

Comparison of resiliency, identity styles, life quality and emotional intelligence of addicts, non-addicts and improved people

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Abstract: This study aimed to compare resiliency, identity styles, life quality and emotional intelligence of addicted, non-addicts and improved people. In this comparison study, 40 addicts, 40 non-addicts and 40 improved ones were selected by access sampling in 2014 that were related to Anonymous Narcotics Community of Andimeshk. Results showed that in informational and normative identity styles, non-addicts have significantly higher scores compared to addicted and improved ones. In comparison of avoidant/disoriented identity style, non-addicts have significantly lower scores compared to addicted ones. Results of comparing resiliency in three groups by ANOVA showed that non-addicts have higher resiliency compared to addicted and improved ones. In comparing emotional intelligence and life quality, non-addicts have higher scores compared to addicted and improved ones. Identity is a fixed and sustainable personal characteristic and treatment does not effect, people with lower emotional intelligence will be addicted and addiction may lower life quality. This probability is that we can prevent this event through fostering emotional intelligence and resiliency.

Key words: *Identity Styles; Resiliency; Emotional Intelligence; Life Quality*

Introduction

Adolescents don't have proper understanding of action outcomes because of physiological changes and identification and are apt for addiction (Boyer, 2006). Several studies have shown that addiction disorder has inappropriate prognosis and impose directly and indirectly treatment costs for family and society. At least, half of treated people suffer again this illness 6 months after treatment and this rate is 75% for one year (Vaziri, Mostashari, 2003). These findings double the necessity of attention to prevention and recognizing risky and protective factors.

Adolescents face identity formation. If adolescence period is passed without problem, adolescent will have healthy adulthood and will play adulthood role well, but if there are problems in this way, adolescent mental health will deviate main road and will go to wrong way. Obtaining identity and independence is the healthy way to secure mental health where the relationship between adolescent and parents is permanent and intimate. According to Faircloth (2012), identity is formed in an environment where people presents and this identity is a response to environment. Berzonsky (1990) introduces three identity styles: informational style, normative style and avoidant-disoriented style. People with informed style process and assess related information before identity conflicts and forming identity. They are themselves

thinker and doubt on their views and credits and question themselves. When they face uncoordinated feedback and information, they demand evaluation and structure correction (Berzonsky, Ciecuch, Duriez & Soenens, 2011). Normative style is identified by concerns towards meet people expectations. The style resists against changes and information that challenges people values and beliefs. People with high scores in normative style define themselves in mass groups of religion, family and nationality (Berzonsky, Macek & Nurm, 2003). People with avoidant/disoriented style show less attention to their future and long term outcomes and make emotional based decisions. Their behavior in selection and action time is directed by prompt outcomes and demands (Berzonsky, Ferrari, 2009). Resiliency, the ability to overcome stressful events (including severe injury, death, disaster, economic loss, political upheaval and cultural changes) and protecting mental health and psychological vitality are despite unpleasant events (Agaibi, 2005). Evidences show that resilient people are attracted less by risky behaviors like addiction (Buckner, Mezzacappa & Beardslee, 2003, Cuomo, Sarchiapone, Giannantonio, Mancini & Roy, 2008). Resiliency is related to positive emotions that plays protective role against depression and drugs (Bonanno, Galea, Bucciareli & Vlahov, 2007). Life quality according to WHO definition is people understanding from life status in cultural and value system fields that is related that their aims, expectations and parameters (Douaihy & Sing, 2001).

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In this view, life quality is comprehensive concept that is affected by physical health, personal growth, and psychological state, level of independence, social relationships, and relationships with leading institutions and is based on personal understanding (Puigdollers et al, 2004). Illnesses and chronic disorders of HIV and addiction reduce life quality of addicts and lead to psychological and physical dimensions of people life reduction (Preau & Spire, 2007; Bizari et al, 2005; Schaar & Ojehagen, 2003). Some studies show that addiction results in psychological disorders (Zimmerman, Sheerean, Chelminski & Young, 2004). Also, study by Omid, Hoseini and Asariyan (2002) show frequency of bad hygienic behaviors in addicts including anemia, lack of exercise and lack of hygiene standards result directly to lower life quality in physical dimensions. In any society, paying attention to physical, psychological, social and cultural health and providing required field for dynamic and healthy life secure people social life in future. Study on people life quality and attempts to improve and promote it lead to higher psychological health (Khosravi, Musavi and Agha Yusefi, 2009). One case that can help to addiction literature is to study on emotional intelligence in non-addicts compared to addicts and improved ones. Most studies in addiction field have focused on factors effecting on tendency towards addiction, people addiction and drug rehabilitation methods and approaches. Some studies have focused on neurobiological bases that describe individual differences in vulnerabilities and tendency towards drugs. As Smith (1992) and Jarvik (1990) have reported, addiction is affected by genetic disorder of D2 receptor. Evidences show that vital mechanism in addiction continuity is increase in limbic region (Koob, 1992). It is said that Dopaminergic system is affected by emotional behaviors or activities that strengthen enjoyment (Bardo, 1996). One of the phenomena that is welcomed in recent decades is emotional intelligence and its reasons may be high emotional intelligence hypothetical ability in solving problems, reducing conflict between what one feels and what he thinks, or the old contrast of (reason) and (hearth) and observing happy and successful life. Several studies have shown that emotional intelligence increase health, welfare, wealth, success and love.

The aim of study is to compare resiliency, identity styles life quality and emotional intelligence of addicted-, non-addicted and improved people. Improved group is selected because we witness pace of changes or stability of these variables in former addicts and current improved survivors. Observing these variables in people with three year improvement, presents pace of changes.

Method

Society, sample and sampling method

The research method was *ex post facto*. Statistical population includes all 15-35 addicts who

are hospitalized in Andimeshk welfare hospitals in summer 2014. Also, statistical population of non-addicts (as control group) includes non-addicts adolescents and youths who referred to welfare organization hospitals and N.A of Andimeshk. For sampling among addicts, 40 volunteers were selected from Andimeshk camps. Age range of this sample was 15-35 years old and all were male. For sampling among non-addicts ones, 40 available people of this city were selected. According to personal views, they had not experienced any drugs. For selecting improved ones, after referring to welfare organization hospitals and N.A of Andimeshk, 40 improved people were selected that 3 years has passed from treatment according to family, psychologist, psychotherapists and authorities. In this study, groups were similar in terms of age, gender, education, economic and social status.

Measurements

1- Identity styles inventory-sixth grade: this scale was made by White et al (1998) and has been validated. This scale consists of 40 items that included 3 sub scale namely: informative, normative and avoidant/ disoriented identity style. The subjects express their agreement with each item in a five point scale; White et al (1998) reports Cronbach's alpha for scales of avoidant/ disoriented style as 0.86, 0.76 and 0.80, respectively and 0.93 for total questionnaire and total test Cronbach's alpha coefficient is 0.73 for present study.

2- Resiliency inventory: CD-RISC; Connor-Davidson, Resilience scale, 2003) includes 25 items and 5 options (Never, rarely, sometimes, often or always) that measures resiliency structure in 5 scale Likert scale from 0 to 4. Mohammadi (2005) matched it for use in Iran, Mohammadi obtained scale reliability coefficient of 0.89 using Cronbach's alpha coefficient (Samani, Jokar and Sahragard 2007). In Papi study (2013), scale reliability coefficient was 0.87 using Cronbach's alpha coefficient. In present study, Cronbach's alpha coefficient for total test is 0.76.

3- quality of life inventory: this questionnaire includes 26 items in order to measure people understanding from their health, it measures two physical and psychological approaches. This questionnaire was designed by Varshon (1992) in America. The reliability and validity of questionnaire has been studied. Studies on life quality show that questionnaire has high reliability and validity (Mac Horney, Ware & Raczek, 1993). The reliability and validity of questionnaire was evaluated by Montazeri, Gashtasbi and Vahidinia (2005) in Iran on 4163 people in age range of 15 years old and higher and its reliability coefficient in sub-scales was 0.77 to 0.95. In the present study, Cronbach's alpha coefficient was 0.81 for total test.

4- Emotional Intelligence inventory: this questionnaire is a self-assessment scale. Its main form includes 144 items and 15 sub-scales. Study form includes 3 items. Each item is scored in a 7

grades scale including disagree (1) to strongly agree (2). According to Petraidez and Farenham report (2001; quoted by Azghandi, 2006) this questionnaire distinguishes between high and low emotional intelligence. Reliability questionnaire was approved by exploratory factor analysis and internal consistency coefficient was obtained 0.86 in a 102 subjects sample using Cronbach's alpha coefficient. In

Azghandi study (2006) on 935 subjects among high school students of Gilan, total stability was obtained 0.76 using Cronbach's alpha coefficient. In present study, Cronbach's alpha coefficient was obtained 0.69 for total test.

Results

Table1: descriptive statistics of studied variables in terms of groups

Variable	Addicted group		Improved group		Non-addicts group	
	S.D.	M	S.D.	M	S.D.	M
Informational style	6.15	34.2	7.18	35.92	7.28	37.98
Normative style	4.52	29.45	6.21	30.05	3.93	33.25
Disoriented style	3.72	32.27	5.65	28.45	6.90	28.42
Resiliency	19.11	57.57	17.8	56.27	17.8	66.52
Emotional Intelligence	26.54	128.50	19.59	119.65	20.95	145.00
Life quality	14.98	49.77	17.60	48.87	12.53	57.57

According to results of table1, health group (non-addicts) has the highest mean of informational style, normative style, resiliency, emotional intelligence,

life quality components and addicted group has the highest mean of disoriented style.

Table 2: The results of Analysis of Variance

variables	Statistical power	Effect size	Significance level	F statistics	Mean squares	Freedom degrees1	Squared square
Informational style	0.556	0.047	0.049	2.891	137.433	2	274.867
Normative style	0.91	0.103	0.002	6.713	166.933	2	333.867
Disoriented style	0.891	0.097	0.003	6.298	196.358	2	392.717
Resiliency	0.674	0.060	0.027	3.737	662.13	2	2491.4
Emotional Intelligence	0.997	0.182	0.001	13.004	915.6	2	13242.6
Life quality	0.702	0.064	0.021	3.971		2	1831.2

As can be seen in table 2, in there is significant difference in informational style, disoriented style, resiliency and life quality between two groups (p<0.05). Also, there is significant difference in normative style, emotional intelligence at 0.001 level. MANOVA analysis results express significant

difference in comparing variables related to addicted, improved and non-addicts groups. (and Wilks' Lambda 0.78). ANOVA, MANOVA and Toki post-hoc test were used in order to examine difference.

Table3: Toki post-hoc test for binary compare of groups

variables	Group (I)	Group (J)	Significance level	Mean difference
Informational style	Health	Addicted	0.003	3.800
	Addicted	Improved	0.853	-/600
	Health	Health	0.013	3.200
Normative style	Health	Addicted	0.047	3.700
	Addicted	Improved	0.534	-1.650
	Health	Health	0.382	2.050
Disoriented style	Health	Addicted	0.007	-3.850
	Addicted	Improved	0.008	3.825
	Health	Health	1	-0.025
Resiliency	Health	Addicted	0.007	8.950
	Addicted	Improved	0.946	-1.300
	Health	Health	0.036	-10.250
Emotional Intelligence	Health	Addicted	0.004	16.500
	Addicted	Improved	0.19	-8.850
	Health	Health	0.001	-25.350
Life quality	Health	Addicted	0.006	7.800
	Addicted	Improved	0.962	0.900
	Health	Health	0.031	8.700

As above table offers, binary comparison results of Toki test showed that informational and normative styles of healthy group (non-addicts) are higher compared to addict and improved groups and

avoidant/ disoriented style of healthy group (non-addicts) is lower compared to addicts and improved groups; while addicts and improved groups are not significantly different in terms of identity

components. There is no significant difference between addicts and improved groups in terms of resiliency, but there is significant difference between healthy group (non-addicts) and addicts and improved groups in terms of resiliency. Comparing emotional intelligence and life quality, non-addicts have higher level compared to addicts and improved groups.

Discussion and conclusion

This study aimed to compare identity styles, resiliency, emotional intelligence and life quality of addicts, non-addicts and improved people. As it was seen, there is significant difference between groups in terms of identity components (informational, normative, avoidant/disoriented). Non-addicts are significantly higher than addicts and improved groups in terms of informational style. Improved people have high scores in informational style compared to addicts, but it is not significantly different. It seems that improved people have obtained new understanding on themselves and their abilities and participation in NA sessions and drug rehabilitation camps provides informative and based on information decision making for people. The difference is not sufficient so that separate addicts groups from each other. The reason is that identity is formed in adolescence and identity change is difficult. Some studies have shown that information direction is negatively related to addiction. (Jones et al, 1992; White et al, 1998). In this section, study results are in line with studies).

There is significant difference between normal people and addicts and improved groups. This means that non-addicts are significantly higher than addicts and improved groups. There is no significant difference between addicts and improved groups and this means that these groups have less tendency towards society normative patterns and important people in their life compared to non-addicts. Improved people had higher scores in normative styles compared to addicts but this difference was not significant. Explaining these events we can say that addicts and improved groups have common factor in their normative behaviors. According to this result we can claim that non-addicts follow community rules, requests of others, norms of powerful people, religion lessons, family demands and society culture and try to meet expectations of important ones in their life. According to mentioned cases, important people in life and family have positive attitudes towards drugs; people with normative style are in line with them and will accept them. These people does not process information actively and rely on others processes information. Results of this section are in line with results of (Jones et al, 1992; Nuri and Qorbani, 2010; White et al, 1998; White and Jones, 1996 and vahedi et al, 2013) who present that normative style is related negatively with addiction. Therefore, match between people may have positive results and transfers society and important people values to person and

protect him against risks. It must be mentioned that people with high score in normative styles act in accordance with society norms, if norms are positive, they will present positive behaviors; but, if norms and culture of society move in different directions, they will move in line with dominant culture. They move in line with opinions of family and society and they possess less thought.

Non-addicts are in lower level in disoriented style compared to addicts. There is no significant difference between addicts and improved groups in avoidant/disoriented style. However, improved addicts have fewer score. Study results by (Nurm et al, 1997; Jones et al, 1992; Nuri and Qorbani, 2010; Samavi, 2008; White et al, 2003; Vahedi et al, 2013) showed that avoidant/disoriented style is related to alcohol consumption and addiction and difficulty in improvement. Results of this study are in line with above studies. Explaining this result we can point that addicts think less about outcomes of their acts and try to meet their needs. They avoid problems instead of face and solve them and solve temporarily their problems using drugs. They don't have correct understanding from their abilities, aims and wishes and have not obtained a stable and successful identity. Results of pair comparison between variables according to resiliency components show that there is significant difference between non-addicts and two groups of addicts and improved people. This means that non-addicts are higher than addicts and improved people in resiliency. Also, improved group is in higher level compared to addicts in higher level. For explaining this result, we point that improved addicts have improved their resiliency through participation in camps and NA sessions, receiving consulting services from Welfare centers, addiction and overcome it and solving challenges. We must point that resiliency of these people is significantly lower than healthy group. People with higher resiliency, have less disorder when face problems and return to initial state when they face difficult and stressful situations and have higher flexibility and are less addicted. These findings are in line with findings of Bakner et al (2003); Komo et al (2008); Fredrikson (2008); Bunano et al (2007); Ahadi et al (2013), Javadi and Dropper (2013).

Comparing emotional intelligence, non-addicts are at higher level compared to addicts and improved people. Improved group have higher scores compared to addicts. Study results are in line with findings of (Parker et al, 2008, 2001; Golman, 1995; Trinidad and Johnson, 2002; Trinidad et al, 2004; Akbari et al, 2008; Narimani et al, 2011). These results show that emotional intelligence prevents people from addiction and effects positively on drug rehabilitation and people with high emotional intelligence can rehabilitate from drug. Explaining this finding we can say that people, who have involved in addicting behaviors, have lower emotional intelligence. In other words, these people face with problems in considering emotional information, understanding them, accurate process

and management of norms in interpersonal relations. These problems cause that when people face stressful situations lose their ability to analyze, decision making and select proper behavior. Studies show that one factor related to tendency towards addiction is emotional intelligence concept (Kun & Demetrovics, 2010). People with high emotional intelligence, can control their emotions and can rehabilitate from addiction. Study results show that non-addicts life quality is at higher level compared to addicts and improved people. Improved people have higher scores compared to addicts. Generally, there is significant difference between non-addicts, improved ones and addicts in terms of life quality. These findings are in line with studies of (Bizari et al, 2005; Varok and Gal, 2001; Smith and Larson; 2003 and Narimani et al, 2011). Explaining these findings we can say that using drugs have physical, mental and social outcomes including: muscle weakness, body aches, lack of social communication, aggression, depression, anxiety, poor quality of life and life satisfaction. Addiction changes normal life through changes in behavior, self-esteem, nutrition, work and social relationships and thereby reduces life quality. Addicts are lack of credit for controlling environment in relation to others. Physical energy, sense of hope to life and life satisfaction are reduced in them.

Studies in Iran and other countries represent lower life quality of addicts. Since, addiction effects negatively on life in most cases (Emamipur, Shams, Sadr Assadat and Naderi, 2009; Bizari et al, 2005). Thus, life quality of addicts has many weaknesses, intensifies family major problems and has destructive effects on their life and their relatives (Shah Mohammadi, Darvish, Purshahbazi, 2009).

Addiction results in people dependency to addictions physiologically and psychologically and effects negatively on individual, social performance as well as flexibility and life quality. Studies show that emotional intelligence has proper strategies in order to prevent risky behaviors due to its positive and significant relationship with resiliency and mental health that damage welfare and happiness of individuals and society. Then, strengthening emotional intelligence and flexibility can lead to healthy growth, better choice for health promotion and prevention of addiction. According to results of this study, we can conclude that identity is a fixed individual component that is formed in adolescence and its change is very difficult; for this reason, no significant difference can be seen identity components of addicted and improved groups and participation in N.A groups and enjoying social support from family and peers have not changed their identity.

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