



Emotional Intelligence, Spiritual Intelligence, Self-esteem and Self Control of Substance Abuse

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Authors' contributions

This work was carried out in collaboration between all authors. Author SA designed the study according to recent literatures and standard epidemiologic studies, collected data and also managed data sampling and obtained approval from the Ethics Committee and clinical registry for this study. Author RZ re-evaluated the clinical data. Author AA revised the manuscript and performed the statistical analysis. Author AD reviewed and made final edit on the article. Author SMS supervised data sampling, translated and revised the manuscript. All authors read and approved the final manuscript.

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ABSTRACT

Background: This study aims to investigate the relationship between emotional intelligence, spiritual intelligence and self-esteem, and self-control on men with addiction in rehabilitation centers of Tehran.

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Methods: This is a cross-sectional study sampling 200 men. From 12 treatment and rehabilitation centers in Tehran, 4 were randomly selected and fifty people from each center aged 20 to 50 with at least two years of addiction history were picked. Instruments used were: Eysenck Self-esteem Scale (ESI), Bradbury-Greaves Emotional Intelligence test, Abdullah Zadeh Spiritual Intelligence test and the Personal Control Scale (PCS).

Results: A positive relationship was found between emotional intelligence, spiritual intelligence, self-esteem and substance abuse self-control ($r=0.25, 0.21$ and 0.24 at a level of confidence $=0.001$, respectively).

Conclusion: Promotion of emotional intelligence, spiritual intelligence and self-esteem may prove useful in control of substance abuse in men.

Keywords: Emotional intelligence; spiritual intelligence; self-esteem; self-control; substance abuse.

1. INTRODUCTION

Drug addiction is a psycho-socio-biologic problem that is characterized by compulsive drug seeking and use in spite of unpleasant economic, social and cultural consequences. The relationship between addiction and social issues is bilateral. Addiction is a phenomenon rooted in social, economic and cultural basis of the society. It will decrease the person's tendency to moral, social and ethical values and also leads to family breakdown, therefore it is known as "Chemical Domestic War" and "War without Borders" [1].

Substance abuse is a major problem in most communities and is not limited to a specific class or ethnic group. Each person of any age group, sex and socio – economic situation can be vulnerable to an addiction. The individual, social and political effects are wide ranging. In recent studies many researchers have tried to show the best way to deal with this problem in different countries. Also, large sums are spent on research, prevention, treatment and rehabilitation every year.

Substance abuse ranks as one of the most devastating and costly habits, which can be prevented or treated to help people stop abusing substances and resume their normal lives [2].

Previous researches have shown that there are different factors which impact on starting and following addiction. These factors are; 1) Individual, such as presence or lack of personality traits that make an individual to be vulnerable to addiction, for example non-assertiveness as an individual factor. 2) Social factors, such as parental addiction, lack of parental control, availability of substances and presence of addicted peers and so on [3]. Some studies showed low self-esteem is one of the

major factors raising addiction in young people, and they proposed better self-esteem may lead to decrease substance abuse [4].

In recent years the concept of intelligence, is considered not only as a cognitive ability, but also expanded to the other areas of application such as emotional intelligence, natural intelligence, existential intelligence and spiritual intelligence [5].

Emotional intelligence (EQ) is a relatively recent behavioral model rising to prominence with Daniel Goleman's 1995 Book called 'Emotional Intelligence'. The early emotional intelligence theory was originally developed during the 1970s and 80s by the work and writings of psychologists Howard Gardner (Harvard), Peter Salovey (Yale) and John 'Jack' Mayer (New Hampshire) [6].

Emotional intelligence consists of the ability to motivate individuals such as endurance against frustration, impulse control, mood modification and avoid destructive stress in order to prevent mental disorders [7]. Emotional intelligence is non-cognitive capabilities and skills which can prepare a person to be able to cope with environmental stress [8].

Vaughan believes that spiritual intelligence is related to multiple ways of knowing and integration of the inner life of mind and spirit with the outer life of work in the world. Spiritual intelligence is necessary for discernment in making spiritual choices that contribute to psychological well-being and overall healthy human development [9].

Emmons believes that spiritual intelligence includes a set of abilities for utilizing religious sources and concepts. He suggests that spiritual intelligence is one of the components that could

solve life's problems. People with higher spiritual intelligence can face stress a lot easier and deal much better with critical events. They can find the meaning of life and thereby, solve the problems [10]. Spiritual intelligence represents a set of capacities and intellectual resources that can increase the adaptability, so the result will be a good mental health [11]. Spiritual intelligence is the ability that gives us the strength to achieve our dreams. In fact, spiritual intelligence causes creation of different questions related to basic and important issues in our life. Hence, we can change our life style. Taziki et al. [12] found that spiritual intelligence impacts on primary school teachers job satisfaction through lifestyle effects.

In this study we tried to test the relationship between three variables (spiritual intelligence, emotional intelligence and self-esteem) and control of substance abuse in male addicts in "treatment and rehabilitation centers of Tehran".

2. METHODS

The study was based on correlational method. Treatment and Rehabilitation Centers in the west district of Tehran were the target community in this study. From 12 treatment and rehabilitation centers, 4 were randomly selected and fifty people from each center aged 20 to 50 with at least two years of addiction history were picked. (n=200).

2.1 Ethical Issues

We explained the goal of our study and confidential issues. They were free to join the study and allowed to quit at any stage without any problem. They signed informed consent sheet after acknowledging the goal of our study. Then, questionnaires were filled in voluntarily.

2.2 Psychological Instruments

1. Eysenck Self-esteem Inventory: ESI has 30 multiple choice questions. Yazdani Moghaddam (1999) showed validity of 0.84 that was confirmed by Cronbach's alpha.
2. Bradberry Greaves Test, which has been developed by Travis Bradberry and Jane Greaves. It contains 28 questions and is divided to 5 scales of the overall emotional intelligence, self-awareness, self-control, social awareness and relationship management. The test is scored based on

Likert scale. Ganji and colleagues confirmed the validation of this test in their study [13]. They found validity and reliability of the test equaled to 0.88 by Cronbach's alpha.

3. Abdollahzadeh Spiritual Intelligence Scale: In Iran, Spiritual Intelligence Questionnaire is designed by Abdollahzadeh et al. [14]. It has 29 questions and reliability of the test was 0.89 by Cronbach's alpha.
4. Personal Control Scale: The test has two sets of questions. It aims to assess the degree of personal control in substance addicts [15]. The validity of the questionnaire is confirmed by experts in the field of addiction. Calculated test-retest reliability was 0.80. It is a Likert-type response spectrum.

2.3 Data Analysis

Finally, the data were analyzed in both descriptive and inferential statistics. Descriptive statistics was used to assess the distribution, the mean and median measures of central tendency and dispersion parameters such as standard deviation and variance. In the inferential statistics, data were analyzed by using SPSS software and statistical models.

3. LIMITATIONS

Participants were male and chosen from Tehran's west district because there were some restrictions on women's centers, therefore the results are not applicable to all.

4. RESULTS

Table 1 shows the ratio between numbers of participants, their age group and the percentage. The table shows that the most number of people in the sample group were between the ages of 20 to 30.

Table 1. Age distribution of subjects

Age	Number	Percent
20-30	118	59
31-40	54	27
41-50	20	10
Over 50	8	4
Total	200	100

Table 2 shows their level of education/percentage.

Table 2. Educational distribution of subjects

Education	Number	Percent
Primary school	82	41
High school	92	46
Academic	26	13
Total	200	100

Table 3 shows the marital status of participants. As the table shows single people were 3 times more than married group.

Table 3. Marital state distribution of subjects

Marital status	Number	Percent
Single	150	75
Married	50	25
Total	200	100

Table 4 shows the average, standard deviation, minimum and maximum levels of self-esteem, emotional intelligence, spiritual intelligence and self-control. The findings show the average ratio of self-esteem (32/44), emotional intelligence (102/96), spiritual intelligence (114/16) and Personal Control (39/56) respectively.

Table 5 shows a significant relation between emotional intelligence (as predictor variable) and control of substance abuse as the criterion variable ($r=0.25$). This association was statistically significant ($p<0.01$) and based on the coefficient of determination, emotional intelligence explaining substance abuse (6.25%). There was a significant relation between spiritual

intelligence and control of substance abuse ($r =0.21$), ($p<0.01$). Also, there was a significant relation between self-esteem and control of substance abuse ($r =0.24$), ($p<0.01$).

In multivariate stepwise regression analysis (Table 6), the first step, emotional intelligence explained 0.06% substance abuse, and then regression equation with self-esteem explained 0.08% substance abuse. Other variables, after entering the model, could not predict substance abuse and were excluded from the regression equation.

This study shows a relationship between emotional intelligence, self-esteem, spiritual intelligence and self-control of substances abuse. The correlation coefficient between emotional intelligence and spiritual intelligence, as predictor variables, and self-control scale, as a criterion variable, were significant ($r= 0.25$), ($r =0.21$) and ($r =0.24$), ($p<0.001$). Higher levels of emotional intelligence, spiritual intelligence and self-esteem, were correlated with better self-control.

Multivariate regression was used to examine the relationship between emotional intelligence, spiritual intelligence and self-esteem with substance abuse. There was a correlation between emotional intelligence, spiritual intelligence and self-esteem as predictor variables with the scale of personal control as the standard variable, respectively ($r =0.25$), ($r =0.21$) and ($r =0.24$) the significant level of confidence is 0.01. Higher scores on emotional

Table 4. Descriptive indicators tests

Variables	Mean	Standard deviation	Minimum	Maximum
Self-esteem	32.44	10.86	6	57
Emotional intelligence	102.96	23.08	55	161
Spiritual intelligence	114.16	21.55	64	193
Control of substance abuse	39.56	15.69	18	70

Table 5. Correlative matrix of variables

Variables	Self-esteem	Emotional intelligence	Spiritual intelligence	Control of substance abuse
Self- esteem	1			
Emotional intelligence	0.45	1		
Spiritual intelligence	0.22	0.48	1	
Control of substance abuse	0.24	0.25	0.21	1

Table 6. Multivariate regression stepwise predictor of control of substance abuse

Step	R	R ²	B	Beta	t	Sig.
1	0.24	0.06	0.16	0.24	3.58	0.001
2	0.28	0.08	0.23	0.16	2.09	0.001

intelligence, spiritual intelligence and individual self-esteem, correlate with lower levels of substance abuse.

5. DISCUSSION

The emotional intelligence score of our sample was significantly lower than that of comparison populations and there was a significant correlation between the emotional intelligence score and the ability to control substance abuse [16]. Shoakazemi had previously found a significant negative relationship between all components and sub-scales of emotional intelligence and relapse of addiction [17].

Trinidad and Johnson, Austin and colleagues showed that emotional intelligence is inversely associated with the consumption of alcohol and tobacco [18,19]. They reported that people with higher emotional intelligence consume less alcohol than controls. Cordovil and colleagues also found that emotional intelligence had a significant moderating effect on negative emotions and craving alcohol abuse [20].

Claros and Sharma showed that emotional intelligence is a significant predictor for the use of alcohol and Marijuana [21]. Trinidad concluded in another study that high emotional intelligence was a protective factor against smoking in adolescents [22]. Hill and Maggie showed emotional intelligence to be a protective factor for daily and occasional smoking [23].

Azzam and Elghonemy showed that regulation of emotions was associated with improvement of mood and a better chance of recovery from addiction. They found emotional intelligence to be an important factor in substance abuse treatment [24].

Duncan and colleagues also showed that higher emotional intelligence could play an important role in greater understanding of the social consequences of smoking. It may be involved in the prevention of smoking [25]. Mayer and Salovey [26] believe that measures of emotional intelligence overlap with measures of self-awareness (the ability to review and identify your feelings as it really exists) and control of

emotions (control emotions in finding appropriate ways to manage and control fear and emotions).

In our study, there was a significant correlation between spiritual intelligence and self-control of addiction.

Moallemi and colleagues showed a significant difference between spiritual intelligence in the addicted population versus a control population. They reported a significant relationship between mental health and spiritual health [27].

Mashreghiandoost concluded in his research that spiritual intelligence and religious commitment are significant predictors for tendency to addiction [28]. Narimani and Poresmaeili found that promotion of abilities to control and regulation of emotions and spiritual intelligence can play an important role against addiction [29].

Ahghar showed that training students in spiritual intelligence is effective in changing their attitudes towards addictive substances and these changes will remain constant [30]. Galanter and colleagues concluded that spiritual awakening reduces the craving for alcohol [31]. By definition; spiritual intelligence may facilitate problem solving and goal achievement. It can be used for adaptive and applicable approach to difficult situations. Religion, by establishing a moral order, may explain the relationship between spiritual intelligence and substance use [32].

Our results also showed a relationship between self-esteem and ability to control drug intake. This finding is consistent with the results of Bermas who found addicted individuals to have lower self-esteem than non-addicts [33]. Nassiri and colleagues showed that the tendency to addiction and self-esteem are negatively correlated. People with low self-esteem, may be vulnerable to the negative effects of environmental and social peer group pressure.

Donnelly and colleagues found that low self-esteem was positively associated with drug abuse [34]. Kounenou, did not find a significant relationship between self-esteem and substance abuse, but showed how physical activity and subsequently increased self-esteem can help

avoid alcohol and drug abuse [35]. Maldonado and colleagues found a significant negative correlation between alcohol abuse, smoking and self-esteem [36]. Alavi showed that self-esteem played a meaningful role in the tendency to addiction. He also found those who are involved in addiction have a lower self-esteem compared with the normal people. He concluded it is necessary to increase an individual's self-esteem in order to decrease their tendency to addiction [37].

Our study, therefore, is in line with the literature on this subject by showing a positive relationship among self-esteem and spiritual intelligence and substance abuse. The next step is to conduct longitudinal randomized studies that expose patients with substance abuse disorders to interventions aimed at increasing emotional intelligence, self-esteem or spiritual intelligence.

6. CONCLUSION

Because of some limitations, the findings of this study should be interpreted cautiously. The results of this cross-sectional study suggest that raising emotional intelligence, self-esteem and increasing spiritual intelligence, were this possible to do, could help addicts overcome their dependence.

CONSENT

As per university standard, patient's written consent has been collected and preserved by the author (SA).

ETHICAL APPROVAL

This study is not against the public interest, and the release of information is allowed by legislation. All authors hereby declare that all experiments have been examined and approved by the Research and education group and have been performed in accordance with the ethical standards laid down in the Ethics Committee and clinical registry of Islamic Azad University.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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