



EMOTIONAL INTELLIGENCE AND PERCEIVED SOCIAL SUPPORT AS DETERMINANT OF RECOVERY FROM SUBSTANCE USE DISORDERS

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ABSTRACT

OBJECTIVE

To explore the role of emotional intelligence and perceived social support in the persuasion of recovery from substance use disorders (SUDs).

STUDY DESIGN

Cross-sectional study design.

PLACE AND DURATION OF THE STUDY

Data was collected from a diverse range of private, profitable and non-profitable organizations within the vicinity of Karachi, Pakistan. Data collection was completed within the time frame of 6 months from January 2016 to July 2016.

SUBJECTS AND METHODS

After approval of data collection from the concerned organizations, data was collected through non-probability convenient sampling technique. A sample of three hundred ($n = 300$, $Mage = 30.34$, $SD = 8.933$) with an age range between 18 to 65 years was sub-divided into two groups; a recovery group and a relapse group. A self-developed demographic sheet, trait emotional intelligence questionnaire-short form (TEI-SF) and perceived social support scale (PSS) were administered. Scales were back to back translated and then administered in the national language (i.e., Urdu).

RESULTS

Recovery group had significantly higher scores on emotional intelligence scale, $t(298) = 9.811$, $p < 0.01$ and perceived social support scale, $t(298) = 4.03$, $p < 0.01$ than relapse group.

CONCLUSION

The findings hinted the contribution of emotional intelligence and perceived support in the successful recovery from SUDs.

KEY WORDS

Substance Abuse, Relapse, Addiction, Dependence.

INTRODUCTION

Substance abuse (SA) has become a matter of growing concern globally. An approximate 247 million population around the globe used illicit drugs last year (2017) with 29 million population suffering from substance use disorders and associated health risks¹.

Contemporary researchers have emphasized the importance of emotional intelligence with respect to the SA problem. Emotional intelligence can be defined as, "the ability to monitor one's own and other's emotions, to discriminate among them, and to use the information to guide one's thinking and actions"². Lower emotional intelligence may be associated with SA problems and higher relapses^{3,4}. It has also been found to be a significant predictor of recovery from SA while weak coping skills undermines smooth recovery process⁵.

In addition to emotional intelligence, another contributing factor in recovery from SA treatment is perceived social support. Perceived social support can be defined as one's awareness of the availability of social support as compared with definite presence of support⁶. Greene and Nguyen conducted a study in 2012 which outlined the importance of social support that gives the sense of connectedness to the society; helps in coping and maintenance of recovery⁶. This sense of connectedness is also based on one's perception of the available resources (e.g. support groups, family, & friends)⁷. Trust on others, which improves perceived social support by cultivating the feeling of being cared and valued⁷. Social support comes in many forms, engagement in rehabilitation programs after SA treatment is one of them. Post-treatment rehabilitation programs provide a structural framework of social support and help in the maintenance of recovery⁸. Similarly, constructive involvement in family dynamics also contributes to the process of recovery whereas lack of support from family can lead to relapse⁹.

A particular focus on emotional intelligence and perceived social support in treatment planning of SA can improve recovery in general. Recovery can be defined as a continuous process that brings a change towards positive health and betterment in the living condition in an individual's life¹⁰. On the contrary, relapse in substance abuse treatment is a phenomenon of reverting back to old patterns of drug use after a period of abstinence despite their efforts to quit¹¹. Identification of significant factors that contribute to substance abuse recovery is an important area of concern for recent research in addiction sciences.

Keeping in view the above-mentioned literature, the current study explores the critical role of emotional intelligence (EI) and perceived social support (PSS) in recovery from Substance Use Disorders (SUDs). Identifying the role of EI and PSS will help professionals to understand the complex nature of the SA problem, develop an effective treatment planning and bring improvement in recovery. Following hypotheses were formulated:

- There will be a difference in the level of emotional intelligence between people in recovery and relapse groups.
- Recovery group will have higher scores on multi-dimensional perceived social support scale (MPSS) than relapse group.

SUBJECTS AND METHODS

Participants

A sample of 300 male participants was selected from different drug treatment and rehabilitation facilities of Karachi, (150 participants in the recovery group and 150 in the relapse group). Their age range was between 18-65 years with mean age of 30.34 years (SD= 8.933). The sample was collected from 8 different organizations i.e. New Horizons Care Centre, Aas, Ibtida, Al-Haque, Dar-ul Nijat, Shaheed Naveed Younus Centre, Apna Recovery, and Addicare within Karachi, Pakistan.

Inclusive criteria: Participants within an age range of 18-65 years. Non-institutionalized recovery period for 3 months and above for recovery group. A history of full relapse, 3 times and above for the relapse group.

Exclusive criteria: Patients seeking treatment for the first time, patients with alcohol use disorder, age less than 18 or above 65 years were not included in the sample.

Instruments

A self-developed participant demographic sheet was designed to obtain in-depth information about the participants. Items were related to, age, birth order, marital status, education, socioeconomic status, employment status, type of substance used, route of administration, and previous attempts to quit. For the measurement of other variables following scales were used.

Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF)¹²

The short form of trait emotional intelligence questionnaire was used in this study. This questionnaire is comprised of 30 items which measure global trait emotional intelligence in 4 domains: 1) emotionality 2) sociability 3) well-being 4) self-control. Reported validity and reliability are 0.71 and 0.76 respectively¹². The scale uses a 7-point Likert scale; 1 being the lowest score and 7 being the highest score on each item. A total composite of score ranges from 30 to 210. An approximate half of the items are reverse scored. These include items 2, 4, 5, 7, 8, 10, 12, 13, 14, 16, 18, 22, 25, 26, and 28¹². The scores are interpreted as higher the score more trait emotional intelligence and vice versa.

Multidimensional Scale of Perceived Social Support (MPSS)¹³

MPSS scale is designed to measure an individual's perceived social support from friends, family and significant others. Its internal consistency ranges from 0.85 to 0.91 with strong test re-test reliability between 0.72 and 0.85. It's a 7-point Likert scale with 12 items. The lowest score obtained on an item is 1 and the highest score is 7. The total score is obtained by adding the scores on each item which ranges from 12-84¹³.

Procedure

For the present study, the ethical approval was provided by the Board of Advance Studies and Research (BASR), University of Karachi. Both scales were adapted in Urdu after back to back translation and later administered in Urdu. Directors of the treatment facilities were contacted to gain access to the sample. Data was collected through convenient non-random sampling technique. The purpose of the study was verbally explained, both written and oral informed consent was taken and confidentiality was assured. All questionnaires were administered individually. After completion of data, individual counseling and group awareness sessions regarding the bio-psycho-social model were provided upon the request of treatment facilities.

RESULTS

Table 1
Demographic characteristics of the sample (N=300).

Variables		Recovery Group (n= 150)%		Relapse Group (n=150)%	
Socio-economic Status (SES)	Upper	0	0%	0	0%
	Upper-Middle	04	2.7%	09	06.0%
	Middle	116	77.3%	69	46.0%
	Lower-Middle	22	14.7%	61	40.7%
	Lower	08	5.3%	11	07.3%
Marital Status	Married	53	35.3%	51	34.0%
	Unmarried	82	54.7%	91	60.7%
	Separated	04	2.7%	03	2.0%
	Divorced	11	7.3%	05	3.3%
Family Structure	Nuclear	94	62.7%	79	52.7%
	Joint	55	36.7%	65	43.3%
	Extended	01	0.70%	06	4.0%
Academic Qualification	Nil	16	10.7%	20	13.3%
	(< below) Matric	44	29.3%	46	30.7%
	Matric	35	23.3%	43	28.7%
	Intermediate	25	16.7%	24	16.0%
	Graduates	21	14.0%	13	08.7%
	Masters (& > above)	09	06.0%	04	02.7%
Employment	Yes	91	60.7%	45	30.0%
	No	59	39.3%	105	70.0%
Birth order	Only	02	01.3%	01	0.7%
	First	26	17.3%	35	23.3%
	Middle	75	50.0%	79	52.7%
	Last	47	31.3%	35	23.3%

Note. * $p < .01$, AMs=Autobiographical Memories

Result showed that majority of the sample (recovery & relapse) was unmarried, belonged to middle SES, lived in a nuclear family system, were educated to matriculation or below and were mostly middle-born. Only employment status discriminated between relapse and recovery group with a higher percentage of employed participants in a recovery group (see table 1 for details). Results showed a significant difference in the trait emotional intelligence of participants in recovery and multiple relapse group, $t(298) = 9.811$, $p < 0.01$. Recovery group had higher scores on trait emotional intelligence than relapse group (see table 2 for details). Table 3 showed significant difference in the multi-dimensional perceived social support of participants in recovery and relapse group, $t(298) = 4.03$, $p < 0.01$. Recovery group had higher scores on perceived social support scale than relapse group.

Table 2

Difference in trait emotional intelligence between recovery and multiple relapse groups on independent sample t test

Variables	Group	N	M	SD	df	t	Sig
tEI	Recovery Group	150	152.99	14.875	298	9.811	.00**
	Multiple Relapse Group	150	135.33	16.269			

** $p < 0.01$

Table 3

Difference in perceived social support between recovery and multiple relapse groups on independent sample t test

Variables	Group	N	M	SD	df	t	Sig
MDPSS	Recovery Group	150	61.11	17.17	298	4.03	0.00**
	Multiple Relapse Group	150	52.93	17.95			

** $p < 0.01$

DISCUSSION

The present study discussed the role of emotional intelligence (EI) and perceived social support (PSS) in the process of recovery among Pakistani males suffering from substance use disorders (SUDs). Stating the first hypothesis; there will be a difference in the level of emotional intelligence between recovery and relapse group, significant results were obtained. One of the possible explanations of the difference in emotional intelligence between recovery and relapse group is the role of coping skills which are required to regulate emotions and ability to bear negative emotions after treatment¹⁴. A study conducted by Forghani and Ghanbari 15 also states the significance of emotional intelligence in the reduction of relapse cases among patients suffering from SA problems. Moreover, patients who received therapeutic intervention i.e. transactional analysis (TA) showed improvement in relapse rate; reduction in relapse is associated with improvement in resilience and coping skills required to regulate emotions due to transactional analysis¹⁵.

The second hypothesis stated that recovery group will have higher perceived social support than relapse group. Results indicated a significant difference of perceived social support between recovery and relapse group where recovery group had better perceived social support. The cushioning effect that perceived social support provides in the process of recovery from SA could be one of the plausible explanations of this difference. Perception of an individual to have a support network in the environment that can offer help during his/her vulnerable time prevents relapse. So, having a strong social support which provides resilience skills to cope with stress also decreases relapse and fosters recovery after SA treatment¹⁶. Since social support comes in multiple forms, having support groups may also have a positive impact on recovery which further helps in decreasing relapse cases when compared with controls¹⁷. Perceived social support plays an instrumental role in providing protection against the abstinence violation effect (AVE) which contributes to a high relapse rate. AVE is an outcome of learned helplessness or in other words, perceived loss of control. High perceived loss of control leads to higher number of relapse cases after SA treatment¹⁸.

The above-mentioned argument has highlighted the role of emotional intelligence and perceived social support as significant variables in recovery from SUDs.

STRENGTHS AND LIMITATIONS

The current study has highlighted the significant role of emotional intelligence and social support in addiction treatment. An adequate sample size and a wide range of data collection units will increase its external validity. However, no objective screening tool (e.g., urine analysis reports) was used to discriminate between the recovery and relapse groups; information provided by the respective drug treatment centers was relied upon. Only males were part of the study due to their easy availability and less stigmatization attached. Future studies need to include more objective methods. Use of a control group can also improve the strength of the study. The current study did not examine role of demographic variables which may have associations with perceived social support or emotional intelligence; a future study is suggested to examine the relationship. Future researchers may need to additionally explore the role of demographic variables as potential moderators for SA problems as well.

CONCLUSION

There is a significant role of emotional intelligence and perceived social support in the process of recovery from substance use disorders. The findings of this study can help in developing more relevant treatment methods for SUDs.


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