



A Study of the Condition of Emotional Intelligence in Addicts in the TC Center of Shiraz

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ABSTRACT

The present research was conducted as an effort to study the condition of emotional intelligence in addicts in the Therapeutic Community (TC) Center in the city of Shiraz. In this study, all of the addicts (17 individuals) admitted at the TC Center were tested using the 30-item Trait Emotional Intelligence Questionnaire. For the sake of comparison, a group of 18 self-introduced addicts who had referred to the welfare center in Shiraz were selected based on characteristics such as age, gender and education level appropriate to the TC group. The results were analyzed by means of descriptive statistics and multi-way variance analysis methods. Variance analysis results indicated that the two groups had no significant difference in total emotional intelligence scores, despite the fact that the TC group showed higher average scores. Moreover, no significant difference was observed between the two groups in the facets of optimism and perception of emotions (one's own and others'). In facets such as emotional regulation ($P= 0.03$) and social skills ($P < 0.05$), on the other hand, significant differences were obtained between the two groups. Based on these results, it can be stated that addicts residing at the TC Center are in better conditions when it comes to emotional regulation and social skills, which can be indicative of the impact of the daily, continual training provided at such centers.

Keywords: Emotional intelligence, Addiction, Therapeutic community, Self-introduced

INTRODUCTION

The present research was conducted in order to study the condition of emotional intelligence of drug abusers at the Therapeutic Community (TC) Center in the city of Shiraz and compare the results with those of individuals referring to the self-introduced welfare center in the city of Shiraz.

Research nowadays has shown that mere high education and logical intelligence do not guarantee success; rather, individuals today require emotional intelligence in order to succeed [1].

Man possesses two kinds of reason – one is based upon wisdom and thoughts and the other depends on feelings and emotions. These two distinct and fundamental methods of awareness interact mutually and form our mental life. One of them is intellectual and involves the perception of issues through dependence upon awareness, thoughts and the capability to think, examine and show mutual reactions. The other – emotional reason – is a powerful way to achieve awareness which at times behaves somewhat illogically. Normally, these two kinds of reason function in total harmony and in intimate interaction with each other [2].

Mayer, Salovey, and Caruso [2008] see emotional intelligence as comprising of four correlated abilities: the perception of emotions in oneself and others, using emotions to facilitate decision making, understanding emotions and emotional regulation. On the other hand, Bar-On regards emotional intelligence as a combined series of emotional self-awareness as well as other skills and traits which influence an individual's success in confronting the environment's pressures and tasks. The studies conducted upon emotional intelligence have shown emotional intelligence to be an effective, determining factor in true life achievements such as success at school and education, success at work and interpersonal relationships and health activities in general [3]. At present, many studies have been conducted on the correlation between emotional intelligence and physical and mental well-being [4]. Emotional intelligence indicates a positive correlation with mental well-being and an inverse correlation with mental disorders. Individuals who are skilled at controlling their own and also others'

emotions are capable of protecting themselves against stress. Such people report fewer cases of depression, despair and contemplations of suicide [5].

Various studies have shown that low emotional intelligence is associated with problematic internalized behaviors, low levels of empathy, incapability to adjust moods [6], dysthymia (Parker et al.) quoted from *ibid*], depression, neuroticism, body syndromes and stress, externalized problematic behaviors, degrading academic achievements [7], the consumption of alcohol and narcotics [8], sexual deviations [6], vandalism, robbery and also aggression [9].

As researchers have theorized, lower EQ levels lead to incapability to react and control excitements, which contributes to the beginning of drug use [1]. The little research existing indicates drug abuse to be negatively proportional with emotional intelligence. Trinidad and Johnson have found, for instance, that young adults with low emotional intelligences consume more alcohol and tobacco.

Moreover, in a similar study, Schutte et al. concluded that individuals referring for treatment for drug abuse showed lower emotional intelligences than those treating them. Other studies have pointed out higher consumptions of alcohol and medications [10] in individuals suffering from cyclothemia – a condition involving problems in recognizing and expressing emotions which is strongly associated with low emotional intelligence.

In another study, Schutte and Riley found that low emotional intelligence is significantly correlated with both problems mainly concerned with alcohol and problems mainly concerned with medications. Furthermore, they found low emotional intelligence to be strongly related to weaker confrontations. Weaker confrontations are, in turn, related to medication-dependent problems. Trinidad and Johnson also discovered that emotional intelligence is negatively proportional to efforts to smoke cigarettes, smoking during the last 30 days, daily or weekly use, and drinking during the last week.

In fact, the aim of this study was to answer the question whether individuals using programs provided by TC centers differ in various facets of emotional intelligence compared to their peers who do not take part in such programs. To put it more accurately, does the training provided at TC centers have any influence upon individuals' emotional intelligence or not?

MATERIALS AND METHODS

In this research, the causal-comparative method was used in order to make a comparison between the various facets of emotional intelligence among two groups.

The statistical population in this research included all of the drug abusers residing at the TC Center in the city of Shiraz. For the research, all of the statistical population (20 individuals] was selected as the sample; 17 of them were willing to cooperate. For the sake of comparison, a group of 18 self-introduced addicts who had referred to the welfare center in Shiraz were selected based on characteristics such as age, gender and education level appropriate to the TC group.

To measure emotional intelligence, the Trait Emotional Intelligence Questionnaire developed in 2002 by Petrides was used. This questionnaire includes 30 items and a degree from 1 to 7 is given to score each item. Scores range from 30 to 210. A score of 170 or above indicates a high emotional intelligence, and a score of 112 is the basis to identify low emotional intelligence. The internal consistency of this questionnaire in the main population was 0.86, and its reliability using the Cronbach's Alpha was reported to be 0.89. The reliability coefficient for this questionnaire in Iran was calculated as 0.81 using Cronbach's Alpha. Its internal consistency was also reported as 0.86. This questionnaire proves to have positive correlation with the Eysenck Personality Profile, which indicates its simultaneous reliability [11].

RESULTS

Descriptive statistics and variance analysis methods were used for data analysis in this research. The average and standard deviations for various facets of emotional intelligence for the TC group and the self-introduced center group have been displayed in Table 1.

Table 1. Mean and standard deviations for various facets of emotional intelligence for the TC group and the self-introduced center group

Total Score	TC	131.88	27.18	17
	S-Introduced	120.72	16.90	18
Optimism	TC	31.94	9.88	17
	S-Introduced	29.72	8.31	18
Understand their emotion And others	TC	47.47	10.15	17
	S-Introduced	47.22	6.36	18
Emotions Control	TC	28.53	7.28	17
	S-Introduced	23.28	6.62	18
Social Skills	TC	23.94	4.59	17
	S-Introduced	20.5	5.38	18

Analysis of variance results showed no significant difference ($p= 0.15$) between the two groups' total emotional intelligence scores; however, as displayed in Table 1, the TC group proved to have higher average scores. In the optimism facet also, the TC group proved to have higher average scores, but the difference is not significant ($p< 0.47$). There is no significant difference between the two groups in the facet of perception of one's own and others' emotions, either; however, the facet of emotional regulation shows a significant difference ($p< 0.03$). Furthermore, there is also a significant difference ($p< 0.05$) between the two groups in the social skills facet.

DISCUSSION

The results of this research indicated a difference between individuals who use TC programs and those who do not. Therefore, according to the results obtained, it can be stated that individuals provided with TC Center programs show more or less higher emotional intelligence. In other words, the programs offered at such centers improve some of the facets of emotional intelligence in individuals; those who refer to ordinary centers, on the other hand, indicate no change in emotional intelligence. What clarifies and proves to be in line with the results of this research is the type of programs provided at TC centers, which is compatible with emotional intelligence facets. TC centers, which provide 24-hour, long-term services, usually offer individuals with intensive programs including various workshops and classes on life skills. These involve training on life skills, training on effective interpersonal relationships, self-awareness and self-knowledge as well as continual therapy groups which focus upon the knowledge and expression of one's own and others' emotions, providing feedback, positive interaction with the group and giving opinions.

Thus, this research confirms the positive impact TC centers can have upon drug abusers and the improvement in their emotional intelligence – one of the most significant personality components influential in their addiction and rehabilitation.

One of the limitations of this study was the lack of research on emotional intelligence of addicts residing in TC centers in order to make comparisons with this article. Furthermore, the low number of individuals admitted at the TC centers – and, as a result, low sample size – is regarded as another limitation of this research.

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