Review Article

Are Alcohol Dependence, Alexithymia And Emotional Intelligence Connected ?

Abstract

Alcohol dependence is a complex brain disease. Its lead too many social and personal problems like; physical problem, mental health, disturbance in work life, poor family and social relationships, separation and divorce and emotional hardship in the family. Person with alexithymia are typically unable to identify, understand or describe their own emotions. Emotional intelligence is the ability to monitor one's own feelings and emotions, distinguish among them and use it to guide one's thinking and action. It is a multidimensional construct is associated with a range of variables and consequences relating to life quality. The purpose of the study was to explore the connectivity between alcohol dependence, alexithymia and emotional intelligence. Literature has been searched the both electronic databases including PubMed and manual searches for this. The research studies have shown that alcohol dependence, alexithymia and emotional intelligence are interconnected and also influenced to each other. Findings reported that negative relationship between emotional intelligence and alcohol dependence, while positive relationship has been seen between alexithymia and alcohol dependence.

Keywords: Alexithymia,Emotional intelligence, Alcohol dependence.

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Submitted: 11.10. 2020 **Revised:** 14.11. 2020
Accepted: 24.11. 2020 **Published:** 17.12.2020

Access this Article online

Website : www.jpsw.co.in

DOI:https://doi.org/10.5281/zenodo.4445596

Quick Response Code

How to cite: Kumar. P. (2020). Are Alcohol Dependence, Alexithymia And Emotional Intelligence Connected ?.*Journal of Psychosocial Wellbeing,* 1(2),21-27.

Introduction

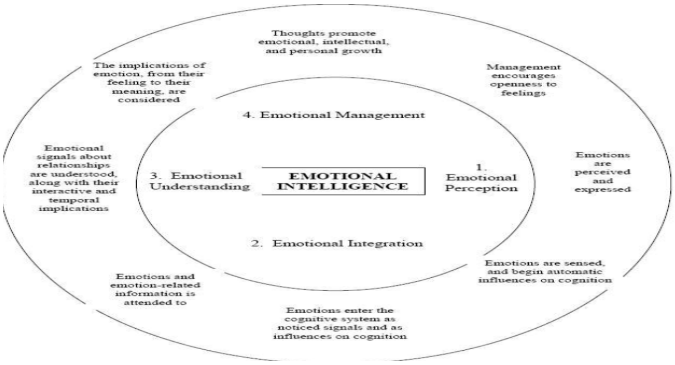
Alcohol dependence is a complex brain disease. It is perceived as one of the causes of death and disability around the globe. In county like India alcohol consumption become a major public health issue and factors responsible for this are mainly various socio cultural practices across the nations, alcohol related various policies and practices in different states, lack of awareness, specially alcohol related problems among the community, mass media propaganda that misinterpret about the fact of alcohol use etc.

The European Region is the area of the world with the highest levels of alcohol consumption and alcohol related harm. According to World Health Organization (2002), approximately 2 billion persons worldwide consume alcohol and one-third (nearly 76.3 million) is likely to have one or more alcohol related disorders. Stockwell et al., (2016) highlighted that drinking alcohol is associated with nearly 1 out of 10 deaths in the age between 15-49 years. World Health Organization (WHO,2018) suggested that more than two billion (43% of the total population age

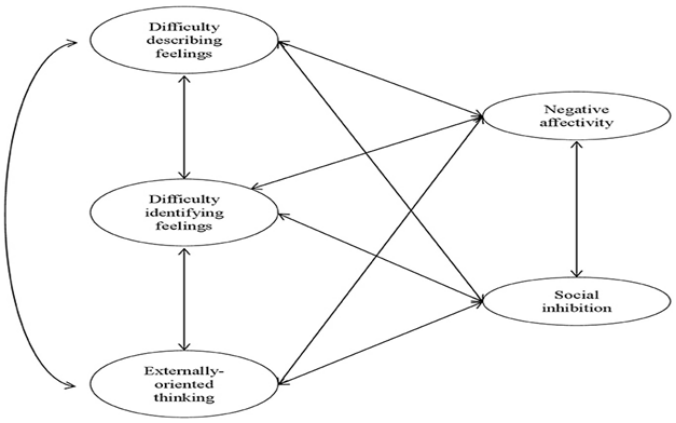
15years and older) around the world are current drinkers. Harmful use of alcohol resulted in an estimated 3 million deaths worldwide in the years 2016. It has mentioned that around two billion people (43% of the global adult population aged 15 years and older) are current drinkers, defined as consuming alcohol in the previous 12 months (European action plan to reduce the harmful use of alcohol 2012–2020). World Health Organization(WHO,b2019) empathized that Alcohol abuse leads to many social and personal problems like; problems of health, disturbance in work life, poor family and social relationships, separation and divorce and emotional hardship in the family. In India, it is estimated 3 million people who abused alcohol died in 2016 and consumption of alcohol per capita has doubled from 2005 (2.4 liters) to 2016 (5.7 liters) with 4.2 liters being consumed by men and 1.5 liter by women(WHO,2019). Multi-centric scientific community-based research studies have to be conducted in various individual states to understand the problem better. Various policy makers, media, professionals and society have to be educated about the consequences of chronic alcohol through sensitization programme and health education campaigns (Eashwar et al., 2020). There are so many risk factors for the alcohol dependence: WHO(2018) has mentioned that alcohol related disorders are associated with risk factors such as age, education, intelligence, socio-economic status, etc. Alexithymia is also considered to be an important risk for alcoholism and it has influence on treatment outcomes (Thorberg, 2011).

Person with alexithymia are typically unable to identify, understand or describe their own emotions, and the construct of alexithymia refers to some of the chief manifestations of this deficit in emotional functioning. The key features of the alexithymic syndrome are - difficulty identifying different types of feelings, difficulty distinguishing between emotional feelings and bodily feelings, limited understanding of what caused the feelings and difficulty in verbalizing feelings. Alexithymia also refers to poor management of emotional behaviour and stress-management abilities. It has been considered as a vulnerability factor for various medical and psychiatric illnesses alexithymia is the inability to talk about feelings due to lack of emotional awareness (Taylor &Bagby,2004). Alexithymia prevalence in alcoholism is 45–67% compared to 5–17% in the general population (Thorberget al.,2009).Berthoz et al., (2008) mentioned that alexithymia has been repeatedly related to interpersonal deficits such as empathy impairments and it is only recently that this construct was investigated by researchers in the field of social neuroscience (Moriguchi et al., 2006).

Emotional intelligence (EI) is defined as the ability to monitor one's own feelings and emotions, distinguish among them and use it to guide one's thinking and action (Mayer & Salovey,1993) . Emotional intelligence, being a multidimensional construct is associated with a wide range of variables and consequences which are related to quality of life. Theses associations refer both to interpersonal aspects of (EI), e.g. better quality of social interaction, and to intrapersonal aspects of it such as empathy and mood adjustment. With regards to the interpersonal aspects of (EI), Mayer et al (1990) found that those with low emotional awareness are less able to sympathize with others. Inability to have cognitive processing of emotional knowledge and to regulate emotion is called alexithymia (Taylor & Bagby, 2000).People suffering from alexithymia, exaggerate normal physical excitements, cannot interpret the physical symptoms of emotional excitement well, they show emotional distress through bodily complaints and tend to search for physical symptoms in therapy proceeding (Taylor et al., 1992). EI is a significant factor in the success of inter personal interaction in work context Alexithymic individuals appear to have a limited capacity for empathizing with others (Khodabakhsh & Fatehi, 2012).



Alexithymia:



Researchers demonstrated that the relationship between alexithymia and alcohol dependence is partially mediated by alcohol expectancy (WHO,2018)

Narimani and Emaieli (2012) emphasized there is a significant difference between opioid addicted and non-addicted people and also between the group under treatment with methadone and those non-addicted group on scale of alexithymia with its three subscales. Hamidi *et al., (2010)* found that there is a significant difference among people suffering from drug abuse and normal controls in the scale of general alexithymia. Cleland *et al., (2015)* and Javani and Aghaei (2013) found that people with alexithymia are at increased risk of drug and alcohol abuse. Thorberg *et al., (2009)* reported that the prevalence rate of alexithymia is larger in those suffering from alcohol dependence. Haan *et al., (2014)* emphasized that alexithymia in patients suffering from drug abuse is seen both as a trait and a temporary state.

Between 45%-67% of the alcohol dependent individuals have been identified as alexithymic, Evren, Kose et al., 2008; Loas, Fremaux, Otmani, Lecercle, & Delahousse, 1997; Sauvage &, 2006; Uzun, Ates, Cansever & Ozsahin, 2003). Some evidence suggests that alexithymia may have an adverse impact on the treatment of alcohol use disorders (Loas et al.,1997; Ziolkowski, Gruss, & Rybakowski, 1995), and given the substantial cost of such disorders worldwide (Lowinson, Ruiz, Millman & Langrod, 2005), this relationship warrants closer attention. There is a limited amount of empirical evidence exploring the relationship between alexithymia and alcohol use, which is surprising as alexithymia has been hypothesised to be a risk factor associated with alcohol use disorders (De Rick & Vanheule, 2006; de Timary, Luts, Hers, &Luminet, 2008; Taylor, Bagby, & Parker, 1997). It has been seen that people with alexithymia often feel uncomfortable in social situations (Uzun et al., 2003; Wise, Mann, & Shay, 1992), and that alexithymic individuals use alcohol as a coping mechanism for stress or to improve interpersonal functioning (Kauhanen,Julkunen, & Salonen, 1992; Rybakowski, Ziollkowski, Zasadzka, & Brzezinski, 1988). Previous research has shown higher prevalence rates of alexithymia in populations with alcohol related disorders mainly hypertension (Lyshova, Provotorov & Chernov, 2002), and the majority of gastrointestinal symptoms in alcoholics have been associated with alexithymia (van Rossum et al., 2004). There was no significant relationship between job related stress factors and alcohol consumption, although alcohol consumption has been attributed to the alleviation of stress in those with alexithymia (Rybakowski et al., 1988). Overall, this study was a sound methodological investigation with a large male community sample that complemented early alexithymia research indicating a strong relationship between alcohol consumption and alexithymia. Inclusion of female sample in future studies to

determine any potential gender differences, would be helpful, as it would be a prospective and multidimensional investigation of alexithymia in relation to alcohol consumption in individuals with alcohol use disorders. Junghanns et al., (2005) reported alcohol consumption data (the mean amount of alcohol consumed), but this study did not investigate the relationship between alexithymia and consumption. In summary, there is a lack of basic information regarding the relationship of alexithymia with frequency and quantity of drinking in alcohol dependent populations.

Weaknesses included absence of control for the influence of potential confounds including anxiety, depression and education level in the analyses, and no investigation of the different dimensions of alexithymia in relation to MAST scores. The data were also cross-sectional. A sound prospective methodological investigation found that there is a significant positive association between 'difficulties identifying and describing feelings' and severity of alcohol problems before and after treatment (Cleland, Magura, Foote, Rosenblum, & Kosanke, 2005). Furthermore, those with higher levels of alexithymia suffered more severe alcohol problems, even after controlling for baseline level of alcohol consumption. An investigation with a main focus on the relationship between alexithymia and abstinence in male alcoholics (Ziolkowski et al., 1995) did not find any significant differences in age of onset, duration of dependence, age and education level between those with and without alexithymia.

Evren, Sar, Evren, Semiz, Dalbudak, and Cakmak (2008) excluded individuals with other forms of substance use and cognitive deficits, yet the type of cognitive deficit was not reported. Other differences between the studies are mostly related to measurement including the use of different versions of the TAS or differences in the measurement of alcohol dependence, with the Uzun et al., (2003) and Evren et al., (2008) studies using the SCID-1 (First et al., 1997) and the MAST (Selzer, 1971), whereas the Ziolkowski et al., (1995) study diagnosed participants with alcohol dependence according to DSM-III-R criteria. The sample sizes of two studies (Uzun et al., 2003; Ziolkowski et al., 1995) were small. However the third study utilised a large male sample of 176 inpatients (Evren & Sar, et al., 2008). At present there is mixed evidence to suggest an association between alexithymia and alcohol dependence, and scarce empirical support for a theoretical hypothesis suggesting that alexithymia is a risk factor in assocaition with alcohol use disorders (De Rick & Vanheule, 2006; de Timary et al., 2008; Taylor et al., 1997).

A study by Junghanns et al., (2005) used the TAS-20 (Bagby, Parker et al., 1994; Bagby, Taylor et al., 1994) to investigate the alcohol expectancy domain in relation to alexithymia. Results indicated that participants reported higher drinking desire, tension and nicotine craving which were associated with 'difficulties identifying and describing feelings."

Two-thirds of individuals at high risk for suicidal ideation measured with the Beck Scale for Suicidal Ideation were alexithymic (Beck, Kovacs, &Weissman, 1979; Sakuraba, Kubo, Komoda, &Yamana, 2005). However, it was found that there were no significant differences between alcoholics at high or low risk for suicidal ideation on the four factors of alexithymia ('TAS Alexithymia Global', 'TAS-Feelings', 'TAS-Daydreaming' and 'TAS-External Thinking') as measured by the TAS-26 (Taylor, Bagby, & Ryan, 1985). The authors analyzed that individuals with alcohol dependence and high suicidal ideation which are characterised by 'difficulties describing their feelings' and are potentially at risk for suicidal attempt. On comparing, 'difficulties identifying and describing feelings' were seen to be associated with lack of social self-confidence in the controls, but it was seen that the 'externally oriented thinking' was not associated with Embedded Figures Test scores. The authors concluded that alcohol dependent individuals may be characterized by a cognitive style consisting of 'externally oriented thinking', lack of emotional self

confidence and field dependence. The authors also considered that there are chances that a trait in this population (Loas et al., 2000), indicating that those with alcohol dependence may lack the ability to process an information in an analytical way.

Clinical levels of alexithymia can be predicted by relapse in alcohol dependent outpatients

(Loas et al., 1997; Ziolkowski et al., 1995). A cross-sectional investigation found that many

individuals with alexithymia reported significantly smaller periods of abstinence compared to those without alexithymia (Ziolkowski et al., 1995).A latest cross-sectional investigation of alcoholics conducted by van Rossum et al. (2004) shown that the majority of gastrointestinal symptoms in alcoholics were associated with alexithymia. There is some evidence which suggested a relationship between that of alexithymia and psychosomatic illness, yet gastrointestinal symptoms could also be a consequence of alcohol dependence (Porcelli et al., 2004; Porcelli, Taylor, Bagby, & De Carne, 1999).

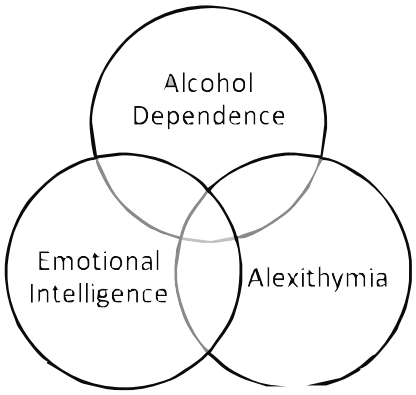
Alexithymia may be a risk factor for alcoholism and it also may affect treatment results (Haviland MG et al., 1991). A growing body of evidence has linked alexithymia to alcohol problems (Thorberg, Young, Sullivan, & Lyvers, 2009), including higher levels ofdependence, younger age of onset, and higher relapse amongst alcohol dependent outpatients (Loas, Fremaux, Otmani, Lecercle, & Delahousse, 1997; Ziolkowski, Gruss, & Rybakowski, 1995). Alexithymia prevalence in alcohol dependents is 45–67% (Thorberg et al. 2011), compared to 5–17% in the general population. Despite accumulating evidence suggesting a link between alexithymia and alcohol consumption, little research has investigated the mechanisms which may explain the link. In a study (Thorberg, Young, Sullivan, Lyvers, Connor, et al., 2011) it was demonstrated that anxious attachment and behaviour partially mediated the relationship between alexithymia and craving in the population of heavy drinkers. Additionally, Thorberg, Young, Sullivan, Lyvers, Hurst, et al. (2011) it was also demonstrated that the relationship between alexithymia and alcohol dependence is partially mediated by the expectancy of alcohol (specifically by the expectancies of affective change and assertion). The authors suggested that it could be that the alexithymic individuals may drink alcohol in order to feel more confident.

Emotional intelligence is defined as n innate 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 (Salovey & Mayer, 1990). Individuals with alcohol dependence have a lower level of stress tolerance .Emotional intelligence of alcohol dependent individuals scored significantly lower than the control group. The alcohol dependent individuals received lower scores at self-awareness scale (Mohaghegh et al.,2015). Janati et al., (2010) proved a significant relationship between EI and likelihood of drugs addiction among students.

Earlier studies reported a negative relationship between EI and drug addiction such as alcohol, tobacco, and cigarette (Trinidad et al., 2004). Clark et al., (2005) also concluded that impulsivity is very high among addicts and it is Evident which indicates that those who become dependent on drugs and/or alcohol are least able to understand and speak about their own feelings. They are also unable to utilize their feelings as sensory symptoms or to cope with their old feelings and as a result they look for various drugs. It was proposed by the researchers that participants use drugs to remove their ambiguous and unknown stresses and discomforts which can relax them. Therefore, they only have a vague understanding of their feelings and they usually attribute them to irrational factors in their body or environment (Ciarrochi,2001).

Higher emotional intelligence is accompanied with superior mental ability for processing social information (Mayer & Salovey,1997). Such ability

may help individuals to have a better understanding of negative and harmful consequences and act more successfully against mental and social pressures for drug consumption. Benjamin and Wulfert (2003), and Clark et al., (2005) that establishing interpersonal relations may considerably improve capacities of an individual as a kind of social support against environment pressures. Kotsou, et al., (2018) mentioned that "it is possible to improve various aspects of EI competencies in a way that often benefits psychological health. However, there is a need for additional research in order to confirm that EI interventions improve work and academic performance. More research is also needed in order to better understand the potential mediators and moderators of such improvements".Kumar and Rathee (2020) emphasized that normal person are able to control negative emotions, have better coping in interpersonal skills, and have better goal orientation and motivation as compare to person with alcohol dependence. It has been known for many years that addictive disorders are relapsing conditions. Alcohol abuse related problems, impaired family life and productive employment, reduce the quality of life and may threaten survival. So, the present findings are motivating because this could have implications both for preventive strategies and the choice of treatment. The present results also suggest that it could be useful to introduce intervention programs targeting vulnerable population's emotional competencies and also provides reason for hope because high emotional intelligence is found to be associated with less alcohol abuse, fewer alcohol-related problems. A plenty of literature provides guidelines to improve emotional intelligence. So, taking enhancement of emotional intelligence as a component in the treatment of alcoholics could lead to better treatment outcome. Further work is also needed to explore the factors that assist patients in abstaining from drug use and help sustain abstinence over time.



Conclusion

Person with alcohol dependence are lacking in several components of EI. It might be effective to identify and train the individuals with lower scores in these aspects of EI to prevent alcohol related problems. Most of the studies have shown that alcohol dependence, alexithymia and emotional intelligence are interconnected and also influenced to each other. Findings reported that negative relationship between EI and alcohol dependence, while positive relationship has been seen between alexithymia and alcohol dependence. It has been known for many years that addictive disorders are relapsing conditions. Alcohol abuse related problems, impaired family life and productive employment, reduce the quality of life and may threaten survival. Literature provides guidelines towards how to improve emotional intelligence? So, taking enhancement of emotional intelligence as a component in the treatment of alcoholics could lead to better treatment outcome.

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