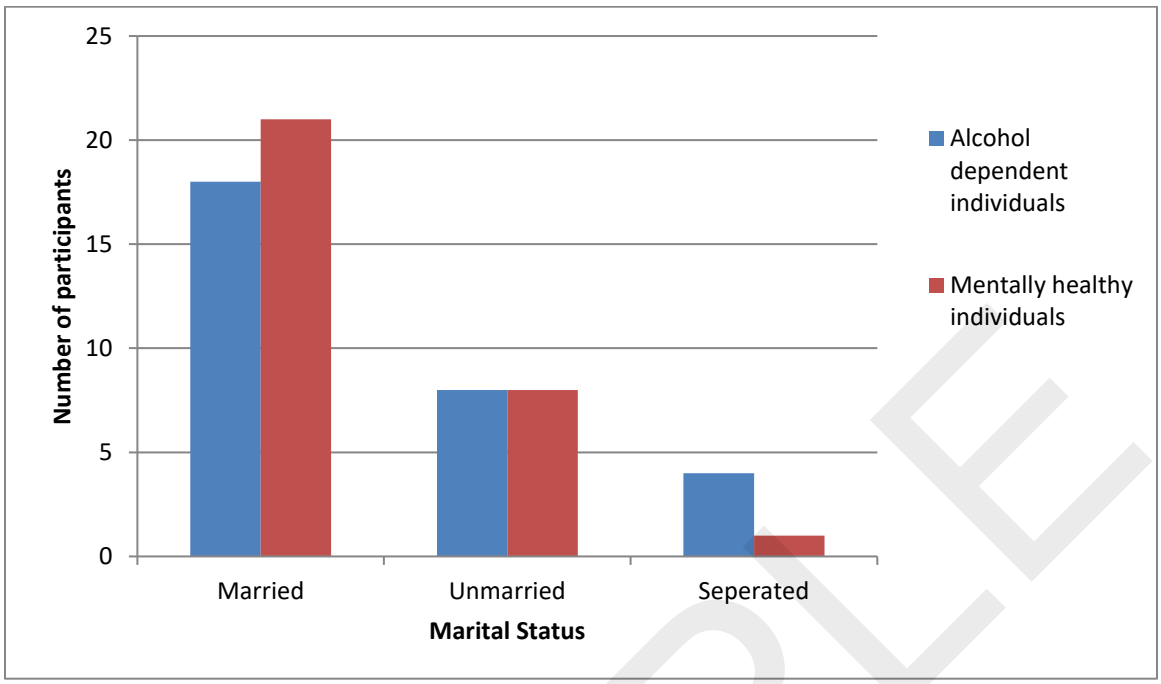



Figure 4. Marital status of individuals with alcohol dependence and mentally healthy individuals

Figure 4 indicates the marital status of individuals with alcohol dependence and mentally healthy individuals. Referring to figure 4, it is observed that in mentally healthy individuals 21 were married, 8 were single and 1 was separated. Similarly, in individuals with alcohol dependence 18 were married, 88 were unmarried and 4 were separated. One individual with alcohol dependence stated during interview that he got separated from his wife because his wife left. He was dependent on alcohol and thus she left him.According to studies by VelgaSudraba the Interpersonal and adaptation ability in alcohol dependent individuals is reduced.According to Bernadette Kun Emotional intelligence which helps in regulation of emotions is affected in individuals with alcohol dependence which affects their marital life.The studies are mentioned in the Reviews.

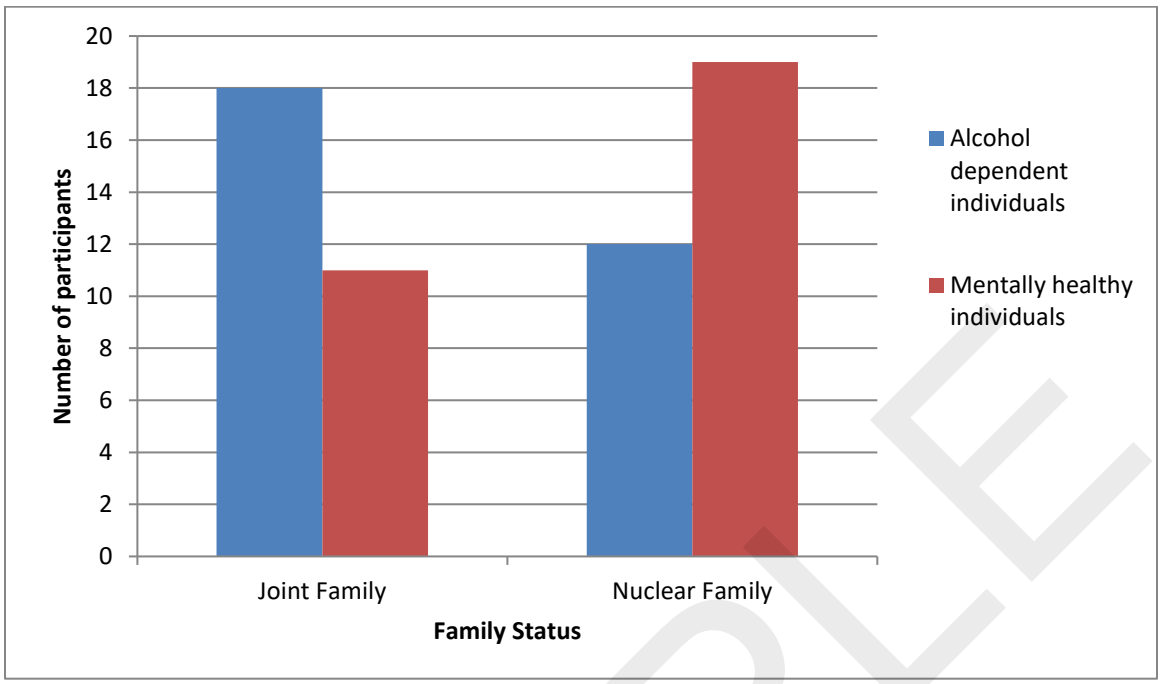



Figure 5. Family status of individuals with alcohol dependence and mentally healthy individuals

Figure 5 shows Family status of individuals with alcohol dependence and mentally healthy individuals. It is observed that in healthy individuals, 11 of them were from joint family and 19 of them were from nuclear family. In individuals who were dependent on alcohol, 18 of them were from joint family and 12 of them were from nuclear family.The studies by VelgaSudraba Singh AmandeepArashMohaghehi are indicative that alcohol dependent are unable to regulate emotions.The joint family is a support system for the spouse of the alcoholic may be emotional,financial hence the study reveals that alcohol dependant individuals live in joint family.

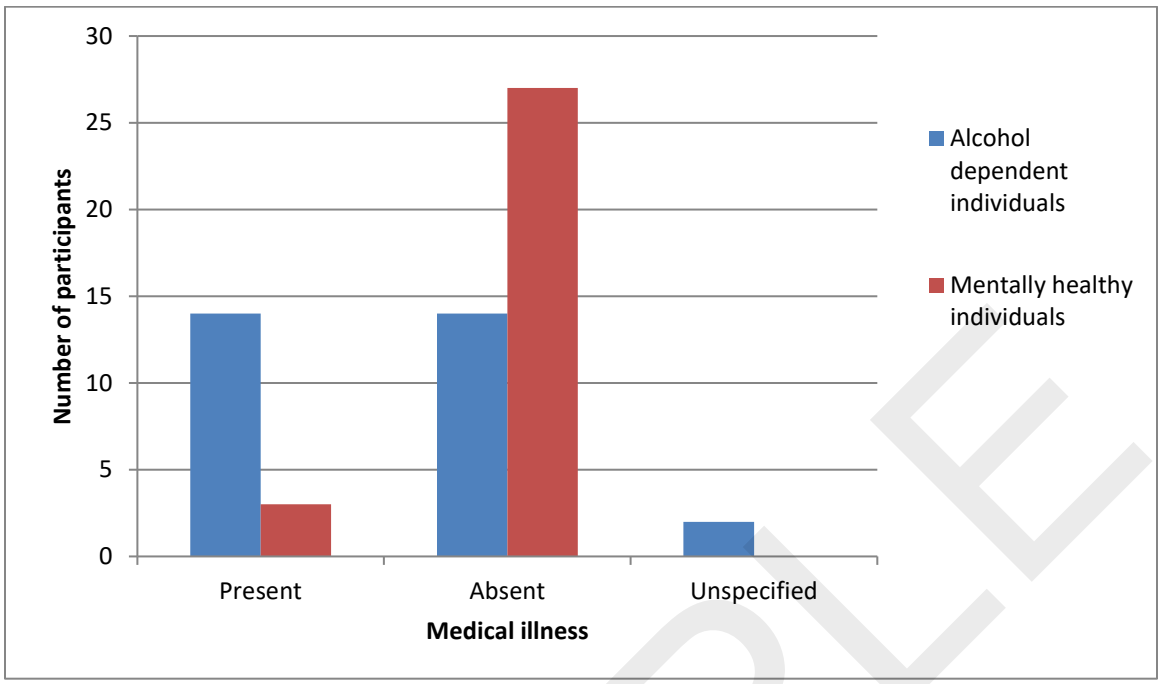



Figure 6. Medical illness in individuals with alcohol dependence and mentally healthy individuals

Figure 6 presented details about medical illness in individuals with alcohol dependence and mentally healthy individuals. It can be comprehended that 14 people who were dependent on alcohol had other medical illness and 14 of them did not have other medical illness. It was also observed that 2 of them did not want to reveal about whether they had medical illness. In mentally healthy individuals 3 of them stated that they had other medical illness and remaining individuals denied of having any medical illness. It was observed during interview that people wanted to give socially desirable answer and thus even though they had medical illness, which was written in their records, they stated that they did not have medical illness.

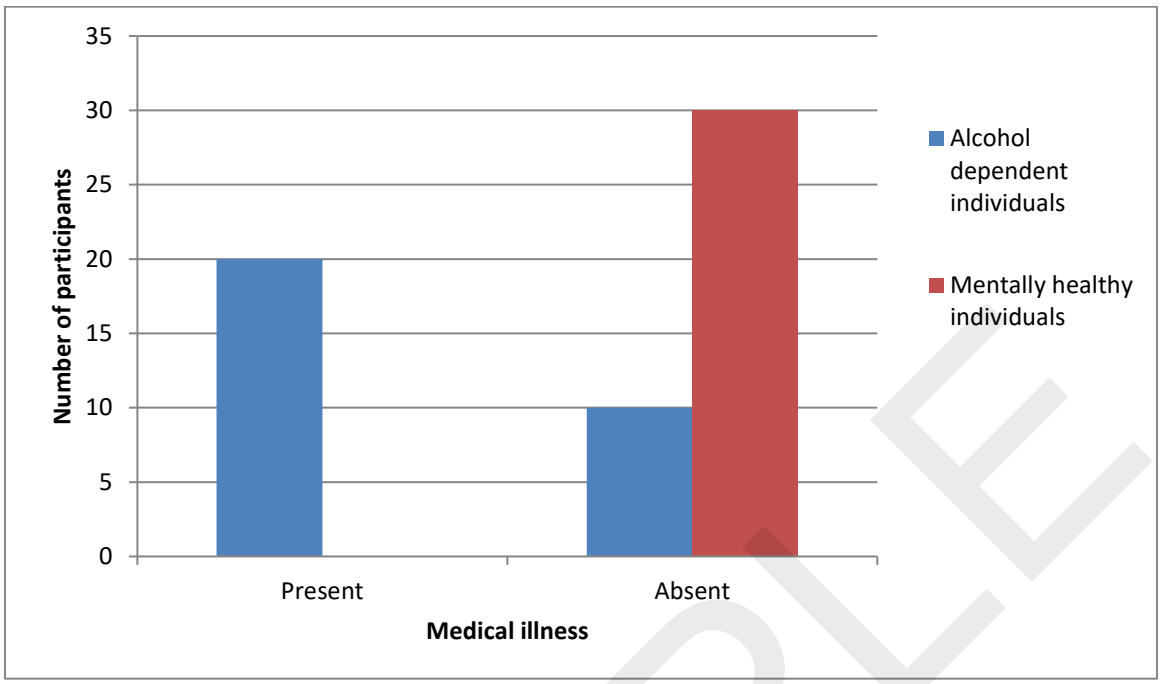



Figure 7. Violence in individuals with alcohol dependence and mentally healthy individuals

Figure 7 displayed number of participants displaying violence among individuals with alcohol dependence and mentally healthy individuals. It was found that in individuals with alcohol dependence, 20 individuals stated that there were times when they were very violent towards their spouse or children when they were under influence of alcohol. Some of them also reported that they were violent when they were sober. And 10 of them rejected of being violent anytime. In healthy individuals all of them stated that they have never been violent towards other person.

All the studies by ArashMohagheni,SinghAmardeep ,Vega,SinghAmardeep ,Korniechsuggfest an alcohol depent individuals inability to regulate emotions ,lack empathy and social responsibity attributing to violent behaviours

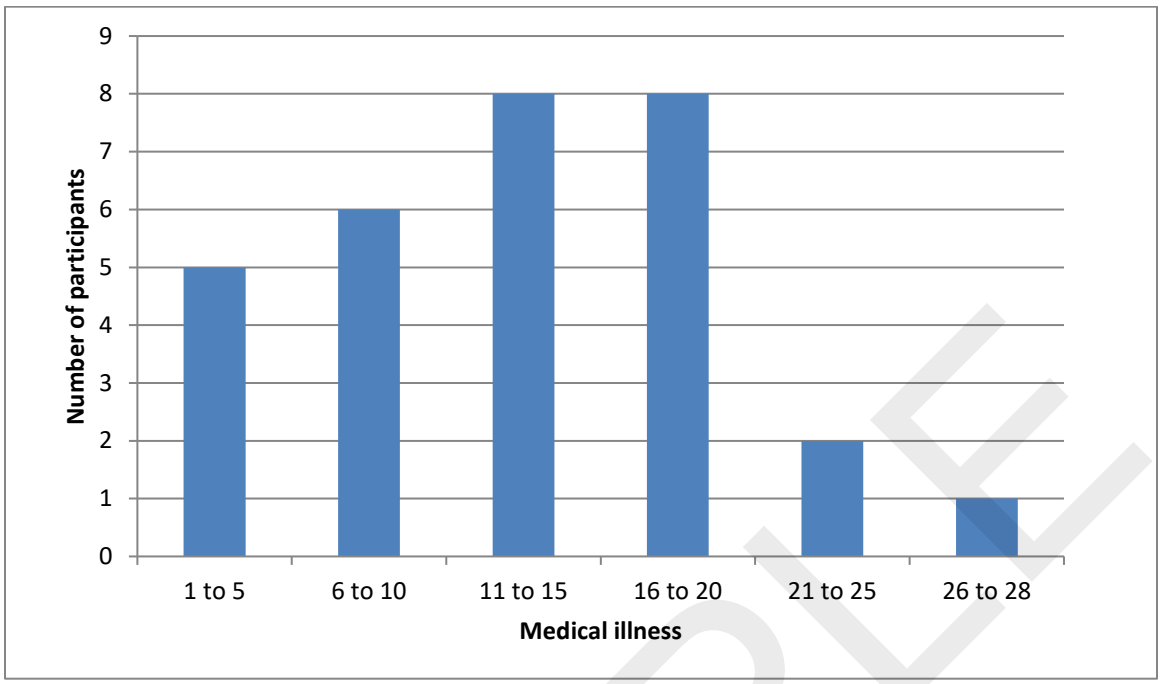



Figure 8. Years of alcohol dependence in individuals with alcohol dependence

Years of alcohol dependence in individuals with alcohol dependence was obtained from figure 8. It was seen that 5 individuals were dependent on alcohol between 1 to 5 years, 6 of them were dependent on alcohol between 6 to 10 years, 8-8 were dependent on alcohol between 11 to 15 years and 16 to 20 years respectively. There were 2 people dependent on alcohol between 21 to 25 years and 1 individual dependent between 26 to 28 years.The years of alcohol dependence gives a qualitative angle to the research.

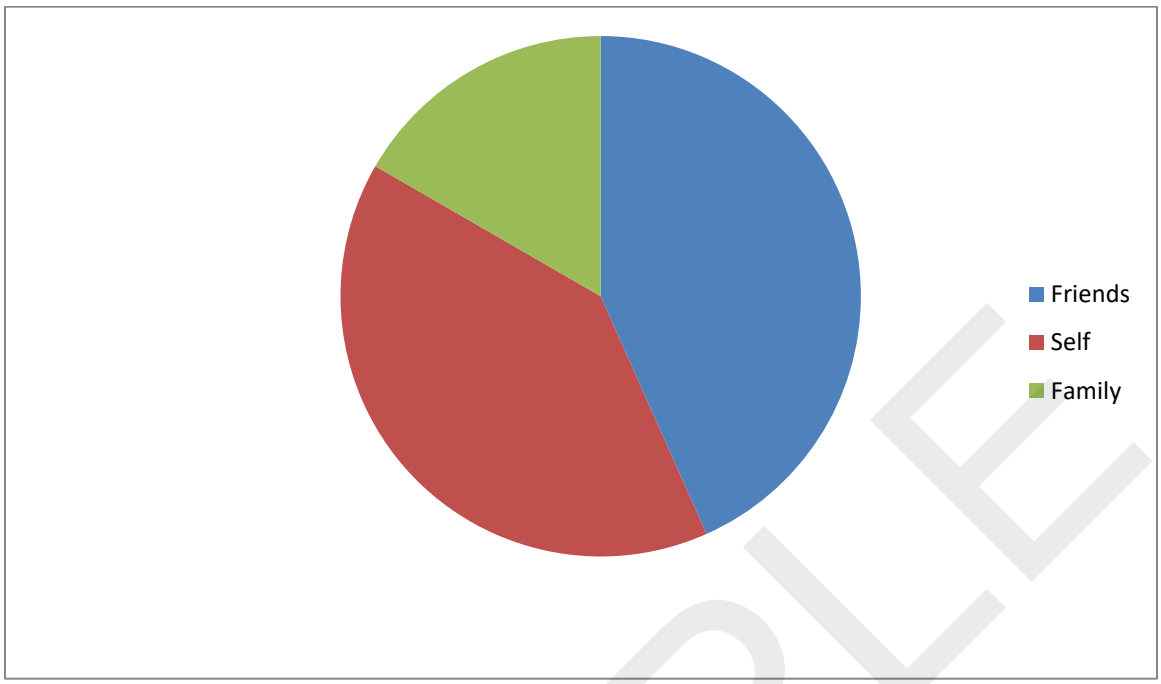



Figure 9. Modes of introduction of alcohol in individuals with alcohol dependence

Figure 9 displayedModes of introduction of alcohol in individuals with alcohol dependence. It is observed in figure 9 that most of them were introduced to alcohol by their friends. That is 13 of them were introduced to alcohol by their friends, 12 of them started drinking alcohol on their own and 5 of them were initially introduced by their family and then they became dependent on alcohol.This again study reflects how the alcohol dependent individual were influenced by friends.

Table 1. Means and Standard Deviation of emotional intelligence in individuals with alcohol dependence and mentally healthy individuals

| | **Individuals With Alcohol Dependence** | **Mentally Healthy Individuals** |
|---|---|---|
| **Mean** | **1.07** | **1.27** |
| **Standard Deviation** | **19.27** | **8.21** |

Table 2.Two tailed t-test of emotional intelligence in individuals with alcohol dependence and mentally healthy individuals

| | **Individuals With Alcohol Dependence** | **Mentally Healthy Individuals** |
|---|---|---|
| **Mean** | **1.07** | **1.27** |
| **Standard Deviation** | **19.27** | **8.21** |
| ***df*** | **58** | |
| **Value of t obtained** | **5.29** | |
| **Level of Significance** | **0.001** | |

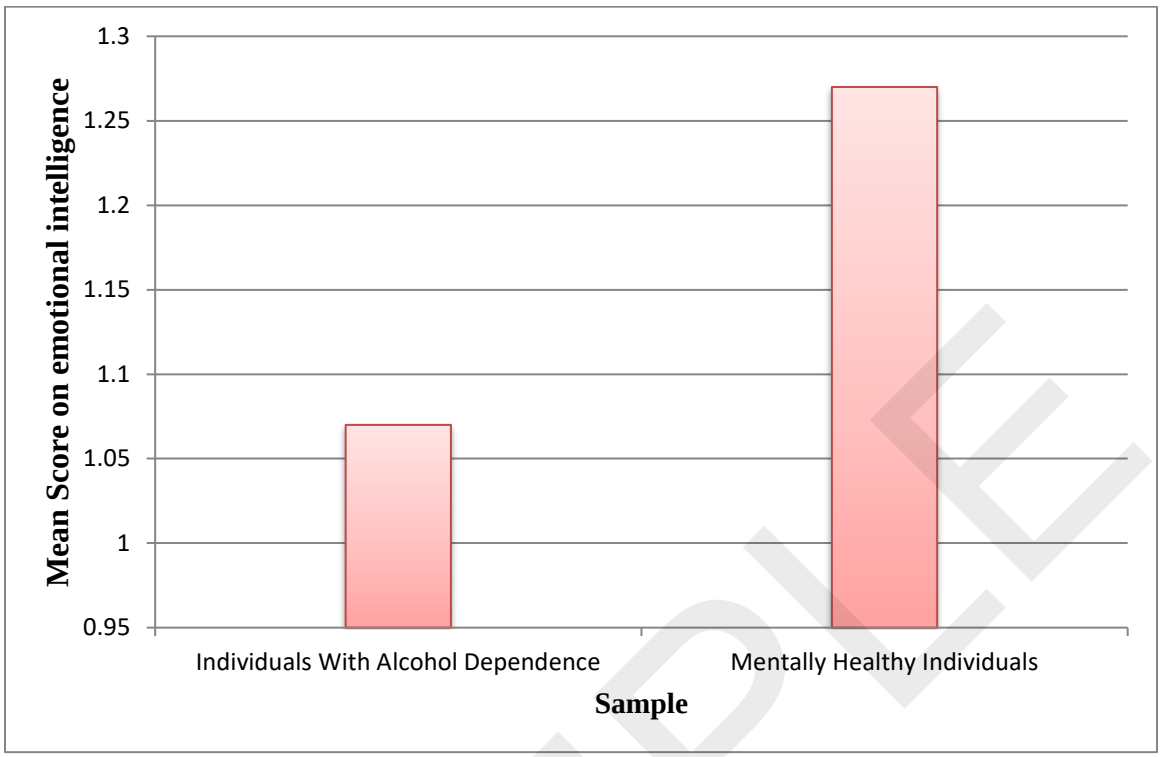



Figure 10. Mean scores on emotional intelligence of individuals with alcohol dependence and mentally healthy individuals

Hypothesis 1 stated that there is a significance difference in the level of emotional intelligence of alcohol dependent individuals and mentally healthy individuals. That is the emotional intelligence scores are different in both mentally healthy individuals and individuals with alcohol dependence.

Table 1 displayed Means and Standard Deviation of emotional intelligence in individuals with alcohol dependence and mentally healthy individuals. Table 2 showed two tailed t-test of emotional intelligence in individuals with alcohol dependence and mentally healthy individuals. It can be observed that mean and standard deviation of individuals with alcohol dependence are

1.07 and 19.27 respectively. Mean and standard deviation of mentally healthy individuals are 1.27 and 8.21 respectively. It is seen that the mean and standard deviation on emotional intelligence of mentally healthy individuals is higher than the mean and standard deviation of alcohol dependent individuals. This can also be observed in figure 10 in which the bar for mentally healthy individuals is higher than the bar for individuals with alcohol dependence. This also indicated that the level of emotional intelligence is higher in mentally healthy individuals as compared to level of emotional intelligence in individuals with alcohol dependence.

A two-tailed t test was done on the scores of the two groups to determine the significance of the difference between the means of the two groups and direction of the difference. The obtained t score was 5.29 at the degrees of freedom of 58 which were found to be significant at 0.001 level. Thus null hypothesis is rejected and alternative hypothesis is accepted. That is, there is a significance difference in the level of emotional intelligence of alcohol dependent individuals and mentally healthy individuals.

The obtained result can also be supported by past researches mentioned in review of literature. Research has suggested that Patients with alcohol dependence were significantly deficient in almost all the areas of Emotional intelligence.Patients with Alcohol Dependence have significantly low Emotional Intelligence (Sumi et al., 2018).The studies by ArashMohagheni Singh Amandeep,Velga,Bernadette, KunDennis R.T also correlates to this finding.

Another research on Emotional Intelligence Components in Alcohol Dependent and Mentally Healthy Individuals found that alcohol dependent individuals had a significant difference compared with the control group and received lower scores in empathy, responsibility, impulse control, self-esteem, optimism, emotional consciousness, stress tolerance, autonomy, problem-

solving, and total score of emotional intelligence components. Thus patients with alcohol dependence had deficits in components of emotional intelligence (Mohagheghi et al., 2015).

Table 3. Means and Standard Deviation of perception of emotion in individuals with alcohol dependence and mentally healthy individuals

| | **Individuals With Alcohol Dependence** | **Mentally Healthy Individuals** |
|---|---|---|
| **Mean** | **30.70** | **36.17** |
| **Standard Deviation** | **4.64** | **4.03** |

Table 4.Two tailed t-test of perception of emotion in individuals with alcohol dependence and mentally healthy individuals

| | **Individuals With Alcohol Dependence** | **Mentally Healthy Individuals** |
|---|---|---|
| **Mean** | **30.70** | **36.17** |
| **Standard Deviation** | **4.64** | **4.03** |
| ***df*** | **58** | |
| **Value of t obtained** | **4.87** | |
| **Level of Significance** | **0.001** | |

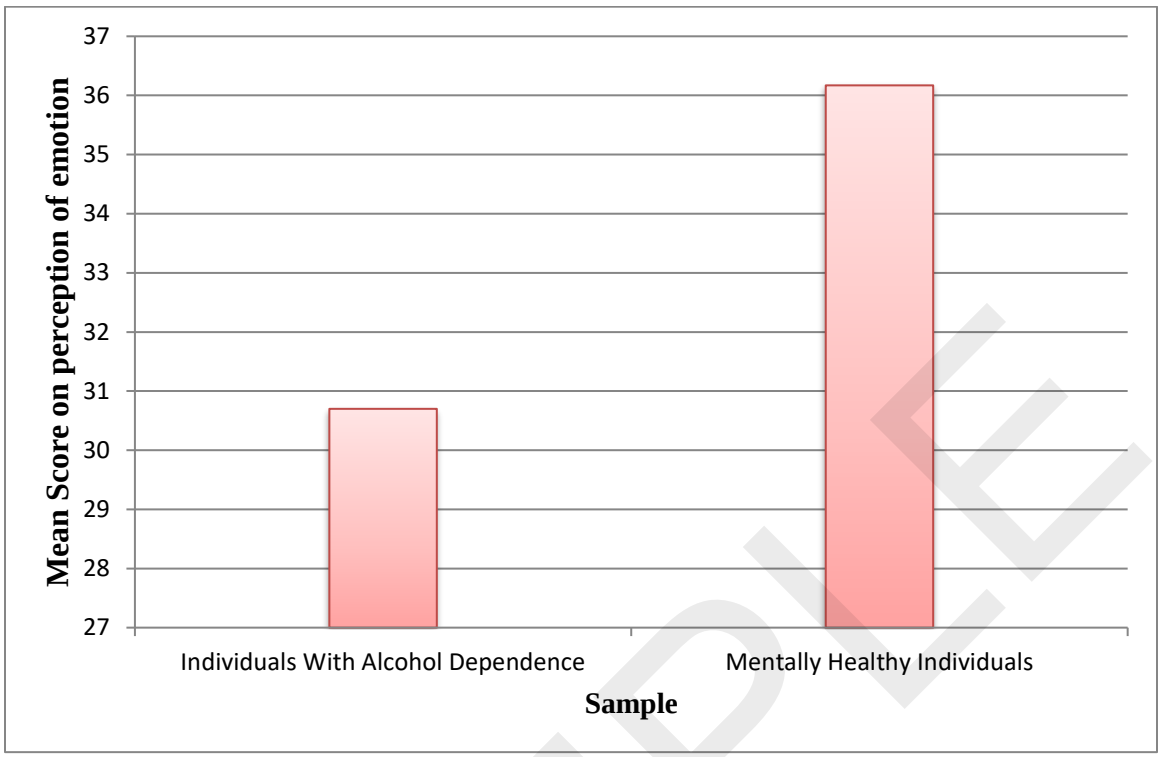



Figure 11.Mean Score on perception of emotion in individuals with alcohol dependence and mentally healthy individuals

The studies Bernatte Kun which suggests that decoding of emotions in alcohol dependent individuals is affected correlates to this finding

Table 5. Means and Standard Deviation of Managing Own Emotionsin individuals with alcohol dependence and mentally healthy individuals

| | **Individuals With Alcohol Dependence** | **Mentally Healthy Individuals** |
|---|---|---|
| **Mean** | **28.93** | **36.53** |
| **Standard Deviation** | **5.54** | **3.69** |

Table 6.Two tailed t-test of Managing Own Emotionsin individuals with alcohol dependence and mentally healthy individuals

| | **Individuals With Alcohol Dependence** | **Mentally Healthy Individuals** |
|---|---|---|
| **Mean** | **28.93** | **36.53** |
| **Standard Deviation** | **5.54** | **3.69** |
| ***Df*** | **58** | |
| **Value of t obtained** | **6.25** | |
| **Level of Significance** | **0.001** | |

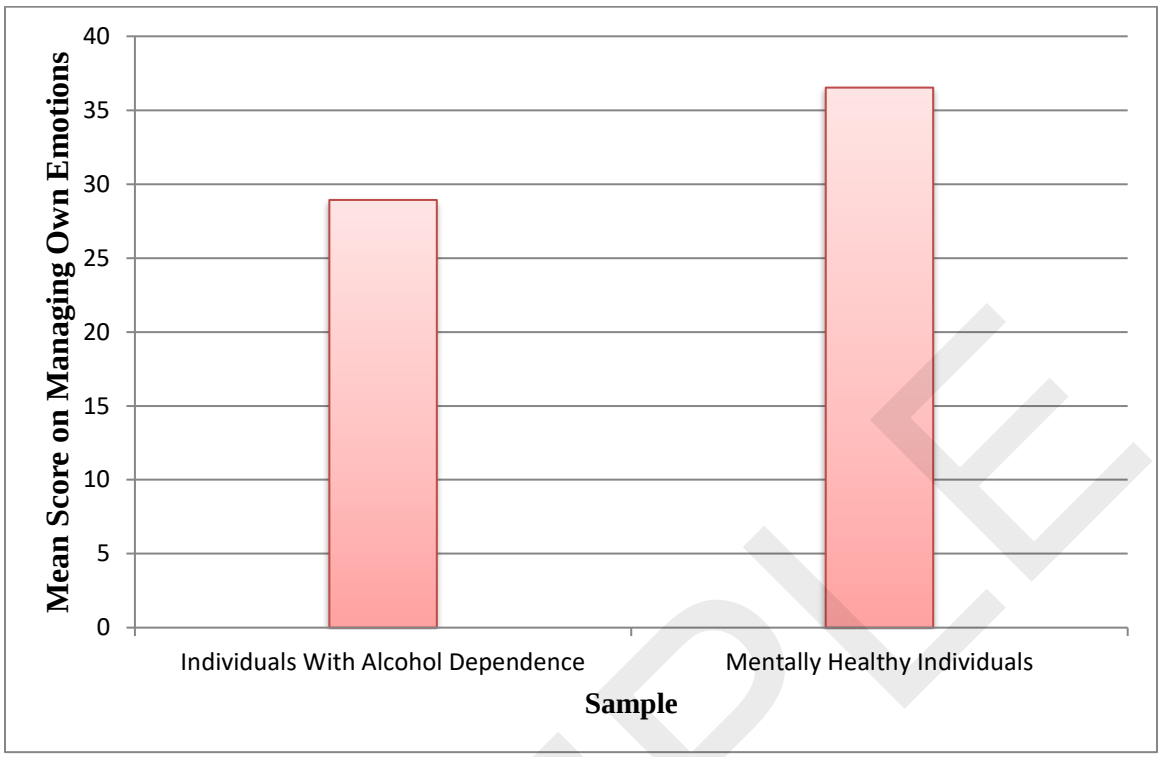



Figure 12. Mean Scores on perception of Managing Own Emotions in individuals with alcohol dependence and mentally healthy individuals

The studies by Velga,Arash,SinghAmardeep supports this finding

Table 7. Means and Standard Deviation of Managing Others' Emotions in individuals with alcohol dependence and mentally healthy individuals

| | **Individuals With Alcohol Dependence** | **Mentally Healthy Individuals** |
|---|---|---|
| **Mean** | **27.93** | **30.80** |
| **Standard Deviation** | **5.64** | **2.80** |

Table 8.Two tailed t-test of Managing Others' Emotions in individuals with alcohol dependence and mentally healthy individuals

| | Individuals With Alcohol Dependence | Mentally Healthy Individuals |
|---|---|---|
| **Mean** | **27.93** | **30.80** |
| **Standard Deviation** | **5.64** | **2.80** |
| ***df*** | **58** | |
| **Value of t obtained** | **2.49** | |
| **Level of Significance** | **0.01** | |

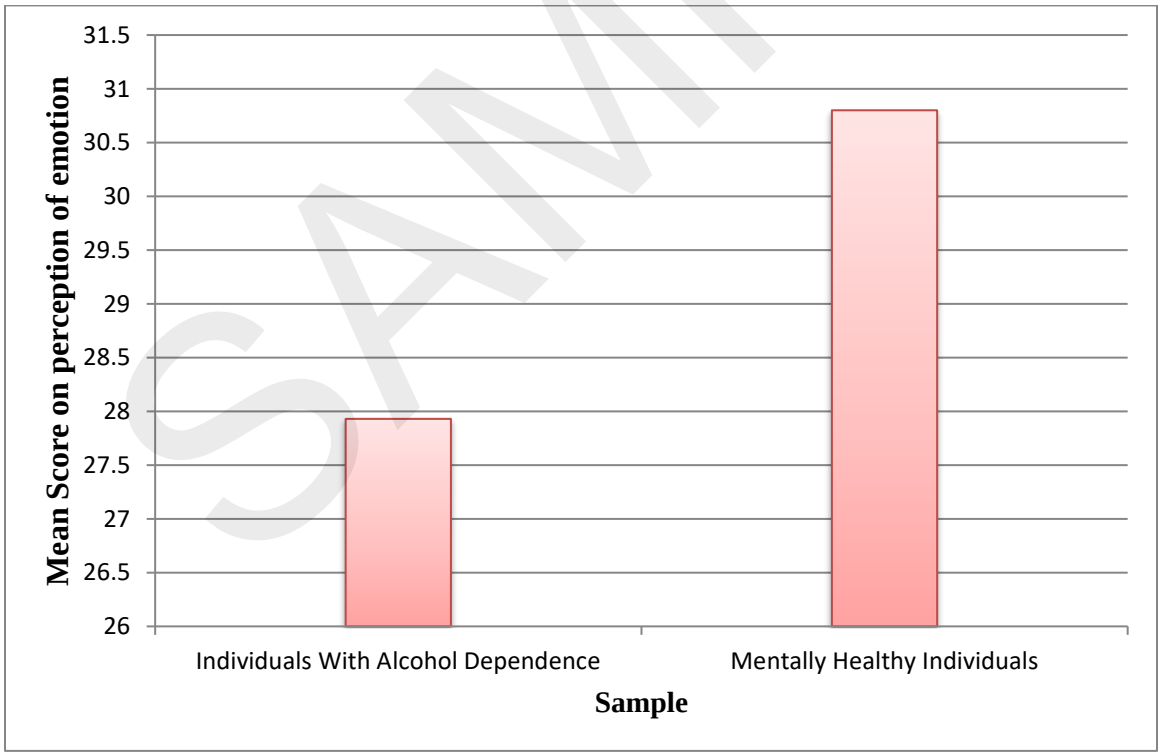



Figure 13.Mean scores of Managing Others' Emotions in individuals with alcohol dependence and mentally healthy individuals

Table 9. Means and Standard Deviation of Utilisation of Emotions in individuals with alcohol dependence and mentally healthy individuals

| | **Individuals With Alcohol Dependence** | **Mentally Healthy Individuals** |
|---|---|---|
| **Mean** | **19.77** | **24.23** |
| **Standard Deviation** | **5.69** | **2.61** |

Table 10.Two tailed t-test of Utilisation of Emotions in individuals with alcohol dependence and mentally healthy individuals

| | **Individuals With Alcohol Dependence** | **Mentally Healthy Individuals** |
|---|---|---|
| **Mean** | **19.77** | **24.23** |
| **Standard Deviation** | **5.69** | **2.61** |
| ***Df*** | **58** | |
| **Value of t obtained** | **3.91** | |
| **Level of Significance** | **0.001** | |

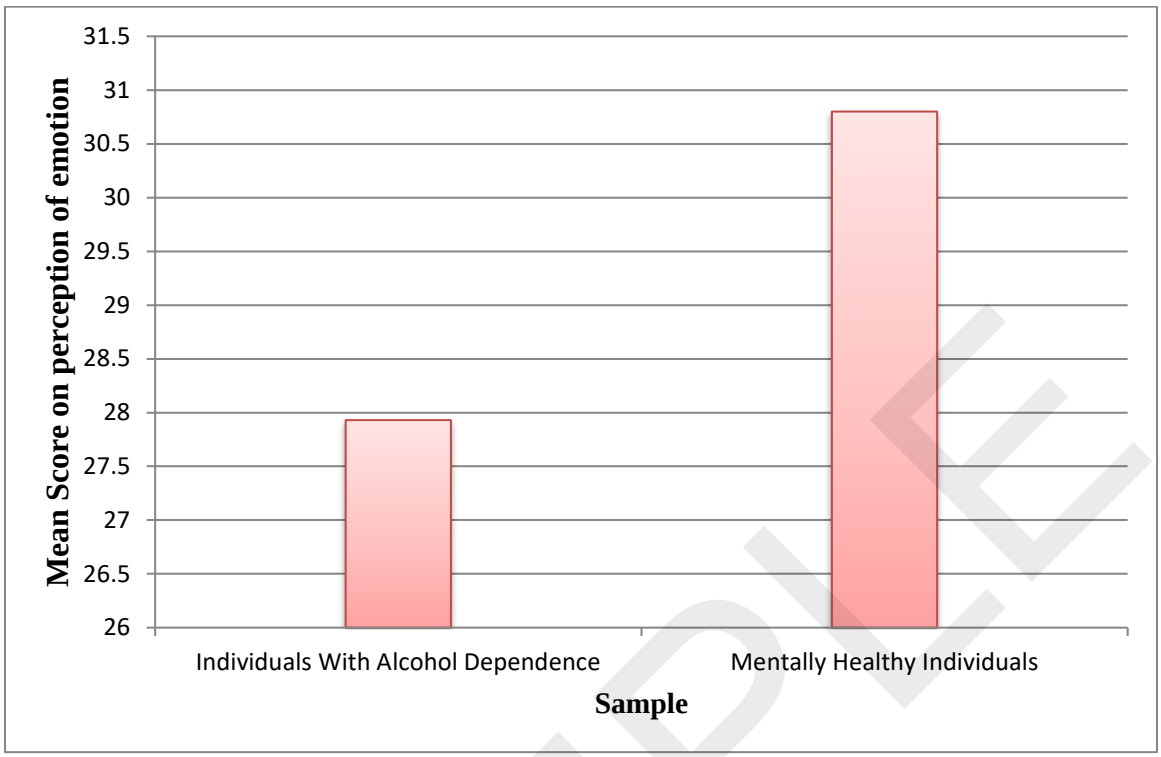



Figure 14.Mean scores of utilisation of emotions in individuals with alcohol dependence and mentally healthy individuals

Hypothesis 2 suggested that there is a significant difference in the ability to perceive emotions of alcohol dependent individuals and mentally healthy individuals.

Hypothesis 3 stated that there is a significant difference in the ability to manage own emotions of alcohol dependent individuals and mentally healthy individuals.

Hypothesis 4 proposed that there is a significant difference in the ability to manage others' emotions of alcohol dependent individuals and mentally healthy individuals.

Hypothesis 5 advocated that there is a significant difference in the ability to utilise emotions of alcohol dependent individuals and mentally healthy individuals.

Table 3 showed Means and Standard Deviation of perception of emotion in individuals with alcohol dependence and mentally healthy individuals. Mean and standard deviation of in individuals with alcohol dependence was 30.70 and 4.64 respectively. Mean and standard deviation of mentally healthy individuals was 36.17 and 4.03. This indicated that mean and standard deviation of mentally healthy individuals were higher than the mean and standard deviation of individuals with alcohol dependence. It is also seen in figure 11 that the bar for mentally healthy individuals was higher than the bar for individuals with alcohol dependence.

Table 5 showed Means and Standard Deviation of Managing Own Emotions in individuals with alcohol dependence and mentally healthy individuals. Mean and standard deviation of in individuals with alcohol dependence was 28.93 and 5.54 respectively. Mean and standard deviation of mentally healthy individuals was 36.53 and 3.69. This indicated that mean and standard deviation of mentally healthy individuals were higher than the mean and standard deviation of individuals with alcohol dependence. It is also seen in figure 12 that the bar for individuals with alcohol dependence is lower than the bar for mentally healthy individuals.

Table 7 displayed Means and Standard Deviation of Managing Others' Emotions in individuals with alcohol dependence and mentally healthy individuals. Means of individuals with alcohol dependence and mentally healthy individuals were 27.93 and 30.80respectively. Standard deviations of individuals with alcohol dependence and mentally healthy individuals were 5.64

and 2.80 respectively. It is observed that the mean and standard deviation of mentally healthy individuals are higher as compared to mean and standard deviation of individuals with alcohol dependence. Figure 13 exhibited mean scores of Managing Others' Emotions in individuals with alcohol dependence and mentally healthy individuals. In the figure it is seen that the bar for mentally healthy individuals was higher than the bar for individuals with alcohol dependence.

Table 9 presented means and Standard Deviation of Utilisation of Emotions in individuals with alcohol dependence and mentally healthy individuals. Means of individuals with alcohol dependence and mentally healthy individuals were 19.77 and 24.23respectively. Standard deviations of individuals with alcohol dependence and mentally healthy individuals were 5.69 and 2.61 respectively. It is observed that mean and standard deviation of individuals with alcohol dependence are lower as compared to mean and standard deviation of mentally healthy individuals. Figure 13 exhibited mean scores of utilisation of emotions in individuals with alcohol dependence and mentally healthy individuals. In the figure it is seen that the bar for individuals with alcohol dependence is lower than the bar for mentally healthy individuals.

Table 4 showed two tailed t-test of perception of emotion in individuals with alcohol dependence and mentally healthy individuals. The attained t-test score of 4.87 at the degrees of freedom of 58 was significant at 0.001 which indicated that null hypothesis was rejected and alternative hypothesis was accepted. That is there is a significant difference in the ability to perceive emotions of alcohol dependent individuals and mentally healthy individuals. It also indicates that mentally healthy individuals have better ability to perceive emotions as compared to alcohol dependent individuals.

Table 6 displayed two tailed t-test of Managing Own Emotions in individuals with alcohol dependence and mentally healthy individuals. The t-test score was 6.25 at the degrees of freedom of 58. The acquired t-test score was higher than the value at significance level of 0.001. Thus null hypothesis was rejected and alternative hypothesis was accepted. That is, there is a significant difference in the ability to manage own emotions of alcohol dependent individuals and mentally healthy individuals.. It also indicates that mentally healthy individuals have better ability to manage own emotions as compared to alcohol dependent individuals.

Table 8 displayed two tailed t-test of Managing Others' Emotions in individuals with alcohol dependence and mentally healthy individuals. After doing statistical analysis obtained t-test score of 2.49 at the degrees of freedom of 58 was significant at 0.01 which indicated that null hypothesis was rejected and alternative hypothesis was accepted. That is, there is a significant difference in the ability to manage others' emotions of alcohol dependent individuals and mentally healthy individuals. It also indicates that mentally healthy individuals have better ability to manage others' emotions as compared to alcohol dependent individuals.

Table 10presentedtwo tailed t-test of Utilisation of Emotions in individuals with alcohol dependence and mentally healthy individuals. The acquired t-test value was 3.91 at the degrees of freedom of 58. The t-test score was significant at 0.01 which indicated that null hypothesis was rejected and alternative hypothesis was accepted. That is, there is a significant difference in the ability to utilise emotions of alcohol dependent individuals and mentally healthy individuals..

It also indicates that alcohol dependent individuals have poorer ability to utilise emotions as compared to mentally healthy individuals.

The above findings can be supported by meta analysis done by Bernadette Kun &ZsoltDemetrovics (2010) indicated that lower level of emotional intelligence is associated with more intensive smoking, alcohol use, and illicit drug use and two components of emotional intelligence play a key role in addictions: "decoding and differentiation of emotions" and "regulation of emotions.".

Above findings can also be corroborated with the review of literature where the results of the study on a comparative study of emotional intelligence amongst alcoholic and non-alcoholics concluded that with reference to emotional intelligence, alcoholics differed significantly from non-alcoholics on three accounts namely emotional self-awareness, self-regard and independence (Singh, Amandeep, 2011).All the above findings can be collaborated with ArashMohaghehi,SinghAmardeep,VelgaSubadra,Bernadette Kun ,Dennis R.T mentioned in review of literature

Table 11. Means and Standard Deviation of emotional intelligence in individuals with alcohol dependence belonging to different age group

| | **Alcohol Dependent Individuals Belonging To Different Age Group** | |
|---|---|---|
| | **24 to 39** | **40 to 55** |

| | | |
|---|---|---|
| **Mean** | **1.07** | **1.08** |
| **Standard Deviation** | **18.84** | **20.32** |

Table 12.Two tailed t-test of emotional intelligence in individuals with alcohol dependence belonging to different age group

| | **Alcohol Dependent Individuals Belonging To Different Age Group** | |
|---|---|---|
| | **24 to 39** | **40 to 55** |
| **Mean** | **1.07** | **1.08** |
| **Standard Deviation** | **18.84** | **20.32** |
| ***df*** | **28** | |
| **Value of t obtained** | **0.21** | |
| **Level of Significance** | **Not Significant** | |

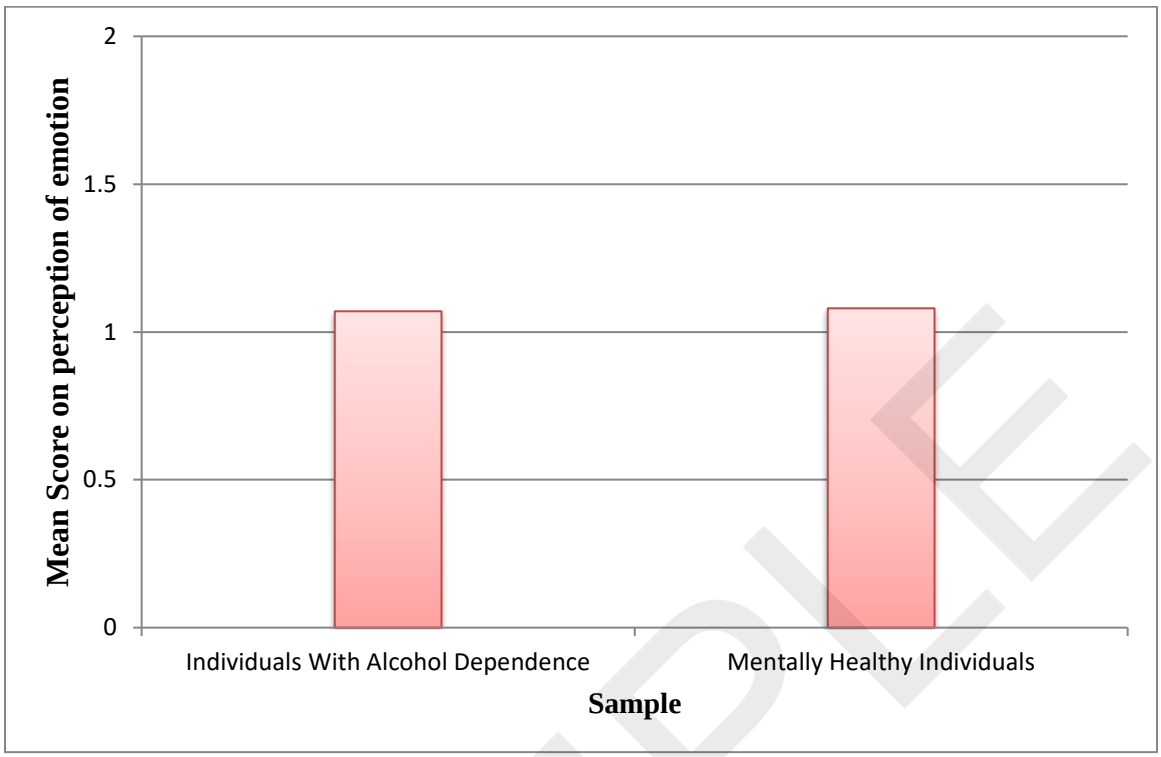



Figure 15.Mean scores of emotional intelligence in individuals with alcohol dependence belonging to different age group

Hypothesis 6 suggested that there is no significant difference in the level of emotional intelligence alcohol dependent individuals belonging to different age group i.e. 24 to 39 years of age and 40 to 55 years of age.

Table 11 indicated Means and Standard Deviation of emotional intelligence in individuals with alcohol dependence belonging to different age group. Means of individuals with alcohol dependence belonging to age groups of 24 to 39 years and age group of 40 to 55 years were 1.07 and 1.08 respectively. Standard deviations of individuals with alcohol dependence belonging to age groups of 24 to 39 years and age group of 40 to 55 years were 18.84 and 20.32 respectively.

This indicated that there is negligible difference between means and standard deviations of both the groups. This can also be seen in figure 15 which showed mean scores of emotional intelligence in individuals with alcohol dependence belonging to different age group where bar for both the age groups i.e. 24 to 39 years and 40 to 55 years is of almost same height.

Table 12 showed two tailed t-test of emotional intelligence in individuals with alcohol dependence belonging to different age group. the obtained t-test score of 0.21 at the degrees of freedom of 28 was not significant at 0.05 level. Thus null hypothesis was accepted and alternative hypothesis was rejected. That is there is no significant difference in the level of emotional intelligence alcohol dependent individuals belonging to different age group i.e. 24 to 39 years of age and 40 to 55 years of age.

This can also be corroborated with the review of literature in which it is observed that the research conducted by Natalie L. Shipley, Mary Jo Jackson and Sharon Larisa Segrest in 2010 suggested that emotional intelligence was not significantly associated with age.

Other researchers have found very small, or null, relationships between age and EI (Roberts, Zeidner, & Matthews, 2001; Fareselli, Massimiliano, & Freedman, 2006).

# CONCLUSION

The objective of the research was to study the effect of alcohol on emotional intelligence. For this objective two groups were tested; one of them was individuals with alcohol dependence and another groups was mentally healthy individuals. The results indicated the there is a significant difference in the level of emotional intelligence in individuals with alcohol dependence and mentally healthy individuals. While analysing each dimensions of emotional intelligence scale it was observed that in each dimensions the scores of mentally healthy individuals were significantly higher as compared to individuals with alcohol dependence. It was also found that there was no significant difference in the level of emotional intelligence alcohol dependent individuals belonging to different age group i.e. 24 to 39 years of age and 40 to 55 years of age.

# DELIMITATION

The sample size was small. A sample of 60 is not representative of the general population and the obtained result could be due to this limitation. If a larger sample was used a different result could have been obtained.

The sample taken was heterogeneous in themselves. Some were married and others were not. There were difference in their educational level and occupations also. However, ratio of working and non-working were kept almost similar for all ages.

Time was limited for conducting whole research and thus less sample size could be taken.

# SUGGESTIONS

- A larger study with larger sample would be able to produce results which may be more accurate
- Greater homogeneity in the nature of the population could be productive of more accurate results.
- Future studies can focus on qualitative analysis along with quantitative data collection.

# APPLICATION

The results of the current study can be used in counselling set up with clients who are dependent on alcohol.

It can also be applied in rehabilitation center for psych-educating the client about impact of alcohol on various areas of cognition and emotions being one of them.

It can also be applied in school for educating children about hazardous effects of alcohol on emotional intelligence.

It can also be used in industrial set-up.

## REFERENCES

Bhochhibhoya, A. &Branscum, P. (2015).Emotional intelligence: a place in public health promotion and education**.** *Paediatr Health*. ***3****(2).*

Bernadette,K.&Demetrovics,Z. (2010). A study on Emotional Intelligence and AddictionsInforma Healthcare USA, Inc. ISSN: 1082-6084 (print); 1532-2491 (online) DOI: 10.3109/1082608090356785

Dennis, R.T. & Anderson, C.( 2000, 19 May).The association between emotional intelligence and early adolescent tobacco and alcoholuse.Personality and Individual Differences32,(1).Retrieved from http://doi.org/10.10.16/S0191-8869(01)00008-3

Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR.WashingtonDC.

Excessive Drinking Can Damage Brain Regions Used For Processing Facial Emotion(2009). ScienceDaily.Retrieved from byArashMohagheni Singh Amandeep/releases/2009/08/090811161257.htm

~~Jo~~hnson, J. E.(2005).Alcohol and Substance Abuse intervention in vulnerable population affected by disasters. Training Manual Developed By Alcohol & Drug information (ADIC) - INDIA Supported by WORLD HEALTH ORGANIZATION (WHO) – INDIA. Retreived from http://apps.who.int/iris/bitstream/10665/206308/1/B0397.pdf

Sumi, K.S., Varghese P.P.&Cyriac, N.(2017). Psychosomatic Problems in Caregivers of Patients with Major Mental Illnesses .*Kerala Journal of Psychiatry 30 (2)*

Mayer, J. D., Salovey, P., & Caruso, D. R.( 2000). Models of emotional intelligence.In R. J. Sternberg (Ed.). Handbook of Intelligence (pp. 396-420).

Medina, J. (2017, October). Symptoms of Substance Use Disorders (Revised for DSM-5)

Psych Central. Retrieved from https://psychcentral.com/disorders/revised-alcoholsubstance-use-disorder/

Michael,B, Palmer,K., Matthew R. & Williams J. (2000). The Effects of Alcohol on the Amygdala.John Wesley Powell Student Research Conference.13.Retrieved from http://digitalcommons.iwu.edu/jwprc/2000/posters2/13

Mohagheghi, A., Amiri S., Rizi S., and Safikhanlou S. (2015).Emotional Intelligence Components in Alcohol Dependent and Mentally Healthy Individual.The Scientific World Journal

Morse, R. M., &Flavin, D. K. (1992). The definition of alcoholism. Journal of the American Medical Association, 268(8), 1012-1014.

Singh, A(2011).Emotional Intelligence in Alcohol Dependent and Mentally Healthy Individuals: A Case-control study Journal of Psychosocial Research, 6 (2)

The relationship between emotional intelligence and abuse of alcohol, marijuana, and tobacco among college students.The Free Library. (2014).Retrieved from https://www.thefreelibrary.com/The+relationship+between+emotional+intelligence+and+abuse+of+alcohol%2c...-a0298503331

Velga,S., Rancans, E.&Millere, I. (2012).The Emotional Intelligence Features of Substance Use Disorders Patients.International.Journal of Collaborative Research on Internal Medicine and Public Health.Retreived fromhttps://www.scribd.com/document/133942201/emotional-intelligence

What Are the Criteria for Alcoholism?(n.d)Retrieved from https://www.foundationsrecoverynetwork.com/what-are-the-criteria-for-alcoholism/

**INFORMED CONSENT FORM**

**NAME OF THE RESEARCHER** :AMRITHAWALLI SUMITHRAN

**TITLE OF THE STUDY** : A STUDY OF EFFECT OF ALCOHOL ON EMOTIONAL INTELLIGENCE

**PURPOSE OF RESEARCH** :**A COMPARATIVE STUDY OF INDIVIDUAL WITH ALCOHOL DEPENDENCE AND MENTALLY HEALTHY INDIVIDUAL FOR EMOTIONAL INTELLIGENCE**

**PARTICIPATION TIME** : 30 MINUTES

**PROCEDURES:**If you agree to participate in this study you will be asked about your demographic data and a questionnaire will be provided to you to be answered

**POTENTIAL RISKS:**There are no known or anticipated risks to you by participating in this study

**CONFIDENTIALITY:**All information will be kept**CONFIDENTIAL.** Only my guide *(*FROM INDIRA GANDHI NATIONAL OPEN UNIVERSITY) will be shown the details given. Your name will not appear anywhere and no one except me will know about your specific answers

**THE BENEFIT OF THIS RESEARCH** :Helps in studying The Effect Of Alcohol On EMOTIONAL INTELLIGENCE

**RIGHT TO WITHDRAW:** Your participation is voluntary You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort

**PLEASE READ AND COMPLETE THE FORM CAREFULLY.PLEASE SIGN AND WRITE THE DATE.**

**IF ANY QUERY IN THE QUESTIONNAIRE, PLEASE ASK**

**SIGNED CONSENT**

***I HAVE READ THE CONSENT FORM AND ALL OF MY QUESTIONS AND CONCERNS ABOUT THIS STUDY HAVE BEEN ADDRESSED. I CHOOSE, VOLUNTARILY, TO PARTICIPATE IN THIS RESEARCH PROJECT.***

---------- ----------

**Participant's Signature** **Date**

# DEMOGRAPHIC DATA FORM

Participants Number:

Participants Initial:

Age:

Educational Qualification:

Occupation:

Marital Status: ☐ Single ☐ Married ☐ arated Di☐ced

Family Status: ☐ Nuclear Family J☐t Family

Age of first drinking:

Alcohol dependent for how many years?

Any specific reason for which you started drinking: ☐ Yes ☐ No

If Yes Specify Reason :

Were you introduced to drink by: ☐Self ☐Family member ☐Friend

Have you been indulged in any other form of violence or injury to self or others under the influence of alcohol? ☐Yes ☐ No

Any other Medical problem?(if yes specify):

## DEMOGRAPHIC DATA FORM

Participants Number:

Participants Initial:

Age:

Educational Qualification:

Occupation:

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Family Status: ☐ Nuclear Family ☐ Joint Family

Have you been indulged in any other form of violence or injury to self ?Yes☐ No ☐

Any other Medical problem?(if yes specify):

## QUESTIONNAIRE

The Schutte Self Report Emotional Intelligence Test (SSEIT) Instructions: Indicate the extent to which each item applies to you using the following scale:

1 = strongly disagree 2 = disagree 3 = neither disagree nor agree 4 = agree 5 = strongly agree

1. I know when to speak about my personal problems to others

2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them

3. I expect that I will do well on most things I try

4. Other people find it easy to confide in me

5. I find it hard to understand the non-verbal messages of other people*

6. Some of the major events of my life have led me to re-evaluate what is important and not important

7. When my mood changes, I see new possibilities

8. Emotions are one of the things that make my life worth living

9. I am aware of my emotions as I experience them

10. I expect good things to happen

11. I like to share my emotions with others

12. When I experience a positive emotion, I know how to make it last

13. I arrange events others enjoy

14. I seek out activities that make me happy

15. I am aware of the non-verbal messages I send to others

16. I present myself in a way that makes a good impression on others

17. When I am in a positive mood, solving problems is easy for me

18. By looking at their facial expressions, I recognize the emotions people are experiencing

19. I know why my emotions change

20. When I am in a positive mood, I am able to come up with new ideas

21. I have control over my emotions

22. I easily recognize my emotions as I experience them

23. I motivate myself by imagining a good outcome to tasks I take on

24. I compliment others when they have done something well

25. I am aware of the non-verbal messages other people send

26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself

27. When I feel a change in emotions, I tend to come up with new ideas

28. When I am faced with a challenge, I give up because I believe I will fail*

29. I know what other people are feeling just by looking at them

30. I help other people feel better when they are down

31. I use good moods to help myself keep trying in the face of obstacles

32. I can tell how people are feeling by listening to the tone of their voice 2

33. It is difficult for me to understand why people feel the way they do*