Compare Alexithymia and Emotional Intelligence among Drug Users, People at Risk of Addiction and Non Drug Users

Ali Afshari*

Department of Psychology, Faculty of Human Science, University of Maragheh, Iran

***Corresponding Author:** **Ali Afshari**, Department of Psychology, Faculty of Human Science, University of Maragheh, Iran, **Email:** aliafshari.psy@gmail.com*

Abstract

Background: *Addiction is one of the most common disorders in Iran which occurs due to various psychological causes. It results in problems in the field of social competence and connection with friends and family. It also results in psychiatric disorders and has significant impact on patient's normal cognitive processes and behavior. the purpose of this study was to compare emotional intelligence and alexithymia among addicts, those with tendency to addiction and healthy people.*

Method: *In this study post event (causal- comparative) method was used. The statistical population consisted of 120 addicted, 120 with tendency to addiction, and 120 healthy people which were chosen based on convenience sampling method. The instruments used in this study consisted of Emotional Intelligence Test (Shut et al, 1998), Toronto Alexithymia Scale (1994) and Iranian Form of Addiction Potential Scale (Zargar, 2006). Data were analyzed based on descriptive statistic, ANOVA and M ANOVA.*

Results: *Results showed that there were significant differences between emotional intelligence and alexithymia. Addicted people had less emotional intelligence, more difficulty in alexithymia and had the worst functionality among others. People at risk of addiction had better functionality in emotional intelligence and alexithymia in comparison to addicted persons. Healthy group had the best emotional intelligence and alexithymia among others.*

Conclusions: *Emotional intelligence and alexithymia affected the drug use.*

Keywords: *addiction, alexithymia, emotional intelligence.*

1. INTRODUCTION

Today addiction to drugs and medications is comprehensive global health problem and is the world's fourth great crisis after environmental degradation, nuclear weapons and poverty. Drug use is one of the serious obstacles in the development of societies. So many accounts have been discussed for this disorder that Cuple struggle, educational problems, simultaneous disorders such as depression disorder, personality disorders, Impulsivity and early cigars use can be mention. In addition to the factors mentioned in respect of which there is a tendency to substance abuse, emotional problems can be embossed and failure to control and emotion regulation in general and alexithymia specifically noted. Psychological characteristics – personality depending on the material, simply due to drug use, but drug-dependent individuals before the addiction has serious mental disorders and personality that after more destructive addiction to appear and is intensifying. Among the factors attitude to drug use, psychological variables of utmost importance. Because social psychologists believe that the influence of biological factors and psychological trends in drug use must pass the psychic trend valve. For example, if the person does not have a positive attitude toward substance use and does not see it as a problem solution, there is less likelihood that a person starts to use drug, or if the person has enough self confidence toward peer pressure against drug use will not give up.

Although alexithymia first as a lack of regulation in the cognitive processing and emotional states associated with the disease was psychosomatic. But today, as a normal personality trait is distributed among all members of society. The purpose of alexithymia, cognitive inability to process emotional information and excitement is set. Alexithymia is also multi-faceted structure of the difficulty in identifying feelings and distinguishing between feelings and stimulate the body related to emotional arousal, difficulty

describing feelings for others. Embodiment of limited powers in terms of poverty of imagination, the power of visualization is limited in terms of poverty fantasy; the stylistic objective (non-visual) pragmatic and fact-based or externally oriented thinking (1). However, researches has shown high levels of alexithymia with a wide variety of psychosomatic disorders such as rheumatoid arthritis, cardiovascular disease and breast cancer and psychiatric disorders such as depression, anxiety, neuroticism, alcoholism and substance abuse, lack of mobility lifestyle, malnutrition and is linked to poor eating habits (2).

Among psychiatric disorders associated with alexithymia, substance abuse disorder has attracted the attention of many. People with emotional distress and more excited, more likely to use drugs and alcohol. This explains why some drug-dependent. They often get caught in their emotions and can't escape from it. There is little awareness of their emotions and their sense of control over their emotional life, so they do not try harder.

Krystal (3) believes that alexithymia as emotional dysfunction causes some people are prepared to drug dependence. Emotions of addicts, is infantine and according to their cognitive capacity, they will face depression and anxiety. In this context, the capacity of response delay is low. As a result, the conflict with the environment, increased and frequently helpless in the face of stress and emotional experiences. People with alexithymia, there's great excitement normal physical, emotional arousal spark misinterpreted their physical, emotional distress through physical complaints show and therapeutic measures for treating physical symptoms. So expect people with addiction compared with healthy subjects has had difficulty in regulating their emotions and do not have the necessary skills to deal with negative emotions.

Goleman (4, 5) argues that emotional intelligence to achieve success in various aspects of life, more than the cognitive intelligence role. According to Salovey and Mayer (6) emotional intelligence is the ability to control their own and others' feelings and emotions, feelings and emotions distinction between self and others, and use this information to guide their actions and thoughts. Also Mayer & Salovey (7) emotional intelligence and the ability to receive consisted of four emotions, the emotions (the ability to harness emotions to facilitate cognitive

activities such as thinking and problem solving), understanding emotions (the ability to understand language, emotion and understanding the complex relationship between emotions), managing the emotions (the ability to regulate their emotions and others). Goleman (4) says emotional intelligence also practice self-control through better use of cognitive intelligence, enthusiasm, perseverance and motivation. Goleman knows emotional intelligence as individual and social conponents and believes the individual components of emotional intelligence envolve self-awareness, self-regulation, motivation, empathy and social skills, emotional intelligence and social factors are. Zohar and Marshall (8) determine a framework for all types of intelligence based on nervous system function. They looked at brain function in terms of neuroscience and connected all kinds of intelligences to the three types of nervous system in the brain. They have three types of intelligence, ie cognitive intelligence, emotional intelligence and spiritual intelligence to identify and believe that all other intelligences are considered subsets of the three types of general intelligence. The first intelligence based on linear thinking brain, the IQ is well suited to solve math problems and reasonable. The second type of interactive brain thinking is based on intelligence, emotional intelligence that helps people manage their emotions and others. Spiritual Intelligence as the third type of intelligence, based on unifying the thinking that entegrates two types of emotional intelligence and cognitive intelligence and due to this role, it was called the ultimate intelligence that this kind of intelligence associated with alexithymia also seems reasonable. When a person is placed under pressure for drug use by peers, with effective management of excitement that is in fact the components of emotional intelligence, reduce risk taking. The ability to manage emotions causes the person in situations that are high risk for substance abuse, use of appropriate coping strategies. People who have high emotional intelligence, greater ability to predict the wishes of others. Unwanted peer pressure they realized, their emotions better and thereby inhibit show more resistance to the drug (9). As noted three concepts alexithymia and emotional intelligence are in close contact and interaction with each other, so that the expression emotional intelligence and emotional control in patients affected so considering the importance of the above emotional people in the preparation and continuation of drug use, as

well as nerve and brain damage caused by a substance that decreases the ability of people to be emotional, more than ever of factors related to the to this end, the purpose of this features of alexitimea emotional compared emotional intelligence of ordinary people at risk of drug addiction.

2. MATERIALS AND METHODS

This study is a survey study in data collecting and is comparative descriptive which describe comparison of emotional intelligence and alexithymia between the three groups of addicts, at risk of addiction and healthy individuals and the result will extended to the entire population. 120 samples were selected for each group (120 people addicted, 120 healthy persons, 120 patients with a high tendency to addiction). For this purpose, the sampling method was used, which means that by referring to satisfy their addiction treatment centers, among those who attended the location and were willing to co-operate, sampling was carried out. For selection of the at risk people the families of addicts used for sampling, because these people are more susceptible to damage. Then the group of healthy people matched with the two mentioned group. Descriptive statistics were used to assess description. In the explanation of the relationship of variables t test and analysis of variance (ANOVA) was used manifold.

2.1. Tools

a. Toronto Alexithymia questionnaire tool (TAS-20): was developed by Bagby et al (10) and is a revised version of the earlier 26-item Toronto Alexithymia Scale. The TAS-20 is a 20 item self-report measure of alexithymia with acceptable validityand reliability (10). Each item is rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

b. Emotional Intelligence sale (EIS): is a 33-item measure that has been made by Schutte et al (11) based on the model of emotional intelligence (6,7). Each item is rated on a five-point Likert scale ranging from 1 (quite disagree) to 5 (quite agree). The EIS provides a total emotional intelligence score and also three sub-scales of Appraisal of Emotions, emotional perception, emotion regulation and Utilization of Emotions. The EIS has demonstrated good psychometric properties (12). The validity of the scale Cronbach's alpha coefficient from 0/84 to 0/90 (11) and the coefficient of its retest interval of two weeks, 0/78 has been reported (13).

c. Iranian Form of Addiction Potential Scale (IAPS): This scale was made by Zargar (14) based on the psycho-social situation of Iran. This scale consists of 41 items and two factors concerning the first factor (active potential), most of the items were related orderly to antisocial behaviors, the tendency to drug consumed, positive attitude to drugs, depression, and sensation seeking. Concerning the second factor (passive potential), most of the items were related to non-assertiveness and depression. Its validity and reliability have been determined by various methods. This scale can differentiate not only between the addicted persons and the non-addicted ones, but it can also differentiate between smokers and non-smokers. Moreover, a significant correlation was obtained between AP and SCL-25. Using Cronbach's alpha, reliability of the total scale was 0.90; the active subscale and the passive subscale were 0.91 and 0.75, respectively.

3. RESULTS

The descriptive statistics used in this study for groups are presented in Table 1.

Table1. *Descriptive findings of the study variables*

subjects		Emotional intelligence	motional use	Social skills	Feeling evaluate	optimistic	Alexithymia	Externally-oriented thinking	Difficulty identifying feelings	Difficulty describing feelings
healthy	M	98.34	13.40	32.49	26.17	26.26	62.85	20.17	12.24	16.19
	SD	10.76	2.29	4.85	4.29	19.76	7.44	3.47	2.99	3.52
At risk	M	82.87	10.91	28.45	21.46	22.03	71.67	21.69	13.67	18.17
	SD	14.12	6.82	5.40	4.96	14.12	9.95	4.04	3.81	4.49
addict	M	75.15	9.60	25.05	20.69	19.79	72.92	23.61	14.57	20.77
	SD	10.48	2.49	4.46	3.55	10.48	7.00	3.75	3.16	3.51

In Table 1 the descriptive findings showed that the average healthy, people at risk and addicts differ in alexithymia and emotional intelligence and their dimensions. The results show that healthy people have a lower average than the other two groups, people at risk in the next batch and addictions have gained the highest average.

Table2. *Evaluation of alexithymia differences among the three groups*

Variables		Sum of Squares	df	Mean Square	F	Sig.
alexithymia	Between Groups	6082	2	3041	44.81	0.000
	Within Groups	24227	357	67.86		
	Total	30310	359			
Difficulty describing feelings	Between Groups	1268	2	634.01	42.26	0.000
	Within Groups	5354	357	15		
	Total	2662	359			
Difficulty identifying feelings	Between Groups	382	2	191	17.11	0.000
	Within Groups	3990	357	11.18		
	Total	4372	359			
Externally-oriented thinking	Between Groups	714	2	357.01	25.21	0.000
	Within Groups	5055	357	14.16		
	Total	5769	359			

As shown in Table 2, Differences between the three groups using the f-test shows significant differences among the three groups is obtained. So it can be said that the difference between the three groups in there alexithymia dimensions and each group will have different degrees of alexithymia.

Table3. *Evaluation of emotional intelligence differences among the three groups*

Variables		Sum of Squares	df	Mean Square	F	Sig.
Emotional Intlegence	Between Groups	3346	2	1673	117	0.000
	Within Groups	5063	357	141		
	Total	8410	359			
Optimistic	Between Groups	2594	2	1279	70	0.000
	Within Groups	6583	357	18		
	Total	9167	359			
Emotional Evaliation	Between Groups	2113	2	1056	56	0.000
	Within Groups	6636	357	18		
	Total	8750	359			
Social skills	Between Groups	3323	2	1661	67	0.000
	Within Groups	8844	357	24		
	Total	1216	359			
Emotional use	Between Groups	849	2	447	71	0.000
	Within Groups	2224	357	6		
	Total	3119	359			

Results of Table 3 showed that there are significant difference (p≤ 0.05) among healty, addict and at risk of addiction groups in Emotional intelegence by f test.

Table4. *Results of multivariate variance analysis on scores of alexithymia and emotional intelligence*

	Value	F	Sig	Effect Size
Philayee	.44	.134	0.000	.22
Lambda	.55	40.13	0.000	.25
Hotelling	.78	46.47	0.000	.28
Roy test	.79	92.61	0.000	.43

As shown in Table 4, Results of manova analysis showed that there are significant difference among healty, addict and at risk of addiction groups in alexithymia and Emotional intelegence by f test. Eta square is %43 that show 43 of variance diference related to groups diffrents.

Table5. *Univariate analysis of variance to assess the differences between the models studied*

	df	Mean square	F	Sig	Eta square
Alexithymia	2	3041	44.88	0.000	.20
Emotional Intelegence	2	1673	117.99	0.000	.39

As Table 5 See the results of multivariate analysis of variance showed that the mean scores of alexithymia (F=44.88) and EI (F=117.99) there is a significant difference among the three groups.

4. CONCLUSION

The descriptive findings of this research showed that the average of healthy people at risk of addiction and addicted differ in emotional

intelligence and alexithymia. Results showed that healthy people have the lowest average in alexithymia than other two groups and addicted ones gained the highest average. Healthy people compared with other two groups had less alexithymia, therefore it could be said that these people can better describe and recognize their emotions and also, their thoughts are more pragmatic and realistic in comparison to other two groups.

Addicteds are also significantly higher than the other two groups in alexithymia, they are much more in trouble and cannot properly describe their feelings and recognize practically-oriented thoughts and actions (14). In general, it can be concluded that based on the theories presented, alexithymia means that people cannot show their emotions, they are impulsive and have emotional conflicts. They also have trouble in adjusting themselves to understand and manage their emotional conflicts. Therefore higher risk factor for psychological disorders and physical addiction could be desired. Mental symptoms are misinterpreted, emotional distress through addiction complaints indicates that most biases are objective in their behavior. This defect is closely related to a person's weakness sensitive to other people's emotions and morever, the capacity to distinguish their emotions from emotions of others. Managing a variety of emotional states, plays a very important role (15). So the more people have alexithymia, the more they have difficulty in identifying and describing feelings and externally oriented thinking and pragmatic, they are more affected by addiction.

Alexithymia feelings can cause people to correctly identify and describe drug use, misinterpretation of addiction have a low ability to manage a variety of emotional states in the field of drug addiction and try to think objectively compensation in the wake of the result of speaks more of psychological and physical symptoms of drug addiction and dry words and thoughts and imaginations are totally dependent on external aspects of addiction and substance scarcely be telling as a result emotions associated with addiction remain undifferentiated and relative inability to use one's emotions in the production of adaptive behavior leads to addiction. People with no more success in the face of life and healthy

contrast, those with more successfully encountered in life. This means that addicts and inability to effectively cope with emotions and managing them is facing. Inability to manage emotions in situations that makes the person incapable of coping strategies appropriate high risk of substance use. In contrast, people with high emotional intelligence have more ability in predicting the demands of others, they better understand unwanted pressure and her emotions. Indeed they are more resistant. The descriptive findings obtained also showed that the average healthy people at risk and addicted people in emotional intelligence and its dimensions differ (16).

The results show that healthy people have a lower average than the other two groups have won, people are at risk in the next batch and addictions have gained the highest average. Healthy people compared with the other groups gained an average higher in emotional intelligence, said in explaining the findings can be compared with the other two groups of healthy people, it can be the opposite or negative emotions using adaptive self-regulation practices the severity or duration of such emotions moods improved as well as the ability to create pleasant conditions for other people and hide their negative emotions in order to avoid harming others provide personal feelings, the ability to recognize and understand the emotions of the self and others based on the clues of the position and expression of their emotional meanings with a higher cultural agreement, the operation of excitement that includes the ability to use emotional information in thought, action and problem solving ability higher. Low emotional intelligence means that addicts adaptive ability to meet with the opposition or negative emotions by means of self-regulation practices, the intensity or duration of states such emotions as well as the ability to create improved conditions for the rest of enjoyable, and the hide the negative emotions to avoid harming others are personal feelings. The ability to recognize and understand the emotions of oneself and others based on situational clues and expression of emotional meanings of cultural agreed not to use emotional information in thought, action and problem solving are disabled.

REFERENCES

[1] Taylor GJ & Bagby RM (2000). *The Handbook of Emotional Intelligence*: "An overview of the alexithymia construct", in ed. R. Bar-On & J. D. A. Parker., San Francisco: Jossey-Bass Inc.

[2] Espina A (2003). Alexithymia in parents of daughters with eating disorders its relationship with psychopathological and personality variables. J Psychosom Res.

[3] Krystal JH, Giller EL. & Cicchetti D V (1986). Assessment of alexithymia in post traumatics tress disorder and somatic illness: Introduction of areliable measure. Psychosomatic Medicine, 48: 84 - 94.

[4] Goleman D (1995a). *Emotional intelligence*. New York: Bantam Books.

[5] Goleman D (1995b). *What's your emotional intelligence quotient?* You'll soon find out. Utne Reader, November/December.

[6] Salovey P & Mayer JD (1990). *Emotional intelligence*. Imagination, Cognition, and Personality, 9: 185-211.

[7] Mayer JD & Salovey P (1997). "*What is Emotional Intelligence?*" In P. Salovey and D. Sluyter (Eds.), Emotional development and emotional intelligence: Implications for educators (pp. 3-31). New York: Basic.

[8] 8-Zohar D & Marshall I (2000). *SQ: Connecting With Our Spiritual Intelligence*. New York: Bloomsbury Publishing.

[9] Trinidad DR, & Johnson CA (2002). The association between emotional intelligence and early adolescent tobacco and alcohol use. *Personality and Individual Differences*, 32.

[10] Bagby RM, Parker JDA & Taylor GJ (1994). The twenty-item Toronto Alexithymia Scale-I.

Item selection and cross-validation of the factor structure. *Journal of Psychosomatic Research,* (38):23-32.

[11] 11-Schutte NS, Malouff JM, Hall LE, Haggerty DJ, Cooper JT, Golden CJ, et al (1998). Development and validation of a measure of emotional intelligence. *Personality and Individual Differences*, 25: 167-177.

[12] 12- Austin E, Saklofske D, Huang S & McKenney D (2004). Measurement of trait EI: Testing and cross-validating a modified version of Schutte et al.'s (1998) measure. *Personality and Individual Differences*, 36: 555–562.

[13] 13- Schutte NS, Malouff JM, Simunek M, Hollander S & McKenley J (2002). Characteristic emotional intelligence and emotional well-being. *Cognition and Emotion*, 16, 769.

[14] 14- Zargar Y (2006). *Developing the Iranian form of addiction potential scale*. The second conference of psychology association of Iran: 398- 401. (Printed in Persian).

[15] 15- Parker JD (2006). *Relationships with internet misuse, gaming abuse and emotional intelligence*. JPerson Indiv Diff. 21(1): 100-5.

[16] 16- Taylor GJ, (2000). Recent developments in alexithymia theory and research. Can J Psychiatry. 45:134-142.

[17] 17- Pandey R & Mandal MK (1997). Processing of facial expressions of emotion and alexithymia. Br. J. *Clin. Psychol*. 36, (4): 631–633.

[18] 18- Taylor GJ, Parker JDA, Bagby M & Acklin M W (1992). Alexithymia and somatic complaints in psychiatric out-patients. *Journal of Psychosomatic Research, 4 17-424, 36.*