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Drug Addicts and Alcoholics: A Study of Personality in Pune, Maharashtra

PSYCHOLOGY

KEYWORDS : Personality, drug addicts, alcoholics, descriptive survey design

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ABSTRACT

The present study aimed at studying the personality among alcoholics and drug addicts in particular regard to the personality dimensions, Neuroticism, Extraversion, Agreeableness, Conscientiousness, and Openness to Experience. The data for this study was generated from a sample of 60 recovering alcoholics and drug addicts. This data was analyzed by calculating the Means, Standard Deviations and t-test, along with Pearson's Product Moment using SPSS 20. The results displayed no significant difference between the personality dimensions of Neuroticism, Conscientiousness, and Openness among the recovering alcoholics and drug addicts.

INTRODUCTION

Personality is the unique way in which each individual thinks, acts, and feels through life (Ciccarelli & Meyer, 2006). It is also defined as the dynamic organization within the individual's psycho-physical system that determines his characteristic behavior and thought to adjust to his environment (Allport, 1961). In short, personality is made up of characteristic patterns of thoughts, feelings, and behavior that make a person unique. Further, personality is also stated to be the organization of an individual's personality patterns or tendencies (White, 1984).

The belief that personality plays a role in alcoholism—that it may even be the major or sole cause—has a long tradition. Nineteenth-century theorizing—both popular and medical—on alcoholism and narcotic addiction frequently focused on the degeneracy of the addict or alcoholic. Degeneracy was a global concept: thought to be inherited, it encompassed criminality, feeblemindedness or retardation, sexual promiscuity, et al., along with drug and drinking excesses. By the twentieth century, explanations for alcoholism and addiction were regularly put forward by psychiatry and psychoanalysis. Personality factors have emerged as critical factors predicting substance use behaviours, including the use of alcohol and illicit drugs (Bogg & Roberts, 2004; Hampson & Friedman, 2008). These substances are leading risk factors for poor health and earlier mortality (McGinnis & Foege, 1993).

When studying personality in India, the complexity of the context must be taken into consideration. India has a very ancient and rich culture which is characterized by a huge amount of philosophical outlooks (sometimes contradictory), castes and creeds, languages and dialects spoken, and religion and customs followed. However, the post independence era has seen a marked growth in education, science and technology, industry, and economy, resulting in socio-economic advancement and a consequential lifestyle change. The Indian culture is essentially a collectivistic culture wherein the group goals and welfare are a higher priority and the personal goals of an individual take a backseat. In contrast, the the western culture is an individualistic one where an individual is honored for his or her independence. Here, individuality is a desirable aspect and is even considered to be a part of a healthy personality. However, people in many Eastern cultures behave with greater humility and follow the social norms religiously (Cloninger, 1996).

LITERATURE REVIEW

Terracciano et al.,(2008) compared the personality profile of tobacco, marijuana, cocaine, and heroin users and non-users using the wide spectrum Five-Factor Model (FFM) of personality in a diverse community sample. Results show that marijuana users score higher on openness measures. In addition to confirming high levels of negative affect and impulsive traits, this study also highlights the links between drug use and low Conscientiousness. These links provide insight into the etiology of drug use and have implications for public health interventions.

Torres and Pritchard (2005) examined the relationship between personality, specifically the Big Five, and certain health risk behaviors. Health risk behaviors included: violence, tobacco, alcohol, suicide, marijuana, disordered eating, risky sexual behavior, and other drugs. Researchers found many significant correlations between various personality dimensions and various health risk behaviors. Most notably, agreeableness correlated with more health risk behaviors than any other personality dimensions. Researchers also found significant gender differences in many of the health risk behaviors and three personality dimensions. Males participated in more violent acts, tobacco use, alcohol use, marijuana use, and other drug use when compared to females.

Tucker, Elliott, and Klein (2006) examined the social regulation of health behavior in a probability sample of 509 household residents who completed a Random Digit Dial (RDD) telephone survey. The results of their study suggest that the social regulation of health behavior experienced by highly conscientious individuals has more to do with their own internalized notion of responsibility and obligation to others than to specific actions by others aimed at influencing their health habits. In contrast, individuals with higher neuroticism experience more overt attempts by others to influence their health habits but have more negative affect and behavioural responses to these attempts at social influence. The findings further suggest that clarifying the distinct social influence processes that operate for conscientiousness and neuroticism may further explain how these traits are related to health behaviours and status.

Studies have further pointed out that persons scoring high in neuroticism were more reactive to stressors and were more distressed by recurrent problems than were others, in addition to reporting daily problems (Suls, Green, & Hills, 1998). Fullerton et al. (2003) found support for linkage with neuroticism to a region of chromosome 12. Studies done on the onset of alcohol use disorder show risk taking, impulsivity, and sensation seeking as antecedent risk factors for alcohol use in adolescence. Another study by Mullan et al. (1986) on twin studies showed that higher neuroticism scores on Eysenck Personality Quotient (and a range of neurotic disorders) were common in the alcohol probands and co-twins than in normal co-twins. Further, individuals who scored high on alienation, neurotic tendencies and psychological involvement social motives also consumed greater amounts of alcohol and had more alcohol related problems.

Hoffman et al. (1974) and Loper et al. (1973) compared the MMPI scores of college students who later became alcohol-

ics with those who did not. The MMPI scores between the two groups showed differences very similar to those noted according to the MAC Scale in the direction of higher sociopathy, defiance of authority, and impulsiveness among those who were to later become alcoholics. Clearly, repeated findings have shown this kind of anti-social impulsiveness to characterize alcoholic males and females both before and after they are clinically diagnosed as alcoholics.

Nicholas A. Turiano, Shawn D. Whiteman, Sarah E. Hampson, Brent W. Roberts, Daniel K. Mroczek (2012) discovered that personality traits predict substance use in adolescence, but less is known about prospective substance use in middle age and beyond. Their study focused on filling in the gaps. Higher levels of neuroticism, extraversion, openness, and lower levels of conscientiousness and agreeableness predicted longitudinal substance use. Increases in neuroticism and openness predicted increased substance use while increases in conscientiousness and agreeableness predicted decreased substance use. Higher levels of conscientiousness moderated two of the other trait main effects.

Friedman et al. (1995) found that Conscientiousness effects appear to retain their predictive power even over extensive longitudinal periods. Teacher ratings of childhood conscientiousness predicted many unhealthy behaviors such as smoking and drinking at midlife in the Terman Life Cycle Study, a sample followed for over 70 years. Specifically, those children labeled as less conscientious were more likely to become smokers and consume greater quantities of alcohol in adulthood.

The evidence connecting conscientiousness with substance use is larger and more compelling than for any other personality trait. Booth-Kewley and Vickers (1994) were among the first to document the robust effect of individuals high in conscientiousness refraining from detrimental substance use. Since then, investigations utilizing diverse samples have demonstrated a strong and clear connection between conscientiousness and substance-use behaviors (Kashdan, Vetter, & Collins, 2005; Malouff, Thorsteinsson, Rooke, &Schutte, 2007; Malouff, Thorsteinsson, &Schutte, 2006; Terracciano, Löckenhoff, Crum, Bienvenu, & Costa, 2008). In fact, a meta analysis of 194 studies confirmed that conscientiousness- related traits were negatively associated with many different health behaviors, including tobacco use, excessive alcohol use, and drug use (Bogg& Roberts, 2004).

OBJECTIVES OF THE STUDY

This research study endeavoured to do the following:

1. To understand the differences that exist between alcoholics and drug addicts with special focus on the personality dimensions of Neuroticism, Openness to experience, and Conscientiousness.

2. To study the significance of personality in recovering drug addicts and alcoholics in the Indian context.

HYPOTHESES

Bearing the objectives of the study mentioned above the following hypotheses were formulated:

1. There is a significant difference between alcoholics and drug addicts in the personality dimension, Neuroticism.
2. There is a significant difference between alcoholics and drug addicts in the personality dimension, Extraversion.
3. There is a significant difference between alcoholics and drug addicts in the personality dimension, Openness.
4. There is a significant difference between alcoholics and drug addicts in the personality dimension, Agreeableness
5. There is a significant difference between alcoholics and drug addicts in the personality dimension, Conscientiousness

METHODOLOGY

This is a quantitative study which is descriptive in nature. Descriptive studies are important because they help understand what exists (Best & Kahn, 1998). Typically a descriptive study is used to describe the nature of the data in terms of the topic being researched. This study specifically employed a descriptive cross-sectional survey design. The advantage of this design is that it provides a snapshot of the outcome and is a popular choice of research design because of its feasibility (Levin, 2006).

SAMPLE AND PROCEDURE

For the purpose of this study a sample of 60 recovering alcoholics and drug addicts were included. The nature of the study demanded that the purposive sampling method be employed. This sampling method uses pre-determined parameters when selecting a sample rendering it an effective sampling technique (Tongco, 2007). This study sought to investigate recovering alcoholics and drug addicts therefore these were the primary parameters. The sample was divided into two groups based on the nature of addiction—30 alcoholics and 30 drug addicts.

The respondents in the study were contacted with the help of rehabilitation centres in the city. They were all of Indian origin and were between the ages 19 - 50 years. All of them were male and belonged to middle class families (avg income of 6.5 lakh p.a). These respondents answered instruments, discussed in the subsequent section, which constituted the data for this study.

INSTRUMENTATION

The tool used in the present study was the NEO Five Factor Inventory (NEO-FFI) (Form S) developed by Costa and McCrae (1992). The NEO-FFI is a 60 item version of the NEO-PI and provides a brief comprehensive measure of the 5 domains of personality. It consists of five 12-item scales that measure each domain. The 5 broad domains, or dimensions of personality measured are Neuroticism (N), Extraversion (E), Openness (O), Agreeableness (A), and Conscientiousness (C). Item selection for the NEO-FFI used the validimax factors (McCrae and Costa, 1989) from the NEO-PI as the criteria. When the NEO-FFI was correlated with the domain scales of the NEO-PI, correlations were found to be 0.92, 0.90, 0.91, 0.77, and 0.87 for the N, E, O, A, and C respectively. Internal consistency for the NEO-FFI scales, calculated using coefficient alpha were 0.86, 0.77, 0.73, 0.68, and 0.81 for N, E, O, A, and C respectively. As subsets of the NEO-PI domain scales, NEO-FFI carries with it some portion of the validity of the full scale.

Retest reliability refers to the extent to which individuals approximate the same scores on two different occasions. Retest reliability for N, E, and O domain scales for NEO-PI scales on a sample of 31 men and women were 0.87, 0.91, and 0.86 respectively (McCrae and Costa, 1983). By scoring the NEO-FFI scales from the NEO-PI data, three month retest reliability of the NEO-FFI in a college sample were estimated. The coefficients were found to be 0.79, 0.79, 0.80, 0.75, and 0.83 for the N, E, O, A, and C respectively ($p < 0.001$). The NEO-FFI can be used as a substitute to the NEO-PI-R when a shorter version is required.

RESULTS AND DISCUSSION

In order to test the hypotheses stated earlier, means, standard deviations, t-test and correlations were calculated. Table 1 presents the mean standard deviations and t-test results. Table 2 presents the correlations between the personality dimensions.

Upon examining the results we can state that there are no significant differences between alcoholics in terms of each of the personality dimensions. This result is concluded because the significance of each dimension—neuroticism (0.821), extraversion (0.705), openness (0.112), agreeableness (0.76), and conscien-

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tiousness (0.478)—is greater than the 0.05 level of significance (see Table 1).

Table 1
Mean, standard deviations and t-test results.

Personality Dimensions	Mean	S.D	t	Sig.
Neuroticism *Alcoholic* *Drug Addict*	26.8 27.10	5.423 4.780	.227	.821
Extraversion *Alcoholic* *Drug Addict*	25.13 24.63	5.800 4.279	.380	.705
Openness *Alcoholic* *Drug Addict*	22.87 24.93	5.204 4.705	1.613	.112
Agreeableness *Alcoholic* *Drug Addict*	23.77 21.00	4.869 3.695	2.479	.076
Conscientiousness *Alcoholic* *Drug Addict*	27.87 26.77	6.527 5.335	.715	.478

Further a glance at the means seem to suggest an interesting finding. It seems like the personality dimensions are moderated such that each of them are relatively the same. A reason for this could perhaps be attributed to the respondent's bias. It could be possible that the fact that they were being tested as alcoholics and drug addicts—most often considered a taboo—could have skewed their responses. Additionally, most of the participation was based on willingness and therefore the ones who were willing were towards the end of their rehabilitation. As a result, it could be that the intervention process moderated their responses.

Table 2
Pearson's product moment correlations

	N	O	E	A	C
N	1	.113	-.256*	-.265*	-.173
O	.113	1	.301	-.139	-.090
E	-.256*	.301	1	.102	.241
A	-.265*	-.139	.102	1	-.051
C	-.173	-.090	.241	-.051	1

N-Neuroticism, O-Openness, E-Extraversion, A Agreeableness, C-Conscientiousness.

The pearson's correlation table suggests that there is a significant correlation between neuroticism and extraversion, and between neuroticism and agreeableness. This means that they measure the same phenomenon of personality. Therefore, we only discuss three dimensions of personality—neuroticism, conscientiousness and openness to new experience—excluding hypothesis number 2 and 4.

From the results presented above we may say that the first hypothesis—there is a significant difference between alcoholics and drug addicts in terms of personality dimension, neuroticism—is not supported. Neurotics are said to be those who tend to feel insecure and emotionally unstable (Mcrae & John, 1992). In other words alcoholics and drug addicts are not so different in their tendencies to feel insecure, and experience adverse feelings. Additionally, the third hypothesis—there is a significant difference between alcoholics and drug addicts in terms of the personality dimension, openness—was not supported. Openness is described as a person's tendencies to be creative, curious, open-minded, willingness to explore the unknown and sensitivity (Goldberg, 1990). Thus study suggested no significant difference in these tendencies between alcoholics and drug addicts. Lastly, the fifth hypothesis—there is a significant difference between alcoholics and drug addicts in terms of the personality dimension, conscientiousness—was not supported. Mohammed Awadh & Mohammed Saad, (2012) described conscientiousness as the nature of a person being logical, reliable, determined and thorough. These traits are not significantly different between alcoholics and drug addicts, and are substantiated through this study.

It may well benefit the reader to be directed back to Table 1 in assessment of the mean and the standard deviations of the responses per dimension. Although the respondent's mean score was high for each dimension, the standard deviation was rather high for each too. This indicates that in the range of responses there were some who scored as many standard deviations below or above the mean as indicated in the respective row (see Table 1). Therefore, this must be borne in mind when attempting to understand the equilibrium in the scoring of each dimension of personality.

CONLCUSION

This study sought to shed light on the personality of alcoholics and drug addicts and to understand if there were differences between the two. The study as a result developed five hypotheses of which two got eliminated due to statistically significant variables. As a result, it was established that both drug addicts and alcoholics were likeminded in terms of neuroticism, openness and conscientiousness. It must also be further pointed out that this study, like most, is not short of limitations. One of the biggest limitation of this study is that respondents who participated were mostly towards the end of their rehabilitation period and therefore, may have influenced the study. Future research, as a result, may do a longitudinal study over the period of the rehabilitation program to understand if personality differences between the two groups existed in the beginning of the treatment and how they were moderated over the period, if they did. Additionally, it may also be possible to replicate he study in other settings to add empirical support for this finding.

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