



## THE STUDY OF PERSONALITY PROFILE OF THE ALCOHOL DEPENDENT MALES.

<b>Sushil Kumar Rohiwal</b>	Associate Professor, Department of Psychology, Chandigarh University, Punjab.
<b>Mahesh Kumar</b>	Associate Professor, Department of Psychiatry, S.K Government Medical College and Associated Hospital, Sikar, Rajasthan.
<b>Ram Chandra Lamba</b>	Junior Specialist, Department of Psychiatry, S.K Government Medical College and Associated Hospital, Sikar, Rajasthan.
<b>Prerak Kumar*</b>	Senior Resident, Geriatric Mental Health, KGMU, Lucknow, UP. *Corresponding Author

**ABSTRACT** **Background-** Most Psychiatric comorbid conditions seen with alcohol dependence were personality disorders like impulse control, Antisocial behaviour and few borderline traits were present. Alcohol dependent persons seem to be younger, having high impulsive trait, more extroversion, more competitiveness, more perfectionism.  
**Materials-Methods-** After Ethical Clearance, the study was conducted as a case control hospital-based study, 2 groups of 50 subjects each, Group 1- Alcohol dependent males as per ICD-10 criteria and Group 2 – healthy matched controls on age and education.  
**Results-** Alcohol dependent males have more type A personality traits as compared to healthy controls, 68% were having type a trait among cases and 26% were having type B traits in alcohol dependent cases. Confidence Interval 95% and p value significance kept as <0.05.SPSS statistics version used for analysis.  
**Conclusion-** Alcohol dependent males have more type A personality traits as compared to controls.

**KEYWORDS :** Alcohol, Personality, Type A.

### INTRODUCTION-

Alcohol dependent personality was described by Eysenck in his personality traits theory in which he discussed neurotic, extravert, introvert and psychotic versions.<sup>1</sup> Alcohol dependent persons have higher scores on impulsivity, neuroticism dimensions. Most Psychiatric comorbid conditions seen with alcohol dependence were personality disorders like impulse control, Antisocial behaviour and few borderline traits were also reported<sup>2</sup> Type A personality exhibits traits like, impulsivity, hostile attitude over competitiveness, excessive urgency for time, they maintain regular pressure to perform extra work out of them, which may lead to some cardiac illness and risk of substance abuse.<sup>3</sup> Goss et al their relevant conclusions that failing in adequate self- control and impulsivity lead to alcoholic dependent personality.<sup>4</sup>

### Aim-Objectives

To study the personality profile of patients of Alcohol Dependence Syndrome.

### MATERIALS-METHODS

**Inclusion-** 20-60 years of age, Written consent, ICD-10 Diagnosis of Alcohol Dependence Syndrome.

**Exclusion-** Comorbid Medical, Neurological disorder, Delirium, active withdrawal symptoms.

After written consent, patient socio-demographic factors assessed, personality profile was assessed of both groups by: Type A B C Behaviour Scale (TABCPPI-SAKA-Dr Arun Singh, Dr Ashok Kumar 2005). Medical comorbidity was ruled out by using Charlson Comorbidity index scale.

### RESULTS-OBSERVATIONS

**Table 1 Socio-Demographic Details of Subjects**

Socio-Demographic	Cases n=50	Controls n =50	Significance p value
<b>Age years (Mean +SD)</b>	36.46 ±8.78	34.86 ±7.48	0.979 (NS)
<b>Religion</b>			
Hindu	44 (88%)	46(92%)	
Muslim	6(12%)	4(8%)	0.645 (NS)
<b>Family type</b>			
Nuclear	36(72%)	31(62%)	
Joint	14(28%)	19(38%)	0.208 (NS)
<b>Family Income (Mean +SD)</b>	12966.00+10469.33	17,750.00+14047.75	0.056 (NS)

Birth Order	Cases n=50	Controls n=50	Significance p value
1	9(18%)	22(44%)	
2	19(38%)	15(30%)	
3/>3	22(44%)	13(26%)	0.05 (S)
<b>Marital Status</b>			
Married	38(76%)	36(72%)	
Unmarried	12(24%)	14(28%)	0.590 (NS)
<b>Domicile</b>			
Rural	33(66%)	30(60%)	
Urban	17(34%)	20(40%)	0.679 (NS)

Among the socio demographic parameters, the relationship among study groups is non- significant, except birth order where it is significant, younger ones with higher order are involved in dependence.

**Table 2 Distribution of the total cases according to their Severity of Alcohol Dependence Questionnaire**

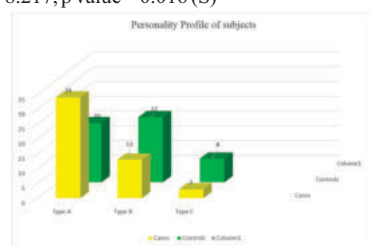
Severity Score	Cases n=50	Mean score + SD
Mild <16	12(24%)	11.17 +-2.92
Moderate 17-30	28(56%)	19.75 +-2.80
Severe >30	10(20%)	32.80 +-1.55

Maximum subjects were having moderate severity score on Severity of Alcohol dependence- questionnaire 56%.

**Table 3 Distribution of the total subjects according to the Type ABC Personality**

Personality Type	Type A B C	Cases (N=50)	Controls (N=50)
Type A		34(68%)	20(40%)
Type B		13(26%)	22(44%)
Type C		3(6%)	8(16%)

Chi-square = 8.217, p value = 0.016 (S)



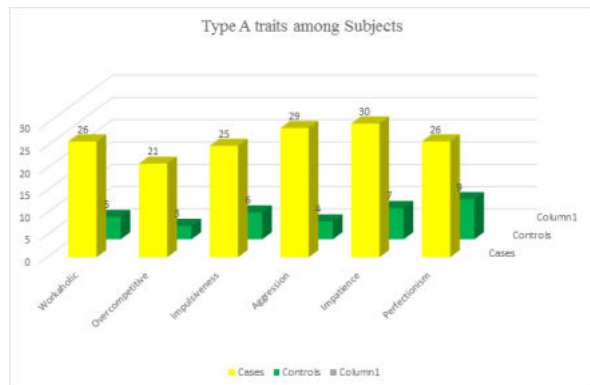
The Type A personality traits are more common in cases as compared to the control group and the relationship is significant.

**Table 4 Distribution of the subjects according to the characteristic traits of Type A Personality Profile**

Type A Trait	Cases (N=36) out of 50	Control (N=21) out of 50
Workaholic	26 (72.22%)	5 (23.80%)
Over competitiveness	21 (58.33%)	3 (14.33%)
Impulsiveness	25 (69.44%)	6 (28.57%)
Aggression	29 (80.55%)	4 (19.04%)
Impatience	30 (83.33%)	7 (33.33%)
Perfectionism	26 (72.22%)	9 (42.85%)

Chi-square = 9.828, p value = 0.057 (S)

Among the alcoholic dependent cases Impatience trait showed by 83.33% of cases, Aggression trait in 80.55% of cases. Workaholic and Perfectionism trait in 72.22% of cases, Impulsiveness in 69.44% and over-competitiveness trait in 58.33% of cases. The difference between study groups was statistically significant.



**DISCUSSION**

In the present study the mean age of cases was 36.46 years and 34.86 years in controls. Similar results were reported by Chaturvedi HK et al. (2004)<sup>5</sup> who reported prevalence approximately 23% among adults generally above 30 years of age. The present study concluded that prevalence of drinking alcohol was more in Hindu religion that was 88%, similar findings was reported in the Indian study by Subramanian et al. (2004)<sup>6</sup> who showed that Hindus (14.7%) were more involved in drinking alcohol in comparison to Muslims (1.2%). Present study showed that the 8 maximum cases (72%) belonged to the nuclear type of family. Indian study done by Qadri et al. (2010)<sup>7</sup> also found that nuclear families (57.50%) were having more risk of substance dependence as compared to joint families. Study concluded also alcohol drinking is more commonly seen in higher birth order or younger children, 38% of cases have birth order 2 and 18% having birth order 1. Similar results were reported by Raghav G et al 1981<sup>8</sup>. Present study concluded that the 72% of alcohol dependent cases were having traits of Type A personality, 24% of cases were having Type B personality traits. The difference of personality profile between study groups was statistically significant. Similar results were found in studies done by Sher, Levenson (1982),<sup>9</sup> Dick DM (2010)<sup>10</sup>. In present it was observed that traits like impatience, workaholic are more in alcohol dependent cases, similar to findings made by Christopher F. Chabries et al. (2008)<sup>11</sup> who concluded- impatience, over-competitiveness are precipitating factors in future substance dependence. In this study impulsivity was found in 69.44% of cases which was similar to research findings done in Verdejo-Garcia et al. (2008)<sup>12</sup> and Van Gills (2010)<sup>13</sup>. In present study over competitiveness trait more in alcohol dependent cases which is similar to Insko (1998)<sup>14</sup> who reported that alcohol dependents showed too much hastiness for work and over competitive attitude. perfectionism was more in alcohol dependent cases which was also described in research findings of Frost RO . (1990)<sup>15</sup> and Lothar S.S., Becker . (2002)<sup>16</sup> they reported that perfection and hastiness in work may lead to risk of substance dependency.

**CONCLUSION**

In present study we concluded that the alcohol consumption and dependency have majority of Type A Personality with characteristics like Impulsiveness, Impatience, Workaholic, Over competitiveness

and perfectionism trait in comparison to healthy controls. Type A traits make the alcoholic group more prone to the cardiac illness and other comorbidities because of the traits.

**Limitations**

1. The size of sample was small, so the findings cannot be generalised.
2. The study was conducted at a tertiary care hospital, which may not be representative of the general population.
3. Recall bias were the drawbacks which were difficult to eliminate from present study.

**Conflicts of Interests – Nil**

**Acknowledgement-** Department of Psychiatry, MGMUST, Jaipur, Rajasthan.

**REFERENCES**

1. Mulder RT. Alcoholism and personality. Australian New Zealand J Psychiatry. 2002 Jan;36(1):46-51.
2. McGUE MA. Behavioral genetic models of alcoholism and drinking. Psychological theories of drinking and alcoholism. 1999 May 21;2:372-421.
3. Barrett ME, Joe GW, Simpson DD. Availability of drugs and psychological proneness in opioid addiction. Int J Addict. 1990 Jan;25(10):1211-26.
4. Bradley KT, Sonne SC. The role of stress in alcohol use, alcoholism treatment, and relapse. Alcoh Res. 1999;23(4):263-9.
5. Chaturvedi HK, Mahanta J. Sociocultural diversity and substance use pattern in Arunachal Pradesh, India. Drug and alcohol dependence. 2004 Apr; 74(1):97-104.
6. Subramanian SV, Nandy S, Kelly M, Gordon D, Smith GD. Health behaviour in context: exploratory multi-level analysis of smoking, drinking and tobacco chewing in four states. Economic and Political Weekly. 2004 Feb 14;684-93.
7. Qadri S, Goel RK, Singh J, Ahluwalia S, Pathak R, Bashir H. Prevalence and pattern of substance abuse among school children in northern India: A rapid assessment study. International Journal of Medical Science and Public Health. 2013 Apr 1;2(2):273-83.
8. Sher KJ, Levenson RW. Risk for alcoholism and individual differences in the stress-response-dampening effect of alcohol. Journal of Abnormal Psychology. 1982 Oct;91(5):350-67.
9. Dick DM, Smith G, Olausson P, Mitchell SH, Leeman RF, O'malley SS, Sher K. Understanding the construct of impulsivity and its relationship to alcohol use disorders. Addiction biology. 2010 Apr;15(2):217-26.
10. Raghav G. Birth order and delinquency. The British Journal of Criminology. 1980 Oct 1;20(4):385-95.
11. Chabris CF, Laibson D, Morris CL, Schuldt JP, Taubinsky D. Individual laboratory-measured discount rates predict field behavior. Journal of risk and uncertainty. 2008 Dec 1;37(2-3):237-69.
12. Verdejo-García A, Lawrence AJ, Clark L. Impulsivity as a vulnerability marker for substance-use disorders: review of findings from high-risk research, problem gamblers and genetic association studies. Neuroscience & Biobehavioral Reviews. 2008 Jan 1;32(4):777-810.
13. Van Gils PF, Hamberg-van Reenen HH, van den Berg M, Tariq L, de Wit GA. The scope of costs in alcohol studies: Cost-of-illness studies differ from economic evaluations. Cost effectiveness and resource allocation. 2010 Dec;8(1):15-11
14. Insko CA, Schopler J, Pemberton MB, Wieselquist J, McIlraith SA, Currey DP, Gaertner L. Long-term outcome maximization and the reduction of inter individual-intergroup discontinuity. Journal of personality and social psychology. 1998 Sep;75(3):695-710.
15. Frost RO, Marten P, Lahart C, Rosenblate R. The dimensions of perfectionism. Cognitive therapy and research. 1990 Oct 1;14(5):449-69.
16. Luthar SS, Becker BE. Privileged but pressured? A study of affluent youth. Child development. 2002;73(5):1593-610.