

# The Correlate of Personality Traits and Parenting Styles with Relapse in Alcohol amongst Treated Alcoholic Patients

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## ABSTRACT

**Background:** Alcohol is gateway for other substance use and probably abuse. The alarming rate of relapse in alcohol is the basis for this present study.

**Aim:** The study was designed to evaluate the correlations between personality traits and parenting styles with relapse among alcohol abusers.

**Setting:** The study was carried out at the Neuro-Psychiatric clinic Emene, Enugu State University Teaching Hospital, Enugu, Nigeria.

**Method:** This was a cross-sectional and descriptive study of 50 relapse alcohol abusers/addicts comprised of 30 males and 20 females with the mean age of 22.48 and standard deviation of 4.05 on admission at clinic, using: The Big Five Inventory, Parental Care Scale and Mac-Andrew Alcoholism Scale (MAS). Survey design was used and correlational analysis was employed as the appropriate statistics for data analysis.

**Results:** The result of the finding shows that there was no correlation between openness, agreeableness, conscientiousness personality traits and relapse in alcohol among psychiatric patients. On the contrary, the result of this study reveals that there is significant correlation between neuroticism and relapse in alcohol among participants. Besides, the findings of this study indicate that there is no significant correlation between authoritarian parenting and authoritative parenting styles and relapse in alcohol amongst participants; whereas, the result of this study shows that there is significant correlation between permissive parenting styles and relapse in alcohol amongst participants.

**Conclusion:** It is obvious from the recent experience which prompted this study, that one of the most critical factors destroying youths today is substance abuse which alcohol is one of them. Relapse in alcohol can be prevented if psychological intervention is provided to strengthen the neurotic individuals and as well as if authoritarian and authoritative parenting styles are adopted early enough in the formation of children.

**Keywords:** Personality traits; Parenting styles; Relapse in alcohol; Treated alcoholic patients

## INTRODUCTION

Substance abuse is a global problem with geographical variations in patterns of abuse. One of the most words commonly used and misused substances is alcohol. Alcohol is a drug. It is classified as a depressant, implying that it slows down vital functions resulting in slurred speech, unsteady movement, disturbed perceptions and an inability to react quickly. Drug reduces a person's ability to think rationally and distorts his or her judgment [1]. On the other hand, alcohol consumption causes problems at the individual, social,

health and financial level. Also, it makes the person feel happy only at a specific time. Moreover, it causes a lot of health problems. Then, excessive alcohol consumption negatively affects all organs of the body, the liver, the immune system, and heart. Besides, driving drunk can cause many problems for every one as well as traffic, accidents. However, some people consider that alcohol is good for the health and that drinking alcohol makes an individual relaxed and more sociable [2]. It is also said that alcohol is gateway for other substance use and probably abuse. The alarming rate of relapse in alcohol is the basis for this present study. To abuse

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alcohol means to use it in a way that poses a threat to the safety and wellbeing of the user, society or both. Not all people who use alcohol abuse it, and not all people who abuse alcohol are suffering from alcoholism. For example, the individual who drives under the influence of alcohol poses a serious threat to both him/herself and others, but he/she may not suffer from alcoholism [3]. Several studies have shown a correlation between alcohol abuse and adverse societal effects [4].

Alcohol is ranked third among the leading global risks for burden of disease as measured in disability-adjusted life years (DALYs), after underweight and unsafe sex [5]. In their studies, Richard, Jason, and Joanna observed that the children of alcoholics have a greater predisposition to alcohol addiction, and children born into families of addicts are at risk of addiction than by 40-70% more than others [6]. People are to be aware of the hazards of alcohol abuse and misuse before the creation of their families because alcohol abuse and misuse risk on the body. In Kenya, It is estimated that there are more than 2 million drug addicts, with about 90% addicted to alcohol, and 70% of the families affected by alcohol abuse [6]. The UNDOC World Drug Report of 2000 ranked Kenya among the four most notorious African nations with drug problems; and the port of Mombasa as a major transit point for drug trafficking [7]. Alcohol has the highest national abuse rate of 36.3%, followed by nicotine (17.5%), Bhang (9.9%), heroin (8.0%), Miraa (2.7%) and cocaine (2.2%). In Nigeria, the prevalence of current alcohol use varies between regions, age groups, gender and socioeconomic status. According to Studies by Adelekan, Gureje from the western part Nigeria their findings revealed the prevalence of current use of alcohol between 14% - 32.7% depending on gender and location [8,9]. In the recent study done in the eastern Nigeria there is a high prevalence of current alcohol use among urban slums in Enugu [10].

Relapse or the resuming to heavy alcohol use and abuse of alcohol following a period of abstinence or moderate use, among the patients who have undergone alcoholism treatment is major clinical issue that commonly affects the personal and social functioning of a person. Relapse in alcohol is resuming of alcohol abuse after once or more episodes of abstinence. Research has increasingly focused on predictors of relapse in alcohol; however progress in identifying predictors of relapse has been hampered by paucity of vivid definition or operational criteria available to measure the concept [11,12]. Relapse is characterized by a return to the unhealthy behaviours and negative consequences that distinguish addiction. It adds to the economic burden of the care givers, besides psychological stress they pass through. Lader noted that relapse is characterized by higher rates of hospitalization, re-emergence of clinical symptoms as well as aggravation of those symptoms [11]. A study conducted in the South-western Nigeria showed that six months direct cost of health care services for individuals who experience relapse is four times higher than those who do not [1]. The risk of relapse for a person with alcoholism has been estimated at 4.5% per month and nearly 40% experience a relapse within the month following hospital admission [1]. The risk factors include: lack of adherence to treatment, severe residual psychopathology, lack of insight, substance misuse and poor interpersonal relationships. It is however estimated that over 40% of relapse cases are caused by poor adherence to treatment. Relapse in alcohol is often not avoidable, as it is part of the treatment. It form a high economic burden in the management of alcohol abusers and as such should always constitute part of the treatment plans and strategies.

Relapse leads to low or loss of productivity, personal and cognitive malfunctioning and is likely to result in patients developing poorer response to treatment in their subsequent relapse episodes as well as longer time to remission with each subsequent episode; which in turn will bring about longer staying on medication.

Personality constructs have been investigated in relation to alcoholism mostly in the context of describing the cross-sectional personality trends of clinical alcoholics or understanding personality-based predisposition to alcoholism [12]. Some studies have directed this effort to the influence of personality traits on recovery [13,14]. It has been noted from a clinical perspective also that alcoholics seem to carry a reliable constellation of personality traits [15-17]. Many researchers have put forth energy to understand this link between personality and alcoholism, with the majority of research in the area concerning of comparing personality dimensions of alcoholics to non-clinical samples, mapping out the predictors of the development of alcoholism through probable analysis or using personality theory to create a taxonomic system. The initial investigation was to discover the personality characteristics of the alcoholic of personality, a question that has stayed with the science from earlier on [18]. Later investigations have tried to find definitive alcoholic characters by looking at which personality traits seem to be more pronounced in samples of individuals with alcoholism when compared to established norms [15]. It is observed that alcohol dependence has been associated with higher neuroticism scores and lesser conscientiousness scores [19]. Besides, most previous studies on Big five personality factor and alcohol use have noted that higher alcohol consumption among individuals with high score on neuroticism, low score on agreeableness, and low conscientiousness [20,21]. Similarly, individuals with alcohol-related substance disorder appear to have higher levels of neuroticism and lower levels of conscientiousness when compared with control participants in cross-sectional meta-analysis. Besides in their studies noted that low emotional stability, low agreeableness and low conscientiousness have been associated with current and future high alcohol consumption [20-22]. Nevertheless, Okoli on the contrary discovered that none of the Big Five personality traits are were implicated in relapse in alcohol among treated alcoholics but rather maintained that factors other than personality traits involved could be factors like socio-cultural/environmental [23].

A large body of research shows that the type of parenting style used by the parent(s) has greatest effects on individual alcoholic use. The authoritative parenting style is recognized as the most successful style for developing competent and confident in children [24,25]. One study found family conflict, family bonding, and peer's antisocial behaviour all as independent predictors of alcohol use in adolescence and suggested that family bonding may sway the child to associate with peers engaged in more positive behaviour [26]. A strong feeling of rejection, hostility, and helplessness are the factors associated with alcohol dependency [27]. Dhillon and Parwah reported alcohol abusers to be emotionally insecure when compared to normal subjects. It has also been found repeatedly that high use of punishment with rejection is closely associated with aggression or delinquency in youth. Kramer, Cook, Pickett and Cohler reported that parental rearing style has its significant effect on the personality traits and risk behaviour of developing child [28,29].

## Operational definition of key terms

**Personality:** It is an enduring traits or characteristics that distinguished one individual from the other as measured by BFI.

**Parental style:** It is the way parents bring up their children.

**Relapse:** It is the going back or resuming substance use after a period of abstinence.

## METHOD

### Participants

50 relapse alcohol abusers/addicts comprised of 30 males and 20 females was drawn from ESUT Teaching Hospital Parklane, Neuropsychiatric clinic Emene-Enugu, Enugu State Nigeria. The participants were selected through simple random method using odd number. The researcher selected the participants after obtaining the permission from the hospital management and obtaining ethical clearance from the ethical board; by first putting together the participants' files and then apply the random sampling method. Participants who have been diagnosed and treated of any kind of alcohol abuse by a psychiatrist and have had relapse up to two times after the first treatment were selected for this study. Participants' demographical data were also sought.

### Instruments

To effectively carry out this study the following instruments were used: PCS, MAS and *Big Five Inventory (BFI)*. The Big five inventory was developed by John. The Big five inventory (BFI) is a 44-item inventory developed to assess the five dimensions of personality [30]. The items are structured to reflect the five domains of personality traits, grouped into five major domains: Openness to experience, Conscientiousness, Extraversion, Agreeableness and Neuroticism. These domains are sub-grouped into facets, and the facets contain different number of items. The scale has a Cronbach Alpha 0.80 and 3 months test-retest 0.85 as obtained by Umeh [31]. Costa and Mcrae and Goldberg obtained a convergent validity coefficients of 0.75 and 0.85 respectively [32,33]. While locally in Nigeria Umeh using the University Maladjustment Scale obtained the following [34] divergent validity: Extraversion 0.05, Agreeableness 0.13, Conscientiousness 0.11, Neuroticism 0.39, and Openness 0.24. In South-East Nigeria Udoh conducted confirmatory factor analysis

on the big five inventory [35]. The result to confirmed the five big factors in the scale.

Parental Care Scale is a 20 item inventory developed by Baumrind to measure three basic parenting styles viz: authoritative, authoritarian and permissive parenting styles. The scale was designed to assess how children perceive the styles their parents use in bringing them up. The scale has alpha coefficient of 0.86 as reported by Baumrind [36]. The following are the mean scores for males and females in three parenting styles (Table 1).

MacAndrew Alcoholism Scale (MAS) was developed by MacAndrew [38]. It was developed to measure the degree of excessive alcohol consumption. It was adopted for the use of professionals in Nigeria after several years of research at re standardizing it in order to enhance its suitability and relevance for Nigerians. The short version of MAS manual reflects the outcome of the adaptation. It is a 49-items inventory designed to assess alcoholism which is the disorder or disease resulting from the excessive use of alcoholic beverages. It is used to screen, diagnose, determine the prognosis and identify the personality characteristics of alcoholics. The norm reported here are the mean scores obtained by different categories of clients. MacAndrew obtained a cutoff point of 24 among male adults (n=600). Among samples of Nigeria secondary school student, the normative mean scores obtained by Selemo are: M (n=90)=22.92, F (n=90)=24.64 M & F (n=90)=23.79.

### Procedure

To effectively carry out this study, the researcher through simple random method using odd number selected 50 participants for the study. The researcher sought and obtained permission from ethical board of the hospital to do the study in their facility. On the scheduled days the researcher having obtained permission through the help of assistance goes to the clinic on ward round days to administer the questionnaires to both out-patients and patients on admission. Male and female that have initially diagnosed and treated of alcohol abuse before and relapsed after the treatment. The researcher through the help of nurses on duty gather the patients for a brief introduction and signing of consent form by willing participants administered the questionnaire. The filled questionnaires were collected at once each day after filling. Collection lasted for 6-week. Data collected were analyzed using SPSS version 17.0

### Design/statistics

Survey design was used and correlational analysis was employed as the appropriate statistics for data analysis.

## RESULTS

The results of the correlational analysis in Table 2 above shows that there was no correlation between openness personality traits and

**Table 1:** Mean scores for males and females in three parenting styles.

Style	Males	Females	Both
Authoritarian	7.87	7.72	7.80
Authoritative	13.57	12.82	13.20
Permissive	7.40	7.48	7.44

Scores higher than the means indicate dominance of parenting style [37].

**Table 2:** Statistics.

		Age	Sex	Marital status	Education	Occupation
N	Valid	50	50	50	50	50
	Missing	125	125	125	125	125
Mean		22.4800	1.3600	9.9800	4.0400	7.0000
Std. Deviation		4.01650	0.48487	0.14142	1.15987	0.00000
Minimum		7.00	1.00	9.00	3.00	7.00
Maximum		31.00	2.00	10.00	6.00	7.00

relapse in alcohol among psychiatric patients ( $r=-.091, p<0.05$ ) this simply means that the first hypothesis which states that there will be correlation between openness to experience personality traits and relapse in alcohol is hereby rejected. The result also shows that there was no correlation between agreeableness personality trait and relapse in alcohol ( $r=-.114, p<0.05$ ). Hypothesis three which states that there will be significant correlation between conscientiousness and relapse in alcohol among participants was rejected ( $r=0.075,$

$p<0.05$ ). In this Table 3, the result revealed that hypothesis four which states that there will be significant correlation between neuroticism and relapse in alcohol among participants was accepted ( $r=0.250, p<0.05$ ). Hypothesis five which states that there will be significant correlation between authoritarian parenting styles and relapse in alcohol amongst participants was not accepted ( $r=0.081, p<0.05$ ). Hypothesis six states that there will be significant correlation between authoritative parenting styles and relapse in

Table 3: Correlations.

		Extraversion	Agreeableness	Conscientiousness	Neuroticism	Openness to experience	Authoritative parenting style	Authoritarian parenting style	Permissive parenting style	Bf total	Pc total	NacAndrew alcoholism scale
Extraversion	Pearson Correlation	1	-0.059	-0.023	0.012	0.122	0.127	-0.023	-0.451	0.393	-0.290	-0.198
	Sig. (2-tailed)		0.684	0.871	0.933	0.399	0.378	0.876	0.001	0.005	0.041	0.169
	N	50	50	50	50	50	50	50	50	50	50	50
Agreeableness	Pearson Correlation	-0.059	1	0.149	0.047	0.161	-0.107	0.018	-0.055	0.399	-0.080	-0.114
	Sig. (2-tailed)	0.684		0.302	0.745	0.264	0.461	0.900	0.704	0.004	0.579	0.432
	N	50	50	50	50	50	50	50	50	50	50	50
Conscientiousness	Pearson Correlation	-0.023	0.149	1	0.248	0.196	0.178	-0.168	-0.153	0.573	-0.102	0.075
	Sig. (2-tailed)	0.871	0.302		0.082	0.172	0.216	0.244	0.290	0.000	0.482	0.604
	N	50	50	50	50	50	50	50	50	50	50	50
Neuroticism	Pearson Correlation	0.012	0.047	0.248	1	0.231	0.102	0.109	-0.174	0.627	-0.043	0.250
	Sig. (2-tailed)	0.933	0.745	0.082		0.106	0.482	0.449	0.227	0.000	0.769	0.080
	N	50	50	50	50	50	50	50	50	50	50	50
Openness to experience	Pearson Correlation	0.122	0.161	0.196	0.231	1	0.073	0.267	-0.004	0.663	0.133	-0.091
	Sig. (2-tailed)	0.399	0.264	0.172	0.106		0.613	0.061	0.976	0.000	0.356	0.529
	N	50	50	50	50	50	50	50	50	50	50	50
Authoritative parenting style	Pearson Correlation	0.127	-0.107	0.178	0.102	0.073	1	0.465	-0.173	0.161	0.489	0.063
	Sig. (2-tailed)	0.378	0.461	0.216	0.482	0.613		0.001	0.230	0.265	0.000	0.663
	N	50	50	50	50	50	50	50	50	50	50	50
Authoritarian parenting style	Pearson Correlation	-0.023	0.018	-0.168	0.109	0.267	0.465	1	0.094	0.090	0.664	0.081
	Sig. (2-tailed)	0.876	0.900	0.244	0.449	0.061	0.001		0.517	0.532	0.000	0.574
	N	50	50	50	50	50	50	50	50	50	50	50
permissive parenting style	Pearson Correlation	-0.451	-0.055	-0.153	-0.174	-0.004	-0.173	0.094	1	-0.294	0.707	0.530
	Sig. (2-tailed)	0.001	0.704	0.290	0.227	0.976	0.230	0.517		0.038	0.000	0.714
	N	50	50	50	50	50	50	50	50	50	50	50
Bf total	Pearson Correlation	0.393	0.399	0.573	0.627	0.663	0.161	0.090	-0.294	1	-0.114	-0.018
	Sig. (2-tailed)	0.005	0.004	0.000	0.000	0.000	0.265	0.532	0.038		0.430	0.899
	N	50	50	50	50	50	50	50	50	50	50	50
Pc total	Pearson Correlation	-0.290	-0.080	-0.102	-0.043	0.133	0.489	0.664	0.707	-0.114	1	0.099
	Sig. (2-tailed)	0.041	0.579	0.482	0.769	0.356	0.000	0.000	0.000	0.430		0.494
	N	50	50	50	50	50	50	50	50	50	50	50
NacAndrew alcoholism scale	Pearson Correlation	-0.198	-0.114	0.075	0.250	-0.091	0.063	0.081	0.053	-0.018	0.099	1
	Sig. (2-tailed)	0.169	0.432	0.604	0.080	0.529	0.663	0.574	0.714	0.899	0.494	
	N	50	50	50	50	50	50	50	50	50	50	50

alcohol amongst participants was rejected ( $r=0.063$ ,  $p<0.05$ ) and lastly, hypothesis seven which states that there will be significant correlation between permissive parenting styles and relapse in alcohol amongst participants was accepted ( $r=0.530$ ,  $p<0.05$ )

## DISCUSSION AND CONCLUSION

The first hypothesis shows there is no correlation between openness to experience personality trait and relapse in alcohol among psychiatric patients who are alcohol addicts. The finding shows that relapse in alcohol do not depend on the openness to experience personality trait of that individual. This finding is in contrast with some previous studies that predicated relapse in alcohol on openness to experience personality trait [39]. No correlation between Openness to experience and relapse in alcohol was an unexpected result despite similar findings in a study by Brooner, Herbst, Schmidt, Bigelow and Costa [40]. Based on the assumption that alcohol addicts initially have chosen a radical action such as consumption of alcohol, either as recreational use or as a means to handle an experienced problem. Openness scale reflects the cognitive style of an individual. Earlier studies reported that substance abusers scored higher on this dimension of personality as compared to non-substance abusers. Nevertheless, the result of present study is not consistent with earlier studies. The lack of correlation may reflect that alcohol abusers are not more open to new actions and ideas which are among the Openness to experience facets.

This reflects that they have narrow interest and imagination and muted in display of emotions. Alcohol abusers reported that they have lack of attentiveness to inner feelings and intellectual curiosity. They lack insight and often emotionally numb. This finding is in line with the previous study done by Amit, Sharma, Suneet, Upadhyaya, Pankaj, Bansal, Nijhawan and Sharma found that unemployment rather than openness correlated with relapse in alcohol [41]. Hence, the first hypothesis that states there will be significant correlation between openness to experience and relapse in alcohol is rejected, it simply shows that curiosity for new ideas which is one of the facets does not warrant alcohol stimulant. On the second hypothesis which states that there will be significant correlation between agreeableness personality trait and relapse in alcohol among participants was also rejected in contrast with the earlier studies Agreeableness is associated with positive interpersonal qualities such as altruism and positive attitudes towards others, trust, modesty, and cooperativeness. These are traits not commonly associated with the hardened life of alcohol abusers.

Hypothesis three which states that there will be significant correlation between conscientiousness and relapse in alcohol among participants was rejected. The finding of this study is supported by the study carried out by Amit, Sharma, Suneet, Upadhyaya, Pankaj, bansal, Nijhawan and Sharma. This study also confirmed the theoretical explanation of conscientiousness which measures the level of control, organization and determination. Conscientiousness is a tendency to show self-discipline, act dutifully and aim for achievement. This implies that conscientious individuals have opinion of their abilities and were driven to succeed, and this made them not abuse alcohol and eventually circumvent relapse. This result is in accordance with earlier findings [21,42-45]. It was accepted that conscientiousness is associated with less alcohol use, smoking, and illicit substances.

The fourth hypothesis which states that there will be significant correlation between neuroticism and relapse in alcohol among participants was accepted. The finding of this study is consistency with earlier studies which showed that alcohol abusers scored higher on Neuroticism and showed more neurotic tendencies as compared to non-substance abusers [39,46,47]. Neuroticism reflects level of emotional adjustment and instability. High N is associated with irrational ideas, reduced impulse control and poor management of stress. In this study correlation of 0.25 though not so strong but indicated an association between neuroticism and alcohol relapse and it goes a long way to affirm the notion that an individual's pattern of drug use is based, in part, on personality characteristics and/or psychopathology has received some empirical acceptance [48,49].

Hypothesis five states that there will be significant correlation between authoritarian parenting styles and relapse in alcohol amongst participants. This hypothesis was rejected since there was no correlation between authoritarian parenting style and relapse in alcohol. This is supported by the earlier study that authoritarian parenting style is recognized as "do it because I said it" which is not the most successful style for developing competent and confident children but goes a long way to check children's excesses. It is important also to note that setting rules in the family make children to know what is expected of them. Also this kind of parenting does not give room for peer influence which is one of the factors leading to relapse [50].

The sixth hypothesis states that there will be significant correlation between authoritative parenting styles and relapse in alcohol amongst participants. This kind of parenting style which is also known as democratic parenting is a process where parents serve as guide to children's behaviour, maintain discipline and allow their children to express their views and respect as well. This finding is in line with the result of study carried out by Gossop, Green, Phillips and Bradley who found that common factor that leads to relapse in alcohol is peer pressure rather than parenting style. Because authoritative parents are accommodative their children are free to express their feelings and handle it without going outside to seek for answers.

Hypothesis seven states that there will be significant correlation between permissive parenting styles and relapse in alcohol amongst participants. This hypothesis was accepted. This finding concurs with previous research findings that showed that there is a significant relationship between permissive parenting style and alcohol relapse among the college students. This insinuates that self-esteem per-se is not enough in controlling alcohol abuse as students of permissive parents despite the fact that they have high self-esteem most of them are abusing alcohol. When parents set limit this helps the child to know what is acceptable and what is unacceptable in the society hence control their behaviour. Also Wood, Read, Mitchel and Brand found out that parental influences moderated peer-influence-drinking behaviour, their adolescents were more likely to engage in heavy binge drinking and eventually relapse. From the study, uninvolved parenting style has a significant influence on alcohol abuse. Baumrind observed that children of uninvolved parents have low self-esteem and lower control over impulsive behaviour. Children with low self-esteem and self-control are likely to abuse drugs [51,52]. This finding also concurs with Jacob and Leonard who found out that inadequate parenting, which is characterized by lack of affection, inconsistent discipline and supervision, and general lack of involvement,

provides the foundation for the development of an aggressive, antisocial behaviour including drug abuse [53].

The study was designed to evaluate the correlation between personality traits and parenting styles with relapse among alcohol abusers. The study found that among parenting styles and personality traits it was only neuroticism that correlates with relapse among alcohol abusers though a moderate correlation which indicates that relapse could be associated with neurotic behaviour. Permissiveness parenting style was the only parenting style that correlates significantly with relapse indicating that permissive parenting could encourage delinquency among young people [54-59]. It is pertinent therefore, to adopt authoritarian and authoritative parenting styles if relapse in alcohol will be curtailed.

## LIMITATION OF THE STUDY

The study has shown that there is correlation between personality traits and parenting styles with relapse among alcohol abusers. The result should be viewed within the context of the limitations posed by the method and sample size.

Again, the scope of analysis was limited to such factors parenting styles and personality traits could have been stronger by additional factor like income level, number in family, family history and religious belief. It was a major challenge to identify participants who met the relapse criteria and to secure informal consent of the participants within the time of this study.

## Compliance with ethical standards

**Conflict of interest:** All authors declare that they have no conflicts of interest.

**Ethical approval:** Ethical was granted by the Ethical Board of ESUT Teaching Hospital Parklane Enugu-Nigeria. All procedure performed in this study involving human participants were in accordance with the ethical standards of the Teaching Hospital.

## REFERENCES

- Okoli P, Ezeokana, J, Ezeme M, Ozougwu A. Influence of personality traits and demographic factors on number of relapse among treated alcoholics. *International Journal of Scientific & Engineering Research* 2019;10:5.
- Alshammar M. Alcoholism and its Impact on the Individual and Society. *International J Business Soc Sci.* 2015;6:515-535.
- Buskist W, Gerbing D, Psychology. *Boundaries and Frontiers.* Scott Foresman & Company 1990.
- Jernigan D. Alcohol marketing. Paper presentation at the 68th IOGT World Congress, Cha Am, Thailand: IOGT International. 2014.
- World Health Organization (WHO). Global health risks. Mortality and burden of disease attributable to selected major risks. Avenue. World Health Organization. 2009.
- World Health Organization – WHO. World Health Report. Geneva: WHO.2002.
- United Nations Office of Drug Abuse and Crime (UNODC). World Drugs Report. Published by United Nations. 2005.
- Adelekan ML, Ndom RJ, Makanjuola AB, Parakoyi DB, Osagbemi GK, Fagbemi O, et al. Trend Analysis of Substance Use among Undergraduates of University of Ilorin, Nigeria, 1988-1998. *African Drug Alcohol Stud.* 2000;1:39-52.
- Gureje O, Degenhardt L, Olley B, Uwakwe R, Udofia O, Wakil A, et al. A Descriptive Epidemiology of Substance Use and Substance Use Disorders in Nigeria during the Early 21st Century. *Drug Alcohol Depend.* 2007;91:1-9.
- Onodugo OD, Ezeala-Adikaibe BA, Anyim OB, Ezeme M, Ijoma UN, Obumneme-Anyim IN, et al. Prevalence and Pattern of Alcohol Use among Adults in an Urban Slum in South East Nigeria. *Open Journal of Psychiatry.* 2019;9:179.
- Lader M. What is relapse in Schizophrenia? *International Clinical Psychopharmacology, National Institute for Clinical Excellence (2002) Guidance on the uses of Newer Antipsychotic drugs for the treatment of Schizophrenia. Technical Appraisal Guidance, 1995;5:5-9.*
- Barnes GE, Murray RP, Patton D, Bentler PM, Anderson RE. The addiction-prone personality. Dordrecht Netherlands: Kluwer Academic Publishers. 2006.
- Bottlender M, Soyka M. Impact of different personality dimensions (NEO five-factor inventory) on the outcome of alcohol-dependent patients 6 and 12 months after treatment. *Psych Res.* 2005;136:61-67.
- Fisher LA, Elias JW, Ritz K. Predicting relapse to substance abuse as a function of personality dimensions. *Alcoholism: Clin Exp Res.* 1998;22:1041-1047.
- Barnes GE. Characteristics of the clinical alcoholic personality. *J Stud Alcohol.* 1980;41:894-910.
- Goodwin DW. The Personality of the Alcoholic: Guises of Dependency. *JAMA.* 1968;205:
- Johnson B. Psychological addiction, physical addiction, addictive character, and addictive personality disorder: A nosology of addictive disorders. *Canadian Journal of Psychoanalysis.* 2003;11:135-160.
- Sutherland EH, Schroeder HG, Tordella CL. Personality traits and the alcoholic; a critique of existing studies. *Quarterly Journal of Studies on Alcohol.* 1950.
- Ruiz MA, Pincus AL, Dickinson KA NEO PI R predictors of alcohol use and alcohol related problems. *J Pers Assess* 2003;81:226-236.
- Bogg T, Roberts BW. Conscientiousness and health-related behaviors: a meta-analysis of the leading behavioral contributors to mortality. *Psychological bulletin.* 2004;130:887.
- Malouff JM, Thorsteinsson EB, Rooke SE, Schutte NS. Alcohol involvement and the five-factor model of personality: A meta-analysis. *J drug education.* 2007;37:277-94.
- Hakulinen C, Jokela M. Alcohol use and personality trait change: pooled analysis of six cohort studies. *Psychol medicine.* 2019;49:224-31.
- Okoli P, Ezeokana, J, Ezeme M. Demographic factors on number of relapse among treated alcoholics. *International Journal of Scientific & Engineering Research Volume 10, Issue 5, 94 ISSN 2229-5518.*
- Berk, L. *Infants, Children and Adolescents (4th edn), Boston: Allyn & Bacon.* 2002.
- Berns, R. *Child, Family, School, Community-Socialization and Support.* Nelson Education 2012.
- Guo JI, Hill KG, Hawkins JD, Catalano RF, Abbott RD. A development analysis of socio demographic, family and peer effects on adolescent's illicit drug initiation, *Journal of the American Academy of Child Adol Psychiatry.* 2002;41:838-845.
- Dhillion P, Paawah P. A study of Relationship between drug use, abstract intelligence and feelings of security in the RN. Rai, PhD, Reader, in Psychology, Centre for Distance Education, North Eastern Hill University, Shillong. 1981:793.
- Kramer J. Training parents as behavior change agents: Success, failures, suggestions for school psychology. 1990.

29. Cook JA, Pickett SA, Cohler BJ. Families of adults and several mental illness: *American Journal of Ortho-Psychiatry*. 1997;67:172-176.
30. John O, Donahue E, Kentle R. *The Big-Five Inventory-4 Versions 4a and 54*. Berkeley: University of California. Berkeley Institute of Personality and Social Research. 1991.
31. Umeh CS. The impact of personality characteristics on student's adjustment on campus. Unpublished PhD Research Monograph, Department of Psychology, University of Lagos. 2004.
32. Costa PT, McCrae RR. Professional manual: revised NEO personality inventory (NEO-PI-R) and NEO five-factor inventory (NEO-FFI). 1992.
33. Goldberg LR. The development markers for the Big Five factor structure. *Psychol Asse*. 1992;4:26-42.
34. Kleinmuntz B. The college maladjustment scale (MT) Norms and predictive validity. *Educational and Psychological Measurement*. 1961;21:1029-1033.
35. Udo F. Big five personality predictors of relative longevity of people of Anambra State. PhD Dissertation presented to the department of Psychology, Nnamdi Azikiwe University, Awka, Anambra State. 2012.
36. Baumrind D. Current pattern of parental authority. *Dev Psychol*. 1971;4:1.
37. Omoluabi, PF. Relationship between performance in intelligence tests and achievements in school examinations. *Ife psychologIA - an International Journal*. 1993;1:48-58.
38. MacAndrew C. The differences of male alcoholic outpatients from non alcoholic psychiatric outpatients by means of MMPI. *Quarterly Journal of studies on alcohol*. 1965;26:238-246.
39. Sher KJ, Bartholow BD, Wood MD. Personality and substance use disorders: a prospective study. *J consulting and clinical psychology*. 2000;68:818.
40. Brooner RK, Herbst JH, Schmidt CW, Bigelow GE, Costa PT. Antisocial personality disorder among drug abusers. *J Nerv Ment Dis*. 1993;181:13-19.
41. Sharma AK, Upadhyaya SK, Bansal P, Nijhawan M, Sharma DK. A study of factors affecting relapse in substance abuse. *Education*. 2012;2:17-033.
42. Flory K, Lynam D, Milich R, Leukefeld C, Clayton R. The relationship among personality, symptoms of alcohol and marijuana abuse, and symptoms of comorbid psychopathology: Results from a community sample. *Exp Clin Psychopharmacol*. 2002;10:425-434.
43. Martin ED, Sher KJ. Family history of alcoholism, alcohol use disorders and the five-factor model of personality. *Journal of Studies on Alcohol*. 1994;55:81-90.
44. Trull TJ, Sher KJ. Relationship between the five-factor model of personality and Axis I disorders in a nonclinical sample. *J abnormal psychology*. 1994;103:350.
45. Walton KE, Roberts BW. On the relationship between substance use and personality traits: Abstainers are not maladjusted. *Journal of Research in Personality*. 2004;38:515-35.
46. Dorus W, Senay EC. Depression, demographic dimensions, and drug abuse. *Am J. Psychiatry*. 1980;137:699-704.
47. Skinner HA, Allen BA. Alcohol dependence syndrome: Measurement and validation. *J Abnormal Psychol*. 1982;91:199.
48. Blatt SJ, McDonald C, Sugarman A, Wilber C. Psychodynamic theories of opiate addiction: New directions for research. *Clinical Psychology Review*. 1984;4:159-189.
49. Craig RJ. A comparison of MMPI profiles of heroin addicts based on multiple methods of classification. *J Personality Asse*. 1984;48:115-120.
50. Gossop M, Green L, Phillips G, Bradley B. Lapse, relapse and survival among opiate addicts after treatment. A prospective follow-up study. *British J of Psychiatry*. 1989;154:348-353.
51. Abbey A, Smith MJ, Scott RO. The relationship between reasons for drinking alcohol and alcohol consumption: An interactional approach. *Addictive behaviors*. 1993;18:659.
52. Buskist W, Gerbing D, Psychology. *Boundaries and Frontiers*. Scott Foresman & Company 1990.
53. Adelekan ML, Ndom RJ, Makanjuola AB, Parakoyi DB, Osagbemi GK, Fagbemi O, et al. Trend Analysis of Substance Use among Undergraduates of University of Ilorin, Nigeria, 1988-1998. *African Drug Alcohol Stud*. 2000;1:39-52.
54. Alshammar M. Alcoholism and its Impact on the Individual and Society. *International J Business Soc Sci*. 2015;6:515-535.
55. Costa Jr PT, McCrae RR. Personality disorders and the five-factor model of personality. *Journal of personality disorders*. 1990;4:362-371.
56. Goldberg LR. An alternative "description of personality" The Big-factor structure. *J. Personality Socl Psychol*. 1990;59:1216-1229.
57. Gureje O, Degenhardt L, Olley B, Uwakwe R, Udofia O, Wakil A, et al. A Descriptive Epidemiology of Substance Use and Substance Use Disorders in Nigeria during the Early 21st Century. *Drug Alcohol Depend*. 2007;91:1-9.
58. Jacob T, Leonard K. Alcoholic-spouse interaction as a function of alcoholism subtype and alcohol consumption interaction. *J Abnormal Psychol*. 1988;97:231-237.
59. Jernigan D. Alcohol marketing. Paper presentation at the 68th IOGT World Congress, Cha Am, Thailand: IOGT International. 2014.