Personality traits and global self-esteem of alcohol addicts

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Abstract

Recognizing alcoholism as a serious disease has prompted numerous studies which have sought to uncover those aspects of personality that differentiate people who become addicts from those ones who do not develop addiction. The purpose of this study is to examine the existence of differences in personality traits according to the alternative five-factor model and global self-esteem between alcohol addicts and non-clinical population. The research was conducted on the sample of 72 respondents – 36 alcohol addicts and 36 healthy individuals, with no mental and somatic disorders. The obtained results point to the existence of statistically significant differences between the groups in personality trait Neuroticism-Anxiety (N-Anx) and global self-esteem. The significance of the results lies in the possible contribution to the planning and implementation of a psychological treatment of alcoholism.

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Keywords: alcohol addict, personality traits, global self-esteem

1. Introduction

Alcoholism is a serious and chronic disease which brings a whole series of negative effects, both in somatic and the mental health of a patient. The treatment of this disease of addiction is long and it requires medical and psychological treatment of an individual, whose engagement in the treatment is crucial. However, there are a

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number of factors that make it difficult to identify the problem by patients and their environment. Social tolerance, the cultivation of the pattern of excessive alcohol consumption in various social situations, which is very often not only acceptable, but desirable, misconceptions about alcoholism as a bad habit, beliefs that alcohol contributes to having more fun favor the development of alcoholism and hinder the patient’s perception of the problem and therefore the treatment. It can be said that alcoholism is a disease of an individual, a family and the whole society.

*The etiology of alcoholism.* Three factors are involved in the development of alcoholism: a human, social environment and substance – alcohol. Anxiolytic effects of alcohol, effects on mood and weakening of inhibitions, and thus easier establishment of social contacts are the effects of the substance significant for the development of the addiction. The tolerance of the society for the alcohol consumption affects the availability and higher consumption of alcohol. In consideration of etiological factors one should not neglect the influence of family factors on the development of the addiction. The function of the “channel” through which parents communicate, the symbiotic relationship with the parent of the opposite sex, while the other parent is often indifferent and absent, and the problem of addiction of one of the parents are some of the factors that favour the development of alcoholism (Maric, 2005). The search for the personality traits of the people addicted to alcohol, which distinguish them from those people who are not addicted has attracted the attention of many researchers and practitioners in the field. Many studies conducted in the 30’s and 40’s of the last century were aimed at detecting the “alcoholic personality”. From the search for the type of personality it was moved to the behaviours that are predisposing. However, the focus of studies was soon back to the personality and character traits which contributed to the detection of involvement of genetic factors that determine some traits and behaviours associated with alcoholism, and the growing phenomenon of polytoxicomans (with the expansion of drugs in the 60’s and 70’s of the last century) who had different personality traits than alcoholics (Mulder, 2002).

Cloninger (1987) examines the differences in the personality traits of people who belong to the Type 1 alcoholism (characterized by the possibility of long abstinence with the loss of control over drinking) and people belonging to Type 2 alcoholism (lack of control and abstinence). Type 1, which occurs after the age of 25, is characterized by the following dimensions: high RD (reward dependence) – emotional dependency, sentimentality, sensitivity to social cues, high HA (harm avoidance) – shyness, inhibition, vigilance, anxiety and low NS (novelty seeking) – loyalty, rigidity. People who belong to the Type 2 alcoholism, whose symptoms appear before the age of 25, are characterized by high NS (novelty seeking) – impulsivity, explosiveness, low HA (harm avoidance) - optimism, relaxation, nonchalance, energy and low RD (reward dependence) – emotional coldness, independence, obstinacy. So, people who have problems with alcohol are recruited from the group of passive-dependant and anxious personalities or from the group with antisocial features.

In the study that has examined the personal and genetic alcohol risk factors, the authors, combining the dimensions of Cloninger’s and Eysenck’s personality models, have found the results which indicated that negative emotionality (the sum of harm avoidance and neuroticism score) is associated with alcohol dependence in men, while positive emotionality (the sum of reward dependence and extraversion score) is associated with alcohol dependence in women. Behavioural undercontrol (the sum of Novelty Seeking, Psychoticism and reverse-scored Lie) is associated with alcohol dependence in both man and woman (Slutske et al., 2002).

The author of an alternative five-factor model of personality Marvin Zuckerman and Michael Kuhlman (Zuckerman & Kuhlman, 2000) in a study conducted on 260 students come to the result that risky behaviour, including, among other things, alcohol consumption, is associated with the following dimensions of personality: impulsive sensation seeking, aggression and sociability. Zuckerman especially points out the correlation between sensation seeking and risky behaviours. The sensation seeking is the need for excitement, change and innovation, as well as a preference for unpredictable situations and people (Zuckerman, 2002). Examining Cloninger division of alcoholics on Type 1 and Type 2 Zuckerman and Kuhlman (2000) report that the sensation seeking is associated with Type 2, and neuroticism may be important in Type 1.

Considering the results of the studies, Nolan-Hoeksema (2004) lists the following risk factors for the development of alcoholism: genetic factors, alcohol reactivity or sensitivity, gender, depression, coping style, impulsivity, antisocial behaviour, self-esteem. In the treatment of alcoholism, it is often worked on increasing self-esteem of the patient. However, despite the fact that there are evidence of the correlation between low self-esteem and alcohol-related problems, more in women than in men, these results are inconsistent, so the correlation remains insufficiently clear. Examining the correlation between self-esteem and alcohol use, harmful drinking patterns, and
negative consequences of alcohol use among students, Zeigler-Hill, Stubbs & Madson (2013) come to the results that indicate that respondents with contingent self-esteem (the level of self-esteem depends on whether individuals have met goals and standard they have set to themselves) report more alcohol-related negative consequences than individuals with noncontingent high self-esteem. Trucco et al., (2007) report on the lack of significant correlation between self-esteem and post-treatment drinking outcomes, accordingly, the improvement in self-esteem during treatment does not necessarily prevent alcohol relapse. Inconsistent results may indicate the complexity of correlation between self-esteem and alcohol-related problems.

2. Method

2.1. Purpose of the study

The main purpose of this study is to examine whether there is a statistically significant difference in personality traits according to the five-factor model and the level of global self-esteem between alcohol addicts currently in hospital treatment and non-clinical population.

2.2. Participants

The study included 72 respondents. The group of alcoholic addicts consisted of 36 respondents of both sexes who, at the time of conducted the survey, were treated on the Alcoholic Ward of the Special Psychiatric Hospital in Gornja Toponica. All the respondents had spent a month to month and a half at the Alcoholic Ward. The survey was anonymous, and all the respondents had been acquainted with the purpose of the study, before they were given the tests, while the survey was conducted after the oral consent of the respondents. One of the selection criteria was the number of the previous hospitalizations, so that participants in the survey had been hospitalized up to three times, including the current hospitalization. Before having been given the tests, the participants were, within the regular psychological testing on the ward, examined and the organic change and decay were excluded, which, if present, could have influenced the test results. Average age of the respondents was 43.8 years. The control group consisted of 36 healthy respondents, with no psychiatric or somatic diseases, who were the same age, gender and education level as the respondents from the group of alcoholic addicts.

2.3. Instruments

For the assessment of personality Zuckerman-Kuhlman Personality Questionnaire-50-CC (ZKPQ-50-CC; Aluja et al., 2006) was used. The questionnaire consists of 50 true/false statements. Dimensions measured by the questionnaire are: Activity (ACT), Aggressiveness-Hostility (Agg-Host), Impulsive Sensation Seeking (ImpSS), Neuroticism-Anxiety (N-Anx) and Sociability (Sy). The reliability of all the questionnaire scales had been checked on the studied sample. For scale Activity (ACT) Cronbach alpha coefficient is 0.74, for the scale Aggressiveness - Hostility (Agg-Host) $\alpha = 0.71$, the Impulsive Sensation Seeking Scale (ImpSS) $\alpha = 0.71$, the neuroticism scale - Anxiety (N-Anx) $\alpha = 0.76$ for the scale and Sociability (Sy) $\alpha = 0.67$. To assess the level of global self-esteem, we used Rosenberg global self-esteem scale (Rosenberg, 1965), which consists of ten statements. The task of the respondents was to determine on the five-point Likert scale to which extent they agreed with each statement. The height of Cronbach alpha coefficient indicates satisfactory reliability of the scale in this sample ($\alpha = 0.88$).
3. Results

Table 1. The differences in personality traits between the group of alcohol addicts and the control group

<table>
<thead>
<tr>
<th>Personality traits</th>
<th>M</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity (ACT)</td>
<td>Alcohol addicts</td>
<td>5.69</td>
<td>2.51</td>
<td>70</td>
<td>.73</td>
</tr>
<tr>
<td>Control group</td>
<td>5.29</td>
<td>2.63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggressiveness - Hostility (Agg-Host)</td>
<td>Alcohol addicts</td>
<td>4.50</td>
<td>2.77</td>
<td>70</td>
<td>-1.05</td>
</tr>
<tr>
<td>Control group</td>
<td>5.14</td>
<td>2.37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impulsive Sensation Seeking (ImpSS)</td>
<td>Alcohol addicts</td>
<td>4.67</td>
<td>2.75</td>
<td>70</td>
<td>-1.8</td>
</tr>
<tr>
<td>Control group</td>
<td>4.78</td>
<td>2.38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroticism – Anxiety (N-Anx)</td>
<td>Alcohol addicts</td>
<td>5.14</td>
<td>2.82</td>
<td>70</td>
<td>2.35</td>
</tr>
<tr>
<td>Control group</td>
<td>3.64</td>
<td>2.59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sociability (Sy)</td>
<td>Alcohol addicts</td>
<td>5.11</td>
<td>2.34</td>
<td>70</td>
<td>-1.0</td>
</tr>
<tr>
<td>Control group</td>
<td>5.17</td>
<td>2.50</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Sig<0.05

Table 2. The differences in the prominence of the global self-esteem between the group of alcohol addicts and the control group

<table>
<thead>
<tr>
<th>Global self-esteem</th>
<th>M</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol addict</td>
<td>29.76</td>
<td>7.02</td>
<td>70</td>
<td>-3.44</td>
<td>.001**</td>
</tr>
<tr>
<td>Control group</td>
<td>35.08</td>
<td>6.07</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Sig<0.01

The results presented in Table 1 and Table 2 show that a statistically significant difference between the groups is obtained in dimension Neuroticism - Anxiety (N-Anx) (Sig <.05) and in the prominence of global self-esteem (Sig <.01). Other differences are not statistically significant.

3. Conclusion

The results obtained in the study indicate that the group of alcoholic addicts is characterized by low self-esteem, higher levels of tension, anxiety, sensitivity to criticism, insecurity and indecisiveness compared to the non-clinical population. This result is to a certain degree expected due to the fact that alcohol is available anxiolytic agent, used by many people in different situations in order to reduce tension.

The obtained results are consistent with the results of the studies that indicate the correlation between neuroticism/negative emotionality and alcoholism (Heath et al. 1997; Sher et al., 1999 cited in Mulder, 2002). We can say that our respondents belong to Type 1 alcoholism according to Cloninger’s division, characterized by emotional dependency, sentimentality, shyness, inhibition, anxiety (Cloninger, 1987). Cloninger links this type of alcoholism to the respondents above the age of 25, which also corresponds to our research sample (average age 43.8). However, one should not ignore the fact that these are respondents who have been in hospital treatment for a month or a month and a half, in abstinence, and who may have an increased level of neuroticism as the result of the stress due to perceiving the current position in life and the stress caused by the cessation of consumption of the substance. Studies of people in addiction treatment program have shown an increase on the scales of anxiety and neuroticism immediately after entering the treatment program. Scores on neuroticism scales drop sharply after 3 to 6 months, as opposed to some other scales such as hypomania and psychopathic deviation measured by the MMPI questionnaire (Zuckerman, Sola, Masterson & Angelone, 1975 cited in Zuckerman & Kuhlman, 2000). Due to the aforementioned results, possible recommendation for further studies would be to check the results on a larger sample with a longitudinal monitoring of the respondents.

When it comes to other personality traits, comparing studied groups have not given any statistically significant differences. Zuckerman & Kuhlman (2000) emphasize the connection between risky behavior and impulsive sensation seeking, aggressiveness and sociability. If we ignore the lack of statistically significant difference, from
the obtained results we can see that the prominence of three aforementioned personality traits in our study is higher in the control group compared to the group of alcohol addicts. These results were unexpected and they could possibly be explained by the tendency of alcohol addicts to give socially desirable answers.

Differences in the level of global self-esteem obtained by comparing the groups are to a degree expected. The link between alcohol consumption and low self-esteem could be explained by the phenomena that the immediate effects of alcohol in most cases contribute to the current increasing of self-esteem and feelings of competence while reducing anxiety. Thus, it is not surprising that the results of the study by Glindemann, Geller & Fortney (1999) show that the students with lower level of self-esteem show, after parties, the higher levels of intoxication measured by the blood alcohol level. In the attempt to explain the correlation between self-esteem and problems with alcohol researchers are increasingly examining the different forms of the self-esteem, such as explicit and implicit self-esteem or contingent and noncontingent high self-esteem (DeHart, Tennen, Armeli Todd & Mohr, 2009; Zeigler-Hill et al., 2013) in people who drink excessively or who have already developed an addiction. However, when considering this result, it should be taken in account that the low self-esteem may be the consequence of the current life situation in which a person is, self-perception and the possible feelings of guilt and shame for the actions that are a direct result of intoxication.

The obtained results of our study may point out the factors on which the attention should be paid in the treatment of alcohol dependance, especially at the initial phase of the treatment (the respondents in this study at the time of testing have been treated for a month to a month and a half), which is perhaps the most difficult part of the treatment for an individual, and probably to a certain degree determines whether an individual continues or abandons the treatment. Thus, we can say that the techniques drawn from cognitive-behavioural therapy, in this phase of treatment, would be most beneficial, with respect to their efficiency. Identifying automatic thoughts, questioning their accuracy and the possible replacement of these thoughts with more functional ones could contribute to boosting self-esteem. Learning breathing and relaxation techniques would result in reduced levels of anxiety and tension. Finally, it could all facilitate the adoption of new, "healthier" patterns of behaviour and contribute to further treatment, that is, abstinence.

References