**ORIGINAL ARTICLE**

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

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**ABSTRACT**

# OBJECTIVE

To explored the role of emotional intelligence and perceived social support in the persuasion of recoveryfromsubstanceusedisorders(SUDs).

### STUDY DESIGN

Cross-sectionalstudydesign.

### 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.Datacollection was completed within the time frame of 6monthsfrom January2016toJuly2016.

### 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 yearswas sub-divided into two groups;arecoverygroupand arelapsegroup.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 andthenadministered inthenationallanguage(i.e., Urdu).

### RESULTS

Recovery group had significantly higher scores on emotional intelligencescale, t (298) = 9.811,p <0.01 andperceived social support scale, t (298)= 4.03,p < o.o, thanrelapsegroup.

### CONCLUSION

The findings hinted the contribution of emotional intelligence andperceived support inthesuccessful recoveryfromSUDs.

### KEYWORDS

Substance Abuse,Relapse,Addiction,Dependence.

### INTRODUCTION

Substance abuse (SA) has become a maner 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 healthrisks'.

Contemporary researchers have emphasized the importance of emotional intelligenceWithrespect totheSA problem.Emotional intelligencecanbedefinedas, "theability to monitorone'sownandother'semotions, todiscriminate among them, and to use the information to guide one's thinking and actions"'. Lower emotional intelligence may be associated with SA problemsand higher relapses"'.It has also beenfound to bea significant predictorof recovery from SA while weakcopingskills underminessmoothrecoveryprocess'.

Inaddition toemotional intelligence,anothercontributing factorinrecovery fromSA treatment is perceived social support. Perceived social support can be defined as one's awareness of the availability of sod.al support as compared with definite presence ofsupport'.Greeneand Nguyenconductedastudyin 2012which outlined theimportanceofsocialsupportthat givesthesenseofconnectedness**to** thesociety; helpsin coping and maintenanceof recovery".Thissense of connectednessisalso based on one'sperception of theavailableresources(e.g.support groups, family, & friends)'.Truston others, whichimprovesperceived socialsupport bycultivating the feeling ofbeingcared andvalued'.Social support comesinmany forms, engagement in rehabilitation programs after SA treatment is one of them. Post-treatment rehabilitationprogramsprovide a structural framework ofsocial support andhelp in themaintenanceofrecovery'.Similarly,constructiveinvolvement infamilydynamics alsocontributes to the process ofrecovery whereas lack of support from family can lead torelapse'.

A particular focus on emotional intelligence and perceived social support in treatment planning of SAcanimproverecovery in general. Recoverycanbedefined asacontinuousprocess thatbringsachange towardspositive healthand betterment in the living condition in an individual's life". On thecontrary, relapse in substance abusetreatmentisaphenomenonofrevertingback tooldpatterns ofdruguseafter**a** periodof abstinence despite their efforts to quit".Identification ofsignificant factors that contribute to substance abuse recovery is an important area of concern for recentresearchin addictionsciences.

Keeping **in** view the above-mentioned literature, the current study explores the critical role of emotional intelligence (El) and perceived social support (PSS) in recovery from SubstanceUseDisorders(SUDs). Identifying therole of El and PSS will helpprofessionalsto understand thecomplexnature of the SA problem, develop an effective treatment planning and bring improvement in recovery. Following hypotheseswereformulated:



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There will be a difference in the level of emotional intelligence betweenpeopleinrecoveryandrelapsegroups.

Recovery group will have higher scores on multi-dimensional

perceivedsociaIsupportscale(MPSS) thanrelapsegroup.

**SUBJECTS AND METHODS**

#### Participants

A sample of 300 male participantswas selected from different drug treatment and rehabilitation facilitiesof Karachi, (1SO participants in the recovery group and 150 in the relapse group).Their age range was between 18-65years 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, lbtida, Al-Haque, Dar-ul Nijat, Shaheed Naveed YounusCentre, ApnaRecovery, and AddicarewithinKarachi, Pakistan.

***Inclusive criteria:*** Participantswithinanage rangeof 18-65years. Non-institutionalized *recovery* period for 3 months and above for recovery group. A history of full relapse, 3 times and above for the relapsegroup.

***Exclusive criteria:*** Patients seeking treatment for the first time, patients with alcoholuse disorder,agelessthan18orabove 65 years werenot includedin thesample.

#### 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,andpreviousattemptsto quit.For themeasurement ofothervariables following scales wereused.

##### *Trait Emotional Intelligence Questionnaire* - *Short Form* (tEIQue-SF) *12*

Theshort formof trait emotional intelligencequestionnairewasused 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 validityandreliability are0.71and 0.76respectively 12.The scaleuses a 7-point Likert scale; 1 being the lowest score and 7 being the highest scoreoneachitem.A totalcompositeof scorerangesfrom30 to 210. An approximate half of the items are reverse scored. These includeitems 2,4,5,7,8,10, 12,13,14,16,18,22,25,26,and 28".The

scores are interpreted as higher the score more trait emotional Intelligenceand*vice*versa.

##### *Multidimensional Scale of Perceived Social Support* (MPSS)"

MPSS scale is designed to measure an individual's perceived social

support from friends, family and significant others. Its internal consistency rangesfrom0.85 to0.91withstrong test re-testreliability between 0.72 and 0.85. It'sa 7-point Liker! scale with 12 items. The lowest score obtained on anitem is 1and the highest scoreis 7.The total score is obtained by adding the scores on each item which rangesfrom12-8413.

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#### Procedure

For thepresent study, theethicalapprovalwasprovidedbytheBoard of Advance Studies andResearch (BASR), University of Karachi. Both scaleswere 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 wascollected through convenient non- random sampling technique. The purpose of the study was verbally explained, both wrinen and oral informed consent was taken and confidentiality was assured. All questionnaires were administered individually. After completion of data,individual counseling and group awareness sessionsregarding the bio-psycho-social model were provided upon the request of treatment facilities.

### RESULTS

Table I

Demographic characterisrics of the sample (N:300).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variables** | | **RKovery Group**  **(a=150W•** | | **Rtlap!<'Croup (n=150)¾** | |
| Socio•cconomic | Upper | 0 | 0'/4 | 0 | 0'/4 |
| Status (SES) | Upper-Middle | 04 | 2.7¾ | 09 | 06.0¾ |
|  | Middle | 116 | 77.3% | 69 | 46.0% |
|  | Lowcr Middlc: | 22 | 14.7% | 61 | 40.7% |
|  | Lower | 08 | 5.3% | II | 07.3% |
| Marital Starns | MaJ'ned | 53 | 35.3% | 51 | 34.(l"/4 |
|  | Unmal'ried | $2 | 54.7% | 91 | 60.7% |
|  | Scp.mllcd | 04 | 2.7% | 03 | 2.0% |
|  | Divorc.cd | II | 7.3% | *05* | 3.3% |
| Family Stnicturc | Nuclear | 94 | 62.7% | 79 | *52.1%* |
|  | Joint | *55* | 36.7% | *65* | 43.3% |
|  | Extended | OJ | 0.70'/4 | 06 | 4.0% |
| Acndcmic | Nil | 16 | 10.7% | 20 | 13.3% |
| Qualjfic::nion | (< below) Matric | 44 | 29.3% | 46 | 30.7% |
|  | Mntric | 35 | 23.3% | 43 | 28.7% |
|  | lntem\ediate. | 25 | 16.7% | 24 | 16.0% |
|  | Graduates | 21 | 14.0'/4 | 13 | 08.7% |
|  | Master$  (&> above) | 09 | 06.0'/4 | 04 | 02,7% |
| Employment | Yes  No | 91  *59* | 60.7%  39.3% | 45  105 | 30.0%  70.0'/4 |
| Bi11h order | Only | 02 | 01.3% | 01 | 0.7% |
|  | First | 26 | 17.3% | 35 | 23.3% |
|  | Middle | 75 | 50.!)% | 79 | 52.7% |
|  | Last | 47 | 31.3% | 35 | 23.3% |

Nl)te.*...p<*.0 I AMs-Aotobiog.rnphical Memoties

Result showed that majority of the sample (recovery & relapse) was unmarried,belonged to middle SES,livedin anuclear family system, were educated to matriculation or below and were mostly middle­ born. Only employment statusdiscriminated between relapse and recovery groupwithahigherpercentage ofemployedparticipants in a*recovery* group(see table 1 fordetails).Resultsshowed asignificant

difference In the trait emotional intelligence of participants in recovery and multiple relapse group, t (298) = 9.811, p < 0.0,. Recovery group had higher scores on trait emotional intelligence

thanrelapsegroup(seetable 2fordetails).Table3 showedsignificant difference in the multi-dimensional perceived social support of

participantsin recovery and relapse group, t (298) = 4.03, p < 0.01.

Recovery grouphadhigher scores onperceived socialsupport scale hanrelapsegroup.

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**Table 2.**

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### STRENGTHSAND LIMITATIONS

Difference in trait emotional intelligence between recovery and multiple relapse groups 011 independent sample t tesl

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variables** | **Group** | **N** | **M** | **SD** | **dr** | I | **Sig** |
| !El | Recovery Group | ISO | 152.99 | 14.875 | 298 | 9.811 | **.00\*\*** |
|  | Mulliple R<lapseGroup | 150 | 135.33 | 16.269 |  |  |  |

*.. ,,<0.01*

**Table** 3

Difference **in** perceived social s,1ppon between recovery and mulliple relapse groups on independent sample **t** lest

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Varillblet** | **Grvup** | **\"i** | **1'1** | **SD** | **dr** | I | **Sig** |
| MDPSS | **Recovery Grnu )** | 150 | 61.1I | 17.17 | 298 | 4.03 | **0.00\*\*** |
|  | Muhiple Relapse Group | 150 | 52.93 | 17.95 |  |  |  |

*.. ,,<0.01*

### DISCUSSION

The present study discussed the role of emotional intelligence (El} and perceivedsocial support(PSS} intheprocess of*recovery* among Pakistani males suffering from substance use disorders (SUDs). Stating the first hypothesis; there will be adifferencein the level of emotional intelligence between *recovery* and relapse group, significant resultswereobtained.Oneof thepossibleexplanations 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 treatment". A study conducted by Forghani and Ghanbari 1S also states the signiticance otemotional intelligence in the reduction ot relapsecases amongpatientssuffering fromSA problems.Moreover, patients who received therapeutic intervention i.e. transactional analysis (TA) showed improvement in relapse rate; reduction in relapseisassociated withimprovement in resilienceand copingskills requiredtoregulateemotionsduetotransactionalanalysis".

The second hypothesisstated that recovery group will have higher perceived social support than relapse group. Results indicated a significant difference of perceived social support between recovery and relapsegroup where recoverygrouphadbetterperceived social support. The cushioning effect that perceived social support provides in the process of recovery from SA could be one of the plausibleexplanations of thisdifference. Perception ofan individual to have a support network in the environment that can offer help during his/hervulnerable timeprevents relapse.So,having astrong social support whichprovidesresilienceskillsto cope withstress also decreases relapse and fosters *recovery* after SA treatment... Since social support comes in multiple forms, having support groupsmay also have a positive impact on recovery which further helps in decreasing relapsecases when compared with controls".Perceived social support plays an instrumental role in providing protection against theabstinence violation effect (AVE) which contributes to a high relapse rate. AVEis an outcome of learned helplessness or in otherwords, perceived lossofcontrol.Highperceived lossofcontrol leadstohighernumberofrelapsecasesafterSA treatment".

*The* above-mentioned argument has highlighted the role of emotional intelligence and perceived social support as significant variablesinrecoveryfromSUDs.

The current study has highlighted the significant role of emotional intelligence and social support in addiction treatment. An adequate sample sizeandawiderange of datacollectionunitswill increase its external validity. However, no objective screening tooi (e.g., urine analysisreports) wasused todiscriminatebetween therecovery and relapse groups; information provided by the respective drug treatmentcenters wasreliedupon.Onlymaleswerepartof thestudy due to their easy availability and lessstigmatizationattached.Future studies need to include more objective methods. Use of a control group canalso improve the strengthof thestudy.Thecurrent study did not examined role of demographic variables which may have associationswithperceived socialsupport oremotional 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 methodsforSUDs.

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