

A Study of Emotional Intelligence of Cases with Substance Dependence.

Sarika Alreja¹, Deepak Kumar Mishra², K. S. Sengar³, Amool R. Singh⁴

ABSTRACT:

Nobody's expressed intent is to become addicted. Their intent is pleasure, or to relieve suffering, to have fun, to fit in, to quell anger, or any number of other things. Intentionality is an emotional intelligence competency which permits the patient to accomplish what he sets out to, not something else. The present study examined the association between emotional intelligence and substance dependence in terms of intra-personal awareness (own emotions), interpersonal awareness (others emotions), intra-personal management (own emotions) and inter-personal management (others emotions) and aggregate emotional quotient. Sixty substance dependent patients diagnosed according to ICD-10 criteria and sixty normal participants matched in gender were taken for the study. Participants were individually assessed on Mangal Emotional Intelligence Inventory to examine the status of emotional intelligence. In comparison to normal participants substance dependent patients were significantly deficient in almost all the areas of emotional intelligence under study.

Key-words: Emotional Intelligence, Substance Dependence, Neo cortex, Intrapersonal management,

INTRODUCTION:

Between stimulus and response, there is a space. In that space lies our freedom and power to choose our response. In our response lies our growth and freedom. –“**victor Frankl, “Man’s Search for Meaning”** Emotional intelligence may be broadly defined as ability to use emotional information in constructive or adaptive manner Emotional information consists of one’s own subjective emotional responses as well as the information conveyed by the emotional responses of others. In the 1980’s **Bar - On** first used the abbreviation of E .Q to refer to aspect of emotional range of abilities. In 1990 Peter Salovey and John Mayer published their landmark conceptualization, first time, as “Emotional Intelligence”. The emotional intelligence is that people’s behaviour is best understood in times of its adaptability and functionality. Emotional Intelligence is used to refer to long list of attributes or abilities that appear drawn from a number of aspects of personality. Emotional intelligence is said to include five parts knowing emotions, managing emotions, motivating one self, recognizing emotion in others and handling relationships. Emotional Intelligence creates or extends that space between stimulus and response, which does not exist for the addict. Recently, the concept of Emotional Intelligence appears like a new theory that tries to explain the human behaviour in several situations. Mayer and Salovey define emotional intelligence (EI) as the ability to

accurately perceive, appraise and express emotion; to understand emotion and emotional knowledge to regulate emotions and access or generate feeling in facilitating thought.

The emotional intelligence (EI) defined by these authors is characterized by a series of skills that encompass the following processes: a) perception, appraisal and expression of emotion, which involves an identification of both one’s own emotions and those of others, as well as the ability to express them; b) understanding and analysis of emotions, which allows one to label them and understand the relationships between them, as well as the situation that has given rise to them and c) control of emotions; an ability to regulate or control one’s own emotions (positive and negative) and that of others.

In this sense, the current research on Emotional Intelligence (EI) tries to analyze the value and the utility of the Emotional Intelligence (EI) in diverse areas of the person. So for example, Emotional Intelligence (EI) appears to be an important predictor of success in life, such as in coping strategies, life satisfaction, quality of life, depression, leadership, academic achievement, and interpersonal relations^{5,6,7,8,9,10}

Despite disparity in the research literature on the origins of the frequently found co-occurrence of anxiety and

substance use disorders, there are numerous studies that have linked periods of stress to increased consumption of alcohol in several populations including psychiatric patients. The vast majority of these studies have found that heavy drinkers report alcohol consumption for reasons of negative reinforcement (i.e., to remove unwanted psychological effects) whereas light or social drinkers tend to consume alcohol for reasons of positive reinforcement (i.e., to be more sociable and fun). Bergman and Harris reported that in young adult psychiatric patients the primary reason for consuming alcohol was to relieve the anxiety associated with interacting with others¹⁴. Similarly, Test, Wallisch, Allness, and Ripp found that schizophrenic patients frequently consume alcohol to relieve both boredom and anxiety symptoms¹⁵. The individuals who drank most heavily reported doing so to obtain relief from their psychological symptoms including nervousness and anxiety¹⁶. Minority of individuals reported using alcohol to reduce anxiety and tension, relieve restlessness or to abate the effects of psychological stress. However, among those individuals experiencing the highest levels of stress (e.g., those who witnessed the death of a colleague or atrocities committed against civilians), alcohol consumption increased substantially during the peace keeping missions and was sustained after extrication from the stressful situation¹⁷.

In sum, past research has linked feelings of anxiety and a need to relieve such feelings to reasons for alcohol consumption. Theories such as the self-medication hypothesis and tension reduction theory have attempted to explain this relationship. However, support for such notions is not universal, and other lines of research have suggested that many individuals with psychological difficulties do not use substances to cope with life difficulties, and that frequent use of alcohol as a coping mechanism for psychological difficulties can actually exacerbate psychological symptoms rather than having the intended effect of reducing the problem.

The aim of the present study is to explore the association between Emotional Intelligence and substance dependence in terms of intra-personal awareness (own emotions), inter-personal awareness (others emotions), intra-personal management (own emotions) and inter-personal management (others emotions) and aggregate emotional quotient.

METHODOLOGY:

Aim and Objectives:

This is a cross sectional study aimed to examine the association between Emotional Intelligence and substance

dependence. The present study investigates the level of emotional intelligence and its impact on the functioning and social behaviour of the substance dependence cases.

Hypothesis:

- 1- There will be no significant difference between emotional intelligence of substance dependents and normal controls.
- 2- There will be no significant difference in coping ability (interpersonal awareness / intrapersonal awareness / management in substance dependents and normal controls
- 3- There will be no significant difference in coping ability (interpersonal management/ intrapersonal management in substance dependents and normal controls.

Design:

The research design used was between groups: two groups. Substance Dependents were compared with normal controls on Mangal Emotional Intelligence Inventory.

Sample:

The present study was a cross sectional study for which sample consisting of sixty diagnosed patients with substance dependence and sixty normal individuals were selected by using purposive sampling technique. Mean age of patients was 30.07+5.74 years and of normal participants was 27.47+4.34 years. The sample consisted of only male subjects and all were married and Hindu. Subjects included in the study were belonging to joint families and were of middle socio-economic status. All participants were employed and from semi urban and rural areas of Jharkhand and Bihar. Substance dependents with any other neurological disorder/major physical illness were excluded from the sample. All participants were cooperative. Informed consent was taken for the study.

Tools:

Socio-demographic and Clinical Data Sheet:

It is semi-structured Performa. It contains information about socio-demographic variables like age, sex, religion, education, marital status, domicile and occupation and clinical details like age of onset and duration of illness.

Mangal Emotional Intelligence Inventory (MEII):-

It is designed by S. K. Mangal & Subhra Mangal¹⁸. This inventory has been designed basically for Hindi and English knowing 16+ year's age of school, college and university

students for the measurement of their emotional intelligence. It has 100 items, 25 each from the four areas to be answered as YES or NO. Four areas or aspects of emotional intelligence namely, intra-personal awareness (knowing about one's own emotions), inter-personal awareness (knowing about other's emotions), intra-personal management (managing one's own emotions), and inter-personal management (managing other's emotions) is assessed.

General Health Questionnaire-12:

The GHQ is a 60 items self administered screening test⁴, which is sensitive to the presence of psychiatric disorders in individuals presenting in primary care settings and non-psychiatric clinical settings. The GHQ is not designed to detect symptoms that occur with specific psychiatric diagnosis, rather, provide a measure of overall psychological health or wellness. The GHQ-12 is a shorter version of the GHQ containing 12 items.

Table 1: Showing Socio-demographic Characteristics of the Sample

Variables		Patient group N=60 M+SD/N	Normal N=60 M+SD/N	Chi square/t (df)
Age		30.07+5.74	27.47+4.34	2.797** (118)
Marital status	Single	24	38	6.541 (1)
	Married	36	22	
Education	Up to matric	30	1	53.196** (3)
	Intermediate	21	14	
	Graduation	6	21	
	Post graduation	3	24	
Occupation	Unemployed	19	1	42.875** (3)
	Student	5	30	
	Service	12	20	
	Business	24	9	
Economic status	Lower	5	0	5.217 (1)
	Middle	55	60	
	Upper	0	0	
Domicile	Rural	21	9	7.565 (2)
	Urban	28	31	
	Semi urban	11	20	
Religion	Hindu	49	47	0.715 (2)
	Christian	3	2	
	Moslem	8	11	
Diagnosis	Alcohol Dependent	29	0	120.0** (3)
	Cannabis Dependent	18	0	
	Multiple substance Depet	13	0	

**p < .01.

Patients diagnosed as substance dependents, i.e. alcohol, cannabis or multi substances, according to the DCR criteria of ICD-10¹ were included in the patient's sample for this study.

PROCEDURE:

Socio demographic information was collected using the Socio Demographic Data Sheet. Patients diagnosed as substance dependents, i.e. alcohol, cannabis or multi substance, according to the DCR criteria of ICD-10 were selected from the Inpatient service of Ranchi Institute of Neuro Psychiatry and Allied Sciences, Kanke, Ranchi. Participants who fulfilled the inclusion/exclusion criteria were included in the patient's sample for this study. Normal participants were individuals working at the institute. They were screened on the General Health Questionnaire-12 to rule out probable psychiatric problems. Mangal Emotional Intelligence Inventory was administered to all the participants.

RESULTS:

The results of the study have been analyzed under a normative comparison for dimensions of emotional intelligence. To find out the significance of differences between the means of the two groups i.e., substance dependents and normal individuals, "t" test has been computed. Results are presented in the table no. 2.

Table 2: Showing Results of the Different Areas of Emotional Intelligence:

Areas of Emotional Intelligence	Control group N=60 M+SD/N	Patient group N=60 M+SD/N	t value (df)
Intrapersonal Awareness	19.5+3.07	11.88+4.07	11.566** (118)
Interpersonal Awareness	18.83+3.33	10.95+3.91	11.879** (118)
Intrapersonal Management	19.7+2.95	12.5+4.54	10.29** (118)
Interpersonal Management	19.65+2.69	13.3+3.98	10.24** (118)
Aggregate Emotional Quotient	77.68+8.39	48.68+12.63	14.82** (118)

**p < .01.

Results Indicate that substance dependence group is showing lower scores on subscales of emotional intelligence such as intra-personal awareness (own emotions), inter-personal awareness (others emotions), intra-personal management (own emotions) and inter-personal management (others emotions) and aggregate

emotional quotient, compared to their normal counterparts, which are all statistically significant ($p < 0.01$).

DISCUSSION:

If addiction – alcoholism, for instance – has an underlying dynamic of suppressed rage at helplessness, as some believe, and is a compromise between doing nothing, and doing something constructive, as others believe, certainly increasing EQ skills such as Personal Power, Anger Management, Intentionality and Self-Regard would allow the patient to consider the latter alternative instead of the former, and to make it happen. And Optimism, an EQ facilitator which can be learned, is the opposite of “learned helplessness.” One of the greatest health benefits of emotional intelligence is avoiding isolation, and isolation figures highly in addiction. Consider yet another theory of addiction, this time called “excessive appetite.” A Psychological View of Addiction, that behavior such as excessive gambling, sex and eating are normally distributed because most people will conform to social pressure. According to Orford’s model, “the more excessive the behavior becomes, the greater the societal forces are that push the behavior back to the center, to the norm.” (Isolation, of course, removes the patient from the ‘pressure of the norm’.”).

The emotional intelligence determines potential for learning the practical skills that are based on its five elements: self awareness, motivation, self regulation, empathy adeptness in relationship .Emotional intelligence shows how much potential one as translated into on the job capabilities. For instance, being good at interpersonal is an emotional competence based on empathy whereas trustworthiness is a competence based on self regulation or handling impulses and emotions well. The results of our study show that substance dependent cases lack above competence significantly. This lack of emotional competence might be a causative factor for indulging in substance abuse .This poor emotional competence may also lead to multiple mental health problems as anxiety, depression, withdrawal, suicidal or homicidal etc. Poor emotional competence also results the poor ability to cope with the life challenges developments of professional and career skills and poor motivation to achieve the goals either in personal or professional exchange. The cases of substance abuse has poorly performed in different areas of emotional intelligence suggestively are significantly lower on how they manages themselves , awareness and knowledge about once mental status preferences, resource and institutions. They are also week on very significant areas of personality as knowing one’s strength and limit,

recognizing one’s emotions and their effects and sense of self worth and capabilities when they were being compared to normal subjects. The interpretation of these findings is that the rostral anterior cingulate medial prefrontal activation may be responsible, where a representation of one’s own emotional state is established this region is closely connected with amygdala, orbitofrontal, anterior cingulated cortex and other paralymbic structures such as the insula. The emotional information is transmitted to it. The rostral anterior cingulated medial prefrontal cortex is hypothesize to participate in the representation of emotional experience. This structure may be essential for knowing how one is feeling a function that is cortical in the context of emotional behaviour. The dynamic interaction between phenomenal experiences, establishing a representation of it, elaborating that representation and integrating it with other cognitive elaboration of emotions, addressed by the level of emotional awareness models.

The results of the study reveals that in the area of intrapersonal management substance abuse cases performance is significantly poor when compared to normal subjects. The results further evidenced that normal subject have better understanding and ability to exchange the emotions which suggests that the subject with substance abuse are having lower level of emotional awareness. The representation of this state associated with self and other is more fluid and permeable. The prefrontal cortex is known to process and integrate interoceptive and extraceptive emotional information is the sense of generating goal directed behaviour .In view of evidence suggesting that cocaine is associated with hypo activity in the frontal region^{18, 19}. Our findings are consistence with hypothesis that substance user’s lacks the appropriate behaviour and have the deficits in dealing the interpersonal responses. It is documented that the cannabis is related to dysfunction in cognitive flexibility and recreational cocaine users also show impairment in conflict control^{20,21}.

One of the most compelling arguments that an addiction is controllable (regardless of its cause - genetic or otherwise) and therefore would respond to emotional intelligence training is that researchers can pay addicts to quit. You can’t pay a blueeyed person to change their genetically-determined eyes to brown. The addict can be motivated to quit with money for instance, and motivation is both a feelings word, and something that requires thinking, the neocortex. While the relationship between smoking and depression still poses interesting questions (e.g., which causes which; whether a third variable influences or causes

both) we know that learned optimism, flexibility that circumvents perfectionism, skills in emotional expression, empathy, and connectedness can all impact depression.

Pessimists are more prone to depression, and also more prone to isolation. Studies have shown, however, that teenagers who smoke are more likely to be depressed. "Cigarette use [by teenagers] is a powerful determinant of developing high depressive symptoms," The subjects using the substance were found poor on striving to improve or meet standard of excellence, aligning with the goal of the group or organization and readiness to act on opportunities. The normal subjects were shown good persistence in perusing goals despite obstacles and setback to add.

CONCLUSION:

The results of the study suggests that the substance abuse subjects were finding themselves difficult on initiating and managing change, nurturing instrumental relationship with others in ability to negotiating and resolving disagreement and inspiring and guiding individuals and groups. The emotional intelligence plays a vital role on developing leadership quality.

Nobody's expressed intent is to become addicted. Their intent is pleasure, or to relieve suffering, to have fun, to fit in, to quell anger, or any number of other things. It's like a misfired arrow of intent, the addict saying at some point, "I didn't intend to get addicted; I intended to have a good time/fun/pleasure/peace/comfort..." Intentionality is an emotional intelligence competency which permits the patient to accomplish what he sets out to, not something else.

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1 & 2 - Ph. D. Scholars, Dept of Clinical Psychology; RINPAS, Kanke, Ranchi- 834006.

3 - Assistant Professor, Dept of Clinical Psychology; RINPAS, Kanke, Ranchi- 834006.

4 - Director & Prof of Clinical Psychology. RINPAS, Kanke, Ranchi- 834006.

1 - 4, Dept of Clinical Psychology; RINPAS, Kanke, Ranchi- 834006. (Jharkhand)

Phone No.- 0651-2451101,

Cell Phone No. 09431769001

E.mail. kssenagr2007@rediffmail.com