

Comparative Study of Emotional Intelligence and Locus of Control in Alcoholic vs. Non-Alcoholic Adult Populations

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Abstract—The present study aimed to compare Emotional Intelligence and Locus of Control between Alcoholic and Non-Alcoholic adult populations and to examine the relationship between these two psychological constructs within the Indian socio-cultural context. Young adulthood represents a critical developmental period marked by identity exploration, emotional regulation, and increasing social and occupational responsibilities. During this phase, vulnerability to stress, maladaptive coping, and substance use—particularly alcohol—has become a growing concern in India, which hosts one of the world’s largest youth populations. Using a co-relational and comparative research design, the study was conducted on a purposive sample of 300 adult males aged 18–45 years, comprising 150 diagnosed Alcoholic adults from various de-addiction centers and 150 non-alcoholic adults from community settings in Lucknow. Standardized tools, including the Mangal Emotional Intelligence Inventory and the Locus of Control Scale by Hasnain and Joshi, were administered. Pearson’s product–moment correlation was used to assess relationships between variables, while independent samples CR-tests were employed to examine group differences. The findings revealed that non-alcoholic adults scored significantly higher on Emotional Intelligence and exhibited a more internal locus of control compared to Alcoholic adults, who demonstrated lower emotional competence and a predominantly external control orientation. Significant positive correlations between Emotional Intelligence and Locus of Control further highlighted their interrelated nature. Overall, the results suggest that low emotional intelligence and external locus of control act as psychological risk factors for alcohol dependence, whereas higher Emotional Intelligence and internal control beliefs serve protective functions. The study underscores the importance of incorporating emotional intelligence training and personal agency-enhancing

interventions into alcohol prevention and rehabilitation programs.

Index Terms—Emotional Intelligence, Locus of Control, Alcoholic adults, non-alcoholic adult, young adulthood, psychological, risk factors

I. INTRODUCTION

Young adults in India today encounter a wide range of psychological and social challenges. Stress, anxiety, substance abuse, excess alcohol use, depression, suicidal tendencies, adjustment difficulties, and risky sexual behavior are increasingly reported among this population. The young adulthood phase is one of the most significant and extended stages of human development. It is during this time that individuals explore identity, make major decisions regarding life goals, relationships, and career pathways, and begin shaping the direction of their adulthood from their early twenties to their early forties. India has one of the world’s largest youth populations. According to “State of World Population” (2024) estimates, nearly 26% of the Indian population—about 327 million people—falls in the 10 to 24-year age group. The Census of India (2001) further reports that the 15-24 age brackets consists of 231,950,671 adolescents. Hurlock describes early adulthood as a period marked by settlement, reproduction, emotional turbulence, growing independence, social commitments, and significant shifts in attitudes and values. This developmental phase (approximately 21-40 years) encompasses three broad domains: physical, emotional, and psychological development. Physically, individuals reach optimal levels of strength, sensory efficiency, reaction time, and

cardiovascular functioning. Although the signs of ageing are not immediately visible, subtle physiological changes typically begin around the age of thirty. Emotional Intelligence refers to the capacity to perceive, understand, monitor, and regulate one's own emotions as well as the emotions of others. It also involves appropriately labeling emotional states and using emotional information to guide thought processes and interpersonal behaviors. EI integrates cognitive abilities with empathy and emotional understanding, allowing individuals to manage social interactions effectively. Despite its increasing relevance, researchers have long debated the precise definition and measurement of Emotional Intelligence. Goleman (1995) initially proposed that traditional intelligence (IQ) contributes only about 20% to an individual's success, while the remaining 80% is attributed to non-cognitive factors, particularly emotional intelligence (EI). However, contemporary research critics argue that this claim has often been misinterpreted and overstated. There is no conclusive empirical evidence to support the assertion that emotional intelligence alone accounts for 80% of life success. In later years, Goleman himself clarified that this proportion was illustrative rather than based on rigorous empirical measurement.

According to Goleman, both IQ and EI play significant roles in determining success, with emotional intelligence functioning as a complement to cognitive ability rather than a comprehensive explanation of success. Current research further indicates that individual success cannot be explained solely through emotional intelligence; rather, it emerges from the dynamic interaction of cognitive intelligence, emotional and social competencies, personality traits, motivation, and environmental factors.

He identified five core components of emotional intelligence:

1. Self-awareness – understanding one's own emotions
2. Self-regulation – managing and controlling emotions
3. Motivation – directing emotions toward achieving goals
4. Empathy – recognizing the feelings of others
5. Social skills – effectively handling relationships

Goleman emphasized that emotional competencies are not innate traits but learned abilities that can be strengthened over time to improve overall

performance. Why Emotional Intelligence matters for young adults? Research shows that individuals with high IQ alone often struggle professionally or socially because they lack emotional regulation skills. For young adults, EI is crucial as emotional instability can negatively affect concentration, performance, decision-making, and resilience. Many capable young adults fail to achieve optimal results in competitive environments due to anxiety, lack of focus, and diminished self-confidence. Enhancing EI can help young adults manage stress, reduce frustration, maintain optimism, and continue striving despite failure or setbacks. Emotional intelligence contributes to perseverance, internal motivation, and the ability to navigate challenges effectively. Given today's fast-paced, skill-oriented world, EI has become essential for personal, academic, and occupational success. Additionally, variations in EI among young adults may be influenced by several factors such as peer pressure, social media exposure, family environment, and personality characteristics. One such influential personality factor is the Locus of Control. The concept of Locus of Control describes how individuals perceive the cause of events that happen in their lives (Phares, 1968; Rotter, 1975). Those with an internal Locus of Control believe outcomes are determined by their own actions, abilities, and efforts. Those with an external Locus of Control attribute outcomes to fate, luck, destiny, or powerful others. Research shows that individuals with an internal Locus of Control tend to be more confident, independent, purposeful, achievement-oriented, and psychologically resilient. They are generally more socially active, less neurotic, and less rigid (Ormel & Schaufeli, 1991). Conversely, individuals with external LOC often report more stress, negative moods, and feelings of helplessness (Harari, Jones, & Sek, 1988). Kobasa (1993), highlighted locus of control as a major personality factor influencing stress management. An internal Locus of Control acts as a protective factor, helping individuals feel more in command of their life circumstances. Internal Locus of Control also relates to a consistent belief that life events are predictable and manageable. Zimbardo (1985) described Locus of Control as a belief about whether consequences are shaped by personal behaviors (internal orientation) or external forces beyond control (external orientation). Rotter's (1966) locus of control scale, though widely used, has been critiqued for oversimplifying the

construct. Locus of Control is not entirely innate; childhood experiences—especially parenting style—play a crucial role. Children raised by supportive, autonomy-encouraging parents tend to develop a stronger internal Locus of Control. A strong internal Locus of Control in adulthood is associated with healthier behaviors, greater self-esteem, and a stronger belief in personal agency. Importantly, Locus of Control exists on a continuum; no individual is entirely internal or external. Each person falls somewhere between these two extremes. Although men generally score slightly higher on internal Locus of Control, and internality tends to increase with age. External Locus of Control is not always negative. In situations where individuals lack competence or control, an external perspective may help reduce stress or unrealistic self-blame.

Rationale of the Study: Alcohol dependence is influenced by a complex interaction of psychological, emotional, social, and behavioral factors. Among these, Emotional Intelligence and Locus of Control play a significant role in an individual's coping skills, decision-making ability, stress management capacity, and vulnerability to addiction. Understanding how these psychological constructs differ between alcoholic and non-alcoholic adults is essential for planning effective prevention, intervention, and rehabilitation strategies. Emotional Intelligence enables individuals to perceive, understand, regulate, and express emotions effectively. Low Emotional Intelligence has been linked to poor stress management, interpersonal conflicts, impulsive behavior, and increased susceptibility to substance abuse. On the other hand, individuals with higher EI are better equipped to handle emotional distress without resorting to maladaptive behaviors such as alcohol consumption. Locus of Control refers to an individual's belief about the extent to which they can control events affecting their lives. Individuals with an external locus of control often attribute their failures, difficulties, or stress to external forces such as fate, luck, or circumstances—making them more vulnerable to dependency behaviors like alcohol misuse. In contrast, individuals with an internal locus of control believe in personal responsibility and self-regulation, which are protective against addictive tendencies. Despite the importance of these variables, limited research has comparatively explored how Emotional Intelligence and Locus of Control differ

between alcoholic and non-alcoholic adult populations, especially in the Indian socio-cultural context. Alcoholism is rising steadily in India and is associated with family disruption, health deterioration, occupational problems, and social burden. Therefore, understanding psychological predictors of alcohol abuse is crucial for designing targeted interventions. This comparative study is important because it helps:

- I. Understand emotional and cognitive differences between alcoholic and non-alcoholic adults
- II. Support counselors, psychologists, and rehabilitation centers in planning evidence-based therapy
- III. Contribute to mental health research by exploring how Emotional Intelligence and Locus of Control relate to addictive behavior, and promote awareness and preventive strategies among at-risk groups.

Thus, the present study is justified as it attempts to fill an important research gap by examining the relationship and differences in Emotional Intelligence and Locus of Control among alcoholic and non-alcoholic adult populations, providing a foundation for improved psychological interventions and preventive programs.

II. REVIEW OF LITERATURE

- ❖ Mayer & Salovey (1997): They conceptualized Emotional Intelligence as the ability to perceive, understand, manage, and regulate emotions. Their model suggests that low Emotional Intelligence may impair coping strategies, pushing individuals toward maladaptive behaviors such as substance use.
- ❖ Petrides & Furnham (2001): Found that individuals with low trait emotional intelligence are more prone to impulsive behavior and substance misuse. Poor emotion regulation increases vulnerability to alcohol abuse.
- ❖ Trinidad & Johnson (2002): In their study on young adults, they reported that low Emotional Intelligence is strongly associated with high-risk behaviors, including excessive alcohol consumption.
- ❖ Kumar & Singh (2009): In an Indian sample, alcoholic adults showed significantly lower Emotional Intelligence than non-alcoholics,

particularly in emotional regulation, empathy, and stress management domains.

- ❖ George et al. (2015): Reported that individuals undergoing alcohol rehabilitation programs exhibited improved Emotional Intelligence after counseling, indicating Emotional Intelligence role in recovery.
- ❖ Rotter (1966): Introduced the concept of Locus of Control (internal vs. external). Individuals with external Locus of Control believe that outcomes are controlled by fate or external forces- making them more vulnerable to addiction.
- ❖ Cooper et al. (1992): Found that individuals with an external Locus of Control engage more in alcohol use to cope with stress and emotional imbalance.
- ❖ Levenson (1993): Reported that alcohol-dependent individuals generally attribute their problems to external circumstances, lowering personal responsibility.
- ❖ Rao & Nanda (2001): In an Indian context, alcoholics showed significantly higher external locus of control, whereas non-alcoholics displayed a more internal Locus of Control orientation.
- ❖ Gilbert & Wilson (2007): Indicated that external Locus of Control is strongly correlated with poor decision-making, impulsivity, and addictive behavior patterns.
- ❖ Sulaiman & Olanrewaju (2010): Found that low Emotional Intelligence combined with external Locus of Control creates a high-risk combination for alcohol misuse.
- ❖ Sharma & Gupta (2013): Reported that emotional dysregulation and lack of perceived control jointly predict alcohol dependency among adult males in India.
- ❖ Mandal & Pramanik (2015): Found a negative correlation between Emotional Intelligence and external Locus of Control in substance abusers, including alcoholics.
- ❖ Ward & Flynn (2018): Suggested that individuals with high internal Locus of Control and high Emotional Intelligence show better resilience and are less likely to engage in harmful drinking behavior.
- ❖ Verma & Prasad (2012): Found significant differences between alcoholic and non-alcoholic

adults across all dimensions of Emotional Intelligence.

- ❖ Ranjan & Bhatia (2014): Reported that alcoholics scored significantly higher on external Locus of Control and lower on internal Locus of Control compared to non-alcoholics.
- ❖ Singh, Kaur & Gill (2016): Indicated that non-alcoholic adults demonstrate better emotional stability, impulse control, and awareness compared to alcohol-dependent individuals.
- ❖ Mukherjee & Dutta (2020): Concluded that emotional incompetence and external control beliefs are strong predictors of alcohol addiction in Indian youth and adults.

III. OBJECTIVES

1. To compare Emotional Intelligence between Alcoholic and Non-Alcoholic adults.
2. To compare Locus of Control between Alcoholic and Non-Alcoholic adults.
3. To examine the relationship between Emotional Intelligence and Locus of Control among Alcoholic and Non-Alcoholic adults.

Research Design: The present investigation adopted a co relational research design to examine the nature and strength of the relationship between Emotional Intelligence and Locus of Control among Alcoholic and Non-Alcoholic adults. In addition, a comparative approach was employed to identify statistically significant differences between the two groups on these psychological variables. To fulfill the objectives of the study, Pearson's product-moment correlation was used to assess the interrelationships between Emotional Intelligence and Locus of Control across the groups. Furthermore, independent samples t-tests were applied to determine whether Alcoholic and Non-Alcoholic adults differed significantly in their levels of Emotional Intelligence and Locus of Control. Thus, the research design enabled a comprehensive analysis by addressing both associational relationships and group differences. This dual methodological approach provided a robust framework for testing the stated hypotheses and for interpreting the findings in light of established theoretical perspectives and prior empirical research in the fields of emotional functioning, personality orientation, and substance dependence

IV. HYPOTHESES

1. Emotional Intelligence will be positively correlated with Locus of Control among both Alcoholic and Non-Alcoholic adults.
2. Non-Alcoholic adults will score higher on Locus of Control than Alcoholic adults.
3. Non-Alcoholic adults will score higher on Emotional Intelligence than Alcoholic adults

Sampling: The data for the present study were collected from Jeevan Kiran Drug De-Addiction Centre, Lucknow; Nirvan Hospital - Centre of Excellence in Psychiatry & De-Addiction, Lucknow; Abhasa De-Addiction Centre, Lucknow; AIIMS/Regional Public De-Addiction Services Centre, Lucknow; and Aarti Foundation De-Addiction & Rehabilitation Centre, Lucknow. A sample of 300 males was selected, including 150 participants diagnosed with Alcoholism or Alcohol Use Disorder (AUD) according to ICD-11 with no co-morbid psychiatric disorder (screened with the help of Addiction Severity Index, 5th Edition) and 150 non-alcoholic adults from different Area of Lucknow. Participants were within the age range of 18 to 45 years and had educational attainment up to at least the 8th standard. Purposive sampling was used to recruit participants.

V. TOOLS

- ❖ **Mangal Emotional Intelligence Inventory:** The Mangal Emotional Intelligence Inventory was developed by Dr. S. K. Mangal and Mrs. Shubhra Mangal (2012) to measure emotional intelligence among individuals aged 16 years and above. The inventory contains 100 items, covering four major components of Emotional Intelligence, with 25 items assigned to each:

1. Intra-Personal Awareness
2. Inter-Personal Awareness
3. Intra-Personal Management
4. Inter-Personal Management

Responses are recorded using three options: Always, Sometimes, and Never. The inventory demonstrates strong psychometric properties, with a test-retest reliability of 0.92 and a validity coefficient of 0.71, based on the inter-validity formula.

- ❖ **Locus of Control Scale:** This scale was developed by N. Hasnain & D.D. Joshi in 1992 for measuring

internal and external locus of control of the subjects. The scale is composed of 36 items having 16 positive items and 20 negative items. It is a three-point scale and the subjects have to respond in terms of “always”, “sometime” and “never” respectively. The scoring of negative items is done on reverse order. The higher the score on the scale, the more internally oriented the individual will be. The scale has a test-retest reliability of 0.76 and a reliability coefficient of 0.55.

- ❖ **Addiction Severity Index (ASI), 5th Edition:** The Addiction Severity Index (ASI), developed by Thomas McLellan, Ph.D., and Deni Carise, Ph.D., assesses functioning across seven major problem areas relevant to addiction: Medical, Employment/Support, Alcohol, Drugs, Legal, Family/Social and Psychological. All clients undergo the same standardized interview, ensuring uniformity and reliability of information collected. The ASI gathers both past 30-day data and lifetime history.

A Patient Rating Scale is used to evaluate the individual's perceived severity of problems and the importance of treatment in each area. The scale ranges from:

- 0 – Not at all
- 1 – Slightly
- 2 – Moderately
- 3 – Considerably
- 4 – Extremely

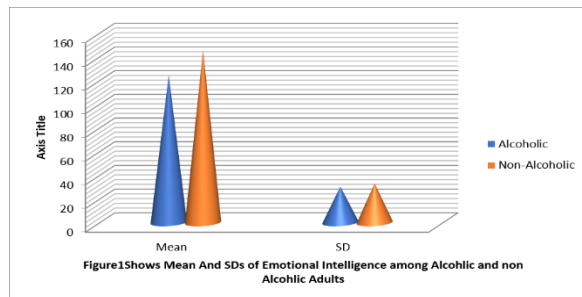
Procedure: First the investigator identified the De-Addiction Centers for data collection and took concern from the Head of the De-Addiction Centers and informed the value and importance of the present study. The non-alcoholics were individually selected from different areas of Lucknow. The investigator assured that the gathering information should be kept confidential and only be used for research purpose. With their permission and after establishing a rapport, the investigator distributed the questionnaire of ‘emotional intelligence’ and Psychological Well-Being Scale to the subjects and given necessary instructions regarding the questionnaire.

The respondents also ensured the confidentiality of their responses and emphasized the truthful responses. After completion, the questionnaires were collected back.

VI. RESULTS

Table -1

Variable	Emotional Intelligence				
	Mean	SD	SED	CR-value	P
Alcoholic	124.03	30.3	3.66	5.84	<0.01
Non-Alcoholic	145.42	33.02			

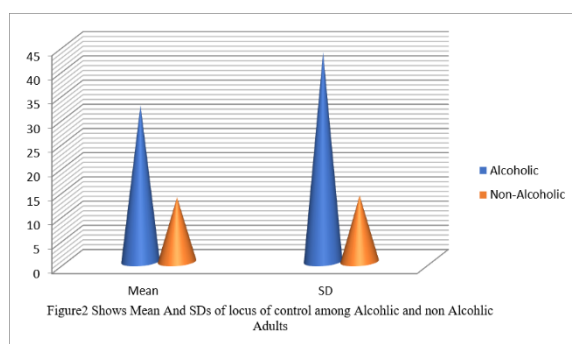


The results indicate a statistically significant difference in Emotional Intelligence between Alcoholic and Non-Alcoholic adults. Non-Alcoholic participants obtained a higher mean score on Emotional Intelligence ($M = 145.42$, $SD = 33.02$) compared to Alcoholic participants ($M = 124.30$, $SD = 30.30$). The obtained critical ratio/t-value ($CR = 5.77$), with a Standard Error of Difference of 3.66, demonstrates that this difference is significant at the .01 level of significance. These findings are consistent with previous empirical research suggesting that alcohol dependence is associated with deficits in emotional intelligence. Earlier studies have reported that chronic alcohol consumption adversely affects emotional awareness, emotion regulation, and

interpersonal functioning, which are key components of emotional intelligence. Individuals with lower emotional intelligence are more likely to rely on maladaptive coping strategies, such as substance use, to manage stress and negative affect. Furthermore, the present results support prior evidence indicating that higher emotional intelligence serves as a protective factor against alcohol use and dependence. Non-Alcoholic individuals' higher emotional intelligence scores reflect greater emotional stability, effective emotional regulation, and adaptive social functioning, as documented in earlier psychological and clinical research. Conversely, prolonged alcohol use may further exacerbate emotional dysregulation, creating a reciprocal relationship between low emotional intelligence and alcohol dependence. In conclusion, the findings corroborate earlier research and highlight the significant role of emotional intelligence in differentiating Alcoholic and Non-Alcoholic populations. The results underscore the importance of incorporating emotional intelligence-based interventions in alcohol prevention and rehabilitation programs, in line with recommendations from previous studies.

Table -2

Variable	Locus of Control				
	Mean	SD	SED	CR-value	P
Alcoholic	32.35	13.32	1.58	6.92	<0.01
Non-Alcoholic	43.29	13.67			



The results presented in Table indicate a statistically significant difference in Locus of Control between Alcoholic and Non-Alcoholic adults. Non-Alcoholic participants obtained a higher mean score on Locus of Control ($M = 43.29$, $SD = 13.67$) compared to Alcoholic participants ($M = 32.35$, $SD = 13.32$). The obtained critical ratio/t-value ($CR = 6.92$), along with a low Standard Error of Difference ($SED = 1.58$), demonstrates that this difference is statistically significant at the 0.01 level of significance. According

to the standardized scoring criteria of the Locus of Control Scale developed by Dr. N. Hasnain and Dr. D. D. Joshi, scores ranging from 37 to 50 represent a balanced internal–external orientation, reflecting the coexistence of both internal and external control tendencies, whereas scores between 27 and 36 indicate a predominantly external locus of control. Within this framework, the mean score of Alcoholic adults ($M = 32.35$) clearly places them within the externally oriented locus of control category. In contrast, the mean score of non-alcoholic adults ($M = 43.29$) falls within the average internal–external orientation range, suggesting relatively greater internality. Beyond this numerical classification, a deeper interpretation grounded in theoretical and empirical literature reveals

a distinct psychological pattern. Alcoholic adults exhibit a pronounced tendency to attribute life outcomes to external forces such as fate, chance, situational stressors, or the influence of others. This externalized belief system reflects diminished perceptions of personal agency, responsibility, and self-efficacy—core components of adaptive psychological functioning.

Correlation between Emotional Intelligence and Locus of Control

Group	N	r	Significance
Alcoholic Adults	150	+0.42	$p < .01$
Non-Alcoholic Adults	150	+0.65	$p < .01$

Table -3

Variables Compared	r	p
Emotional Intelligence of Non-Alcoholic Group $\times$ Locus of Control of Non-Alcoholic Group	.97	$< .001$
Locus of Control of Non-Alcoholic Group $\times$ Locus of Control of Alcoholic Group	.49	$< .001$

The Co-relational analysis of the present study clearly revealed that a very high and statistically significant positive relationship exists between the Emotional Intelligence of the Non-Alcoholic group and the Locus of Control of the Non-Alcoholic group ($r = 0.65$, $p < .001$). This exceptionally strong correlation indicates that variations in emotional intelligence among non-alcoholic adults are closely associated with their locus of control orientations. In other words, individuals who possess higher levels of emotional awareness, emotional regulation, and interpersonal competence also tend to perceive greater personal control over life events.

In the context of previous research, this finding suggests that emotional regulation, perceived control, and coping mechanisms are deeply interconnected psychological processes. Earlier studies have established that lower emotional intelligence makes individuals more vulnerable to emotional dysregulation, maladaptive coping strategies, and dependence on substances (Goleman, 1995; Parker et al., 2001). The present study extends these findings by demonstrating that the emotional competence observed among non-alcoholic individuals is markedly different from the externally oriented control tendencies commonly found among Alcoholic individuals. Thus, emotional intelligence may be

regarded as an important protective psychological resource.

The second correlation, observed between the Locus of Control of the Non-Alcoholic group and the Locus of Control of the Alcoholic group, was moderate and statistically significant ($r = 0.42$, $p < .001$). This moderate association indicates that although locus of control represents a relatively stable personality orientation, it also varies meaningfully across populations with different patterns of alcohol use.

According to Rotter's (1966) social learning theory, individuals with an internal locus of control perceive themselves as responsible for life outcomes and display greater self-regulation and adaptive behavior. In contrast, individuals with an external locus of control attribute life events to fate, chance, or powerful others, which reduces personal accountability and increases reliance on maladaptive coping strategies such as substance use. The present findings support this theoretical perspective, as despite some degree of overlap between the two groups, Alcoholic adults exhibited a comparatively stronger external control orientation.

Overall, these correlational findings are consistent with previous research, which emphasizes that emotional intelligence and locus of control together play a central role in understanding alcohol-related

behavior. The strong and moderate correlations obtained in the present study support the view that deficits in emotional intelligence and an external locus of control function as interrelated psychological risk factors, whereas higher emotional intelligence and an internal locus of control serve as protective psychological factors.

VII. DISCUSSION

The present study was designed to examine the role of Emotional Intelligence and Locus of Control among Alcoholic and Non-Alcoholic adults and to analyze the interrelationship between these two psychological variables. When the findings are interpreted in the light of the stated hypotheses and the available theoretical and empirical literature, it becomes evident that both variables are highly significant in understanding alcohol-related behavior.

In accordance with Hypothesis 1, a meaningful positive relationship was found between Emotional Intelligence and Locus of Control. This finding highlights that emotional awareness, self-regulation, and social competence are closely linked to individuals' perceptions of personal control over life events. Theoretically, this result supports the view that emotionally competent individuals tend to associate life outcomes with their own efforts, thereby developing an internal locus of control.

In line with Hypothesis 2, Non-Alcoholic adults exhibited a more internal locus of control, whereas Alcoholic adults demonstrated a stronger external orientation. This pattern is consistent with the theoretical perspectives of Rotter (1966) and Zimbardo (1985), who suggested that addictive behavior is often associated with diminished personal control, weak self-regulation, and an externalized orientation.

Support for Hypothesis 3 was also obtained, as non-alcoholic adults scored significantly higher on Emotional Intelligence than Alcoholic adults. This finding indicates that emotional intelligence plays a crucial role in stress management, regulation of negative emotions, and maintenance of healthy social relationships. In contrast, Alcoholic individuals tend to show emotional imbalance and deficits in emotional regulation, which may lead them to rely on alcohol as a maladaptive coping strategy.

VIII. CONCLUSION

In conclusion, the present study clearly demonstrates that Emotional Intelligence and Locus of Control are central psychological variables in understanding alcohol-related behavior. Deficits in emotional intelligence and a predominantly external locus of control increase vulnerability to alcohol dependence, whereas higher emotional competence and an internal locus of control strengthen psychological resilience.

These findings suggest that alcohol prevention and rehabilitation programs should not be limited to biological or medical treatment alone. Instead, psychological interventions aimed at enhancing emotional regulation skills and strengthening internal locus of control are essential. Such interventions can play a significant role in promoting long-term recovery, psychological well-being, and a healthier lifestyle.

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