Extraversion Profile among Individuals with Alcohol and Opioid use Disorder

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Abstract: A comparative study was conducted on 116 individuals with substance use disorder, taking treatment from various rehab centres. All subjects were chosen from Indore, M. P., India, by quota sampling and all were graduate. 8 - state questionnaire was used to obtained the scores on mood states and personality profile. A null hypothesis was formulated for identified the difference in personality profile and t - test was administered to test the hypothesis. Result indicates that there is significance difference among the personality profile of individuals with alcohol and opioid use disorder.

Keywords: Personality Profile, Mood State, Individuals with alcohol use disorder, Individuals with opioid use disorder

1. Introduction

In psychology, personality type refers to the psychological classification of different types of individuals. Personality types are sometimes distinguished from personality traits, with the latter embodying a smaller grouping of behavioural tendencies. Types are sometimes said to involve qualitative differences between people, whereas traits might be construed as quantitative differences (1). According to type theories, for example, introverts and extraverts are two fundamentally different categories of people. According to trait theories, introversion and extraversion are part of a continuous dimension, with many people in the middle. In contrast to personality traits, the existence of personality types remains extremely controversial (2, 3).

The concept of extroversion was first introduced by renowned psychiatrist Dr Carl Jung in the 1920s (4). Extroversion is a personality attribute that is often defined by qualities such as sociability, liveliness, and verbosity. Generally, the phrase refers to a condition in which an individual replenishes their energy by being in the company of others; conversely, deriving energy from solitude is referred to as introversion.

Individuals with a low level of this personality characteristic, or those who are introverted, often have a greater inclination towards being reserved. They possess a reduced amount of energy to allocate in social environments, and social gatherings might be seen as exhausting. Introverts often need a moment of seclusion and tranquillity to replenish their energy. A more holistic insight of personality type may aid individuals in career selection, managing relationships, and recognizing their own positives and negatives.

Consequently, how can an individual determine if they possess introverted tendencies or lean towards introversion? Many individuals already know where they lie on the introversion - extroversion continuum based on their life experiences and input from others. Nevertheless, some individuals may exhibit hesitancy, especially due to the potential experience of extroversion in certain environments and introversion in others, or the indication to be positioned closer to the mid of the spectrum.

Substance use disorder is common with both type of personalities. Substance use disorder (SUD) is a manageable psychiatric condition that impacts an individual's cognitive functioning and actions, resulting in their inability to regulate their use of substances such as licit or illicit drugs, alcohol, or pharmaceuticals. The symptoms of substance use disorder (SUD) may range from mild to severe, it depends on the phase of illness and nature of substance used, also there is positive correlation between SUD with many psychiatric disorders as psychosis, anxiety disorder, mood disorder, childhood related disorder and other physical health conditions such as diabetes and high blood pressure.

SUD is group of many types of substance used disorder but there are some differences between personality profile among the individuals with alcohol and opioid use disorder. Notable personality distinctions were found among different types of addiction. Whereas impulsivity and neuroticism were higher across all addiction populations, as compared to controls, people with alcohol use disorders also scored significantly lower on the traits of extraversion, agreeableness, and openness to experience (5). Individuals with opioids use disorder are differ personality wise with individuals with alcohol use disorder. Individual with OUD is more extrovert than individual with AUD (6, 7, 8) but other studies indicate there is no difference among individuals with OUD and AUD (9, 10, 11).

Present study is an attempt to identify the personality difference in special reference of mood state that is extraversion personality among the individual with AUD and OUD.

2. Methodology

Sample Plan: 116 (58 –Alcoholic and 58 – Addicts) Graduate males who were in treatment were selected from various Rehabilitation Centres of Indore, MP. The mean of age was 20.4 years. All participants belong average socio-economic status. In alcoholic group all were diagnosed
under F10 criteria and In Addict Group all were diagnosed under F11 as I. C. D - 10. Quota sampling was used in the study.

**Tool Used:** Eight State Questionnaire (8 - SQ) Form (A) Indian Adaptation by Shri Malay Kapoor & Dr Mahesh Bhargava (1990) was used in the present study to obtain scores on 8 mood states.

**Procedure:** After receiving written consent by the rehabilitation centres as well as participant, the study was conducted. Data was collected only from those individuals who had completed 60 days of treatment as in - house patients. In treatment all participants were receiving counselling, 12 step therapy, psychoeducation to the patient as well family and Pharmacological therapy.

3. **Result**

H0: There is no significance difference in Extraversion level among Individuals with Alcohol and Opioid use Disorders.

<table>
<thead>
<tr>
<th>N</th>
<th>Group</th>
<th>M</th>
<th>SD</th>
<th>SEd</th>
<th>t - Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td>Alcohol Dependence</td>
<td>43.6</td>
<td>19.2</td>
<td>2.57</td>
<td>16.80*</td>
</tr>
<tr>
<td>58</td>
<td>Drug Dependence</td>
<td>86.8</td>
<td>3.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. f. - 58+58 - 2=114
*Significant at 0.01 level of confidence

As per the statistical analysis of scores, the calculated t - value is significant on 0.01 level of confidence. So, our null hypothesis is rejected on 0.01 level of confidence. Alternatively, individuals with opioid use disorders are more extrovert than individuals with alcohol use disorders.

4. **Discussion and Interpretation**

The mood states of individuals with alcohol use disorder and individuals with opioid use disorder are different personality profile - wise, as our results indicate that there is a significant difference between both groups. Individuals with alcohol use disorder and opioid use disorder are different, so a treatment plan should be made to accommodate the differences, which will be beneficial for both groups. This result can be further applied to the management of both types of substance use disorders. Practically, individuals with alcohol use disorders are shy in comparison to individuals with opioid use disorders. Such types of emotional and personality differences affect population responses in different ways as per the mood state and personality profile. Individuals with alcohol use disorders and opioid use disorders are different, which requires different approaches to treatment, but mental health professionals neglect such types of states and follow the same therapeutic tools for treating individuals in both groups. The importance of such a type of assessment increases significantly when the patient is receiving only counselling or psychotherapeutic intervention (12). Before starting the therapeutic session, an assessment should be made for both groups so that efficacy and effectiveness can be improved and the relapse rate can be minimised, as effective personality typologies reveal and increase the knowledge and understanding of individuals as opposed to diminishing knowledge and understanding as occurs in the case of stereotyping. Effective typologies also allow for increased ability to predict clinically relevant information about people and to develop effective treatment strategies (13).

5. **Conclusion**

Personality profiles and mood states are different for both groups. So, an assessment of personality profile and mood states should be done before therapeutic intervention so that the uniqueness of personality can be covered in the therapeutic intervention. That will prevent the relapse and improve the self - soothing behaviour of both group individuals.

**References**


