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Emotional Intelligence and Self Esteem in Cannabis abusers

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This study was taken up to investigate emotional intelligence and self esteem in cannabis abusers. Cross sectional hospital based study, Study is based on a sample of 200 individuals. 100 Cannabis dependent, diagnosed based on DSM-IV TR was selected from two different hospitals in north India. 100 healthy matched subjects constituted the control group. Assessment was done using MINI, General Health Questionnaire, Indian Adaptation of Emotional Intelligence Scale and Rosenberg Self Esteem Scale. Significant differences were seen in Emotional Intelligence between the Cannabis dependent group and normal control group. The cannabis dependent groups scored significantly low on emotional intelligence in comparison with control group. Further, cannabis dependent group scored significantly lower on score of self esteem than the normal control group. Relationship between emotional intelligence and self esteem was found to be positively correlated. Our study suggests an association between low emotional intelligence, low self esteem and cannabis dependence and the prevention and treatment of cannabis dependence should lay focus on these factors.

Keywords: Cannabis Dependence, Emotional Intelligence, Self Esteem.

Cannabis is the most widely abused illicit drug in the world (Hall, Johnston, Donnelly, 1999). Experts believe that people have used cannabis for the last 5000 years which may easily make it as one of the oldest and most abused drugs (Margoob, 2008). In the light of the consensus that most psychiatric disorders are multi-factorial in genesis, cannabis use and dependence is also linked to multiple factors, including biological, social, and psychological (Gruber & Pope, 2002), as well as cultural. Cultural use of mind altering substances has been a part of Indian reality, as Indian religious texts (such as Vedas), mention cannabis as sacred plants (Aldrich, 1977) and refer to it as “source of happiness,” “joy-giver” and “liberator” (Sharma, 1977). Historically, Indian farmers gave it to their oxen to provide them strength to plough the fields (Margoob, 2008). Many sadhus, or ascetics, still use this drug to experience hallucinations and a sense of timelessness (Kapur, 1985) and bhang drinking is a well established social custom in many parts of East and North India. Ganja smoking is widespread in the Utter Pardesh and Bihar among the cultivators and unskilled labourers (Margoob, 2008). The use of cannabis also appears to be linked to religious festivals and participation in *bhajan* sessions. Indeed, occasions like *Holi*, are not complete without the sharing of *bhang* - a drink made with cannabis. There are also signs that the impact of tourism is shifting

young people's cannabis use in India from bounded, religious contexts towards the recreational patterns characteristic of more industrialized countries (Charles *et al.,* 2005). Such consumptions can lead to misuse and deleterious effects not only on the individual's health but also on his social, occupational and family life. In a household survey in a rural area, an urban slum area and in a city the prevalence of use of cannabis was found to be 3.2 percent, 3.2 percent and 2.7 percent, respectively (Machado, 1994). In addition, in northern India (ICMR, 1993) a lifetime prevalence rate of 3 percent and a prevalence of current use of 1 percent have been reported. Reports indicate that opium and hashish, which were previously restricted to the uneducated and backward communities, are now used by the younger generation, especially in urban settings (Lobo, 1986). It is estimated that there are about 8.7 million cannabis users in our country (Murthy, 2007). Knowledge of the factors influencing the initiation, continuation and cessation of the use of cannabis in a particular culture is crucial for the prevention of drug use among dependents. All people from the same culture do not indulge in substance abuse indicate the psychological factors play an important role in initiating and maintaining substance abuse problem. Some psychological factors which predate the onset of cannabis use are personality traits such as sensation and novelty seeking, aggressiveness, rebelliousness, low-self esteem, and lack of self-control (Gruber & Pope, 2002). Presence of high number of psychological factors indicates a need for the exploration of other possible associated factors involved, which are not well researched yet in Indian setting, such as emotional intelligence and self esteem.

Emotional Intelligence (EI):

The term "emotional intelligence" was first coined by Salovey and Mayer (1990), and defined it as the ability to monitor one's own and others feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action (Mayer & Salovey, 1993). In simpler terms, emotional intelligence might be defined as the set of skills, such as, 'perception and appraisal of emotion, assimilation of basic emotional experiences into mental life, understanding and reasoning about emotions and management and regulation of emotion in oneself and other (Mayer & Salovey, 1999). They also believe that delays in development of emotional understanding can assist in the development of pathology. Riley & Schutte (2003) concluded that low EI was a significant predictor of both alcohol and drug related problems. Similarly, Trinidad et al., (2002) found that adolescents with lower EI used more alcohol and tobacco. As far as coping style concern, research examining EI suggests that individuals who report low EI tend to use emotion-focused and avoidance coping styles (Emmons & Colby, 1995), and that individuals who report high EI may use adaptive coping strategies to alleviate distress (McFarland & Buehler, 1997).

Self Esteem (SE):

Self-esteem is generally considered as how much value people place on themselves (Baumeister, 1993), and has been referred to as the evaluative component of self-knowledge. A number of previous studies have shown a relationship between high self-esteem and many positive outcomes, including occupational success (Judge & Bono, 2001), healthy social relationships (Neyer & Asendorpf, 2001), subjective well-being (DeNeve & Cooper, 1998), happiness (Diener & Diener (1995), persistence in the face of failure (McFarlin, Baumeister, & Blascovich, 1984), and improved coping and self-regulation skills (Greenberg et al., 1999). On the other hand, low self-esteem has been correlated to a number of challenging outcomes, including health problems (O'Connor & Vallerand, 1998), and antisocial

behavior (Donnellan, Trzesniewski, et. al., 2002), depression and suicidal behavior (Taylor & Pilar, 1992). Overall, the findings support the *vulnerability model*, which states that low self-esteem operates as an etiological factor for depression (Roberts & Monroe, 1992), as well as in a number of other psychiatric diagnoses including obsessive-compulsive disorder (Ehntholt, Salkovskis, & Rimes, 1999), eating disorders (Gual, Perez-Gaspar, et al., 2002), and psychosis (Freeman et al., 1998). So world literature has shown that self esteem greatly impacts individuals' attitudes, emotional experiences, future behavior, and long-term psychological adjustment (Judge, Erez, & Bono, 1998; Williams, 2001).

The explanation given by many cannabis abusers that the reason they use cannabis is that they are able to express themselves, feel more confident or are able to relate in a better way after taking the substance. It indicates that somehow some of these people are probably, basically lacking in these skills and to cope up with these lacunae, they take the help of substance (cannabis) to express themselves, to become more confident or to relates to others or to enjoy various emotions. To understand this phenomenon, the present study has been taken up to find out the role of these variables in the persons with Cannabis abuse.

Method

Sample:

The sample consisted of 200 male participants who were selected at random from North India using purposive sampling. Out of these 100 were patients with a diagnosis of Cannabis Dependence as per DSM-IV TR and the remaining 100 were healthy controls. Cannabis dependent cases were no more than 60 years of age, and were taken up after they had undergone detoxification. The study group was matched to the control group by age, sex, and place of living.

Tools:

General Health Questionnaire (GHQ-28): GHQ-28 is a self-administered tool that contains 28 items (Goldberg & Williams, 1998). As a measure of general health, it has four subscales- somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The test-retest reliability some eight months apart was found to be as high as +0.90. The studies show that the values for specificity of the GHQ-28 range from 74 percent to 93 percent.

Self-report questionnaire derived from the Mini International Neuropsychiatric Interview (MINI): Symptoms of cannabis dependence according to DSM-IV criteria (APA, 1994.) were assessed using a self-report questionnaire derived from the Mini International Neuropsychiatric Interview (MINI) (Lecrubier, et al., 1997). It has also been earlier used by Chabrol, et al., in 2005. This questionnaire was composed of seven items corresponding to DSM-IV criteria for substance dependence. Items were scored on a dichotomous scale with a yes/no answer. The total score of the questionnaire indicates the number of criteria met by the subject. Consistent with DSM-IV, subjects received a diagnosis of cannabis dependence if they met three or more of the seven DSM-IV criteria.

Emotional Intelligence Scale (EIS): It was prepared by Bhattacharya, Dutta and Mandal (2004). It consists of 40 items out of which 20 items are positive and other 20 items are negative. Items are to be answered on a five point scale ranging from never true to always true, with a possible range of scores from 40 to 200. A high score indicates high emotional intelligence. The test-retest reliability was 0.94 (alpha coefficient 0.87) and the correlation (r = 0.75), between Indian version of the scale and schutte emotional intelligence scale, indicate the validity of this scale (Bhattacharya, Dutta, & Mandal, 2004).

Rosenberg Self-Esteem Scale (Rosenberg, 1965): It is a 10-item measure designed to measure global feelings of self-acceptance and self worth. Items are rated on a 4-point likert-scale (3 = "mostly agree"; 0 = "mostly disagree"). RSES is composed of five positively worded and five negatively worded items (Aluja, et al., 2007). A self-esteem score is calculated after reversing the positively worded items. The scale ranges from 0-30, with 30 indicating the highest score possible. The higher the score, higher the self esteem. This measure has demonstrated test-retest reliability of 0.85 and an internal consistency reliability of 0.88 (Rosenberg, 1965). It has strong evidence of concurrent, construct, and predictive validity (Blascovich & Tomaka, 1991).

Procedure:

100 patients with diagnoses of cannabis dependence as per DSM-IV TR criteria and fulfilling the inclusion and exclusion criteria were taken for the study. After establishing rapport, a clinical interview was held and informed consent was taken. The personal data sheet was filled and Emotional Intelligence, Self-esteem scale and MINI were administered. Similarly GHQ-28 and all the above-mentioned scales, except MINI, were administered on the control group who fulfill the inclusion and exclusion criteria.

Results and Discussion

Table 1. Mean, SD and t value of Emotional Intelligence and Self Esteem between Cannabis dependents and healthy controls (N=100).

Groups	Mean	SD	t value
EI Healthy controls	123.20	23.94	
Cannabis Dependents	116.66	23.15	1.96*
SE Healthy controls	18.75	6.02	
Cannabis Dependents	16.96	5.85	2.13*

*p<0.05

Table 2. Summary of the t-test for Cannabis dependents and healthy controls on Emotional Intelligence and Self Esteem.

	SE	EI
SE	1	.448**
EI	.448**	1

**p<0.01 level (2-tailed).

India, like other developing countries is at the centre of both old and new public health challenges. Reality is that India is burdened with an enormous, much under-appreciated problem of cannabis abuse, and the recurrent, relapsing nature of the problem makes treatment even more difficult. So, it is difficult to ignore the underlying psychological factor when it is shown vividly that "substance abuse" disorders are rapidly recognized throughout the country (Murthy, 2007). Understanding underline psychological factors has a crucial role to play in improving the health and well-being of populations, and in providing special protection for vulnerable groups. In this study the relationships between emotional intelligence and self esteem were investigated in the cannabis abusers. The results showed that cannabis abuse was related to low emotional intelligence and low self esteem. The present results showed that cannabis dependents had a low self esteem and Emotional Intelligence than nondependent individuals. In addition, the findings of this study have revealed that there are considerable positive correlations between self esteem and Emotional Intelligence.

In the present study control group was found to be high on emotional intelligence scores. These finding can be explained by the fact that EI is considered as a positive trait that is positively related to coping strategies which is an important determinant of an individual's physical and psychological well-being in response to negative or stressful life events (Lazurus, 2000). On the contrary, study group show low emotional intelligence.

The explanation of low emotional intelligence in present study group is hidden within the defining features of EI. ‘‘Emotional intelligence [includes] abilities such as being able to motivate oneself and persist in the face of frustrations; to control impulse and delay gratification; to regulate one’s moods and keep distress from swamping the ability to think; to empathize and to hope’’ (Goleman,1995, 1998). It is possible to say that the cannabis abusers hinder the ability to understand other peoples’ feelings. The positive relationship observed in the present study between emotional intelligence and effective coping strategies is similar to many other reports in the literature. Goldenberg et. al. (2006) reported a positive correlation between emotional intelligence and problem-focused coping. As emotional intelligence scores increase, people seem to employ more effective coping and less ineffective coping strategies. On the other hand, the very nature of emotional intelligence causes an individual to gain strength by acknowledging his or her emotions. The ability to build resilience and individual strength is enhanced when individuals understand the emotional aspects of their personality that influence his or her actions (Sewell, 2011). So, it can be inferred that individuals high in EI are able to effectively understand and perceive emotion within themselves and others, and successfully regulate and utilize their emotions for purposeful action (Law et al., 2004). According to this finding it can be posited that as emotional intelligence scores increase, stress symptoms will decrease. There are several studies in support of this finding (Shulman & Hemenover, 2006). High EI individuals are more adept at reasoning through the (emotional) antecedents of their own and others’ behavior and using this information to guide thinking and action (Mayer & Salovey, 1993). It can be concluded that, even though emotional intelligence was not directly related to cannabis abuse, being low on it might have a role in choosing the wrong and maladaptive coping resources over the adaptive one’s in the face of stress. In the same line, Trinidad et al., (2004) found in 416 American adolescents from middle schools from Los Angeles that high EI has a protective association with psychosocial risk factors for smoking. High EI was related to an increased perception of the negative social consequences on smoking, an increased perceived ability to refuse a cigarette offer, as well as lower like hood of intending to smoke in the future.

A number of previous studies have shown a relationship between the use of drugs and low self-esteem (Botvin, 1986; Young, et al., 1989). The results from the present study confirm these finding as the study group was found to have significantly lower self-esteem than the controls. This is in line with other world literature that has demonstrated that patients with drug use disorders (Sands, et al., 1967) have lowered self-esteem compared to controls. Furthermore, low self-esteem has been shown to be a poor prognostic indicator in the treatment of substance abuse (Kerlind, Hernquist, & Bjurulf, 1988), and to predict relapse following treatment (Fairburn et al., 1993). Low self-esteem has been associated with and cited as an etiological factor in a number of different psychiatric diagnoses (Silverstone, 1991), including substance abuse (Akerlind, Hornquist, & Bjurulf, 1988). It has been reported that negative mood states and other high-risk situations, self-efficacy, coping resources, etc., are singly or jointly predictive of relapse (Larimer, Palmer, Marlatt, 1999; Lowman, Allen, Stout, 1996; Maisto, Connors, Zywiak, 1996). High-risk situations include external precipitants of using, as well as internal events such as cognitions and emotions that may increase the likelihood of relapse and a relapse is likely to be accompanied by guilt and shame along with ineffective coping which exacerbates the problems, and eventually snowball into a full

relapse. Whereas, an increased perception of self efficacy helps in maintenance of abstinence (Sampl, & Kadden, 2001; Mattoo, Chakrabarti & Anjaiah, 2009).

Furthermore, the study revealed a positive relationship between emotional intelligence and self esteem. In the study the cannabis dependent group was found to have lower scores both on EI and SE. These findings are in line with the previous studies which have also found that SE and EI significantly and positively correlated, suggesting individuals high in EI also tend to be high in SE (Mesmer-Magnus, Viswesvaran, et al., 2006). This finding of the present study shows a possible role of low SE and EI in cannabis dependents. This possible role could be explained by the fact that the internal strength factors such as high emotional intelligence and high self-esteem mediate the maladaptive pattern by altering the individual's cognitive appraisal process, such that individuals are able to reframe or reinterpret situations at in particular environment. Consequently, it is expected that the level of psychological/ group pressure experienced by them may be reduced. Further, these individuals have the ability to cope in a way that is adaptive, once situation is perceived or encountered. So it could be inferred that an ability to detect and understand the feelings of others, and to use this information to solve interpersonal problems, can help people to lead more satisfying lives and experience less stress. Earlier researcher also formed the impression that people try to escape from their problems by the abuse of substances and substance abuse is seen as an action or interactional strategy, regarding the handling of their low self-esteem (van Zyl, Cronje, & Payze, 2006) and low Emotional intelligence. A recent meta-analysis reported a correlation between self-esteem and emotional stability (Judge & Bono, 2001), suggesting emotionally stable individuals typically have higher self-esteem.

The risks of cannabis use are neither greater nor less than alcohol or tobacco (Hall et al, 1994), which suggests that cannabis has an important influence in contributing to psychological morbidity and mortality. Present findings bear practical implications, both for preventive strategies and intervention. Since these findings improve our knowledge regarding the underlying cause of substance abuse, we are empowered with the advantage of knowing why and how chronic problem develop and, more importantly, how to prevent them. Should these findings be replicated, they plead in favor of incorporating de-addiction programs in the treatment of cannabis dependents that could lead to decrease/cessation of relapse and help maintaining abstinence over time. It is also important to continually improve knowledge regarding underline cause of substance abuse to best suit the needs and provide medical and emotional support to patients.

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