

## **The Relationship between Emotional Intelligence and Antisocial and Borderline Personalities among Drug Dependents**

**Ali Nikbakht<sup>1</sup>, Mahmood Baratvand<sup>2</sup>, Jahangir Kalantar<sup>3</sup>**

<sup>1</sup>School of psychology, Hormozgan University, PO box 152, Bandar Abbas, Iran

<sup>2</sup>Independent Researcher, Baran Clinic, Zeytoon Street, Ahvaz, Iran

<sup>3</sup>Scientific-Applied University of Khuzestan Prisons

---

### **ABSTRACT**

Drug dependency and its related problems are dilemmas in all over the world. This study aimed to determine the relationship between different dimensions of emotional intelligence (EI) and antisocial and borderline personality disorders. Statistical population consisted of all people more than 18 and at least 9th grade that referred to psychological clinics in Bandar Abbas due to the problem. With applying a time period method of sampling 220 people selected. Two questionnaires of Emotional Intelligence and Millon Clinical Multiaxial Inventory-III (MCMI-III) applied to collect data. The data analysed with concurrent multivariate regression. Findings showed that social skills such as control of affection and perception of others' as well self's affections elements could predict antisocial personality disorder significantly; however, the optimism element couldn't. The results also indicated that social skills as well as optimism elements predicted borderline personality disorder significantly. But the control of others and self perception elements were not able in this regard. Thus, it can be said that IE are good predictors for the disorders. In other words, findings showed a negative relationship between The EI and the personality disorders.

**KEYWORDS:** Emotional Intelligence, Antisocial and Borderline Personality disorders, Multivariate Regression, Millon Clinical Multiaxial Inventory-III.

---

### **1. INTRODUCTION**

Nowadays drug dependency takes a risky and complicated form and at the same time extends in the world. According to an assessment of epidemic of drug dependency in Iran there are 2 million people who are involved in it [1]. With respect to the average of family population, around 5, [2] it can be said that 10 million people, more or less, are engaged with the problem. Clinical findings indicate that some elements such as personality characteristics, lifestyle, attitudes, beliefs, affections and acquired behaviours during development, play a critical role in people's drug dependency [3]. Beside the social and personal variables which are effective on the situation, psychological variables have a critical role too. Among the personality components which have relationship with drug dependency as well as personality disorders is emotion intelligence. Several studies showed that there is a negative relationship between EI from one side and drug abuse on the other side [4,5,6]. Some findings indicate that personality disorders such as antisocial and borderline personality disorders are common among drug abusers [7]. Several researches reported that low EI has relationship psychological problems such as low levels of empathy, inability in moods' regulation [8], alcoholism and drug abuse, dysthemia and

---

**Corresponding author:** Ali Nikbakht, School of psychology, Hormozgan University, PO box 152, Bandar Abbas, Iran. Tel: 0098-741-4422512 E-mail: nikbakht472@yahoo.com

sexual deviance [9], thieving and properties' destruction [10] and aggression [11].

On the other side it was found that EI is an effective element in daily life experiences like scholar achievement, job satisfaction and interpersonal relationships [12]. The EI has positive correlation with mental health as well as negative one with mental disorders [13]. People who have skills to regulate their and others' emotions can protect themselves against tension. The group reports less depression, hopelessness, and suicide thoughts [14]. The EI has positive relationship with life satisfaction, its quality and social interactions. The variable also shows negative relationship with aloneness feelings and depression [15].

In a study it was found that EI has negative relationship with neuroticism, depression and positive relationship with extrovertism, openness to new experiences, acceptableness, life satisfaction and cognitive ability [15]. A group of researchers showed that people who are unable to understand their emotions, cannot express their feelings in proper time, and unable to regulate their mood [16]. In the same line, it was observed that in some tension situations low EI intervenes with selecting the most adopted mechanisms in difficult situations [17]. In two more experimental studies, it was found that low EI relates with weaker emotion autonomy [18, 7]. In another study it was revealed that people with high scores in borderline personality disorder have lower levels of emotional clearance as well as emotional regulation [19]. People with high score in terms of antisocial personality disorder described themselves lower in emotional clearance, correction and knowledge as well as self knowledge.

Some researchers reported that people who suffer from borderline personality disorder experience affection instability, severe rage and cannot control their emotions [20]. Another study also reported findings in the same line [21]. They found the mentioned group experiences lower levels of emotional affection and assesses the environment of their past and future interpersonal relationships as aggressive. Criminologists tried to explain the rape phenomenon as well as antisocial behaviour and lower level of empathy towards others. They found that the empathy acts as a protective element to reduce criminal behaviours. Criminal people usually misinterpret others' intention. This weakness in terms of self – knowledge and sensation to others' thoughts and feelings, prevents them from effective dealing with others [22].

With respect to the all above, researchers of the current study aimed to determine whether EI can predict borderline and antisocial personality disorders among drug abusers.

## 2. METHODOLOGY

### 2.1 *sampling*

Statistical community included all people who referred to drug abuse treatment clinics in Bandar Abbass with at least 18 years old as well as 9th grade literacy level. The sample consisted of 220 male drug abusers who finished their detoxification period. Sampling method was cross-time, and covered a time period of 9 months (from October 2009 to June 2010). During the period all clients with the problem, to the clinics were interviewed and asked them to answer the questionnaires.

### 2.2 *Instrumentation*

#### 2.2.1 *Emotional intelligence quotient questionnaire*

This questionnaire was made by Peterides in 2002. There are 30 items with 7 options, from 1-7, to respond in it. The score range is 30-210. Factor analysis showed 4 factors as: 1) positivism- positive view and being hopeful towards future; 2) self and others affection perception– it means how can a person identify his/her affections and emotions in different situations and percept others' affections; 3) Affections controlling- how degree a person can control his/her emotions in different situations, for example, during

a family negotiation or facing with a failure; 4) social skills – how degree a person has necessary skills to make communication with others, getting his/her right and applying effective methods of problem solving. The internal consistency of the test in the origin community reported .86 and its reliability with Chronbach alpha .89. However, in a research in Iran, reliability coefficient was counted by Chronbach alpha as .81, and the internal consistency .86. The test showed a positive correlation with Eysink personality profile which can be counted as an index of concurrent validity [23].

### 2.2.2 Millon Clinical Multiaxial Inventory- III (MCMI-III)

The test is a standard self-assessment instrument to measure a wide range of variables such as personality, emotion adaptation and clients' attitude towards the test. The minimum age of its respondents is 18. MCMI-3 focuses on personality disorders as well as their associated symptoms. The original version of the test was released in 1977 by Theodore Millon [24] and it was revised in 1994. The test was translated as well as normalized in Iran [23]. Different studies showed relatively good reliability for the MCMI-III [25,26,27]. In its original country, the MCMI-III showed moderate correlations for personality disorder scales from .58 to .093 with an average of .87. For clinical symptoms also the achieved values were in the range .34–.95 with an average of .80. The achieved correlations for reliability with applying test- retest method were from .82 to .98. The coefficients with applying internal consistency were in .85–.97 range. Diagnostic validity of the test as a whole reported as .58 to .83, and its negative prediction power counted as .93- .99[28].

### 2.3 Data analysis

The applied method of data analysis was multivariate regression as well as descriptive methods like mean, frequency and percentage. The applied design in this study was explorative and predictive.

### 2.4 Findings

The average of the sample age was 32. The minimum and maximum of their literacy level were 9th grade and college level respectively.

Among the sample, 56.5%, 36% and 5.7% were singles, married and divorced respectively. After coding the data and analysis, it was found that 73% of the sample had personality disorder; among the group antisocial personality was 24% and borderline personality disorder was 15%.

To determine the ability of EI to predict antisocial personality disorder a concurrent regression was applied. The result showed that EI can predict antisocial personality disorder significantly,  $F=25.41, p<0001$  and  $df=4$  (refer to table1). To understand which one of the EI components made the model significant and predict personality disorder, it must be referred to regression coefficients as well as significant level of the EI components. With respect to content of table 2, it can be said that social skills, concept others' and self's affection and control of affections could predict antisocial personality disorder significantly. However, the optimism couldn't do. The results also showed that EI could predict borderline personality disorder,  $F=41.845, p<.0001, df=4$  (refer to table 3). To determine which components of EI could predict the situation, it should be referred to table 4. With refer to the table it can be understood that the others' and self's perception element as well as control of affection could not predict the disorder; however, social skills and optimism have higher power in this regard.

Table 1-results of regression for EI elements

source	Sum of squares	df	Mean of squares	F	P
regression	43.49236	4	9.12309	41.25	.001
residual	60.113363	215	46.484		
total	97.162599	219			

Table 2-coefficients of regression for EI elements to predict antisocial personality disorder

Criterion variable	Predictive variable	Beta coefficients	t	P
antisocial personality disorder	optimism	-.93	1.377	.017
	Others' and self's affection	.212	2.989	.003
	Controlling affection	-.137	2.26	.044
	Social skills	.633	-9.1	.001

Table 3-results of regression of EI elements to predict borderline personality disorder

source	Sum of squares	df	Mean of squares	F	P
regression	54.70837	4	38.17709	845.41	.001
residual	1.99031	215	214.423		
total	54.169869	219			

Table 4-coefficients of regression for EI elements to predict borderline personality disorder

Criterion variable	Predictive variable	Beta coefficients	t	P
borderline personality disorder	optimism	-.232	-3.754	.001
	Others' and self's affection	.22	.342	.733
	Controlling affection	-.036	-.59	.556
	Social skills	-.507	-7.617	.001

### 3. DISCUSSION AND CONCLUSION

This study aimed to determine whether EI can predict antisocial and borderline personality disorders. As it was said, EI could predict the antisocial personality disorder. This indicates people with the personality characteristics haven't enough EI skills; in effect, they face problem during interpersonal interaction. The lack of significant for optimism element can be explained by the nature of the disorder. The people with the characteristics have not remorse and compunction feelings and can't take lesson from their previous experiences. Accordingly, their score in the element is going up. With respect to lack of any research in the field, the results cannot be compared. The others' and self's perception of affection was significant which indicates a deficient empathy in the group. In line with the results, criminologists exclaimed people who violate others' right and behave in an antisocial manner have lower level of empathy towards others. Thus, empathy can be seen as a protective element in this regard which reduces criminal behaviours. Criminal people usually misinterpret others' will. This lack of self-knowledge or sensitivity towards others' thoughts and feelings reduces their ability to have an effective dealing with difficult situations [22]. The element of controlling affections could predict the type of personality. It means people who cannot control their affections, are high risk to show the antisocial symptoms. It can also be said that people who suffer from antisocial personality disorder, are deficient in their affections' controlling.

Social skills element is one of the important predictors of antisocial personality disorder which indicates low level of the variable among the group. The results are in line with several studies [19,7,11,17].

For the borderline personality disorder, in general, the EI could predict the personality, significantly. The variable was predicted by elements of social skills as well as optimism significantly. Thus, it can be said deficiency in both social skills and optimism variables are determining variables in terms of being a borderline personality disorder. In line with the result, similar findings reported [21]. They found borderline personality people experience lower level of emotional affection and have more hostile perception of their present and past interpersonal relationships; a finding which is line with some others[19,7].

In general, it can be inferred from the study that there is a negative relationship between EI, antisocial and borderline personalities. Thus, training people with EI content is necessary. This is an important finding as there are a lot of children who need to training for a better communication as well as effective confronting with the life problems. The training protects them from mental disorders. Findings from different studies suggest that EI skills are necessary for social and emotional adaptation. For example, Dan's studies showed that brain impaired people cannot integrate the emotional information with other cognitive processes which are necessary for handling their life [29].

#### **4. Limitations**

There were three main limitations in this study; the first, the sample was chosen from clinics; thus, they are volunteers and the results are limited in terms of generalisation; the second is lack of gender variable in the study. Another limitation was durance of detoxification in the group. It was very interesting if the levels of the process like beginning, during and after detoxification would add to the sample.

#### **5. Acknowledgements**

Researchers of the study wish to thanks counselors and psychometers of the clinics who helped us a lot during data collection.

### **REFERENCES**

1. Moolavi, P., F. Sadeghimovahed and M. Abolhassanzadeh, 2008. A survey on personality disorder among drug dependents of referred people to clinics in Ardabil province in 2008, *Journal of Medical Science Ardabil.*, 3(1):307-315.
2. The centre of population statistics, 2011. Iran's annual report of population, Centre publication, Tehran, pp: 114-168.
3. Delavarpoor, M. A., M. Hosseyni and M. Chari, 2008. Relapse prediction based on emotional intelligence and religious confrontation, *Journal of Iran's Clinical Psychiatry and Psychology*, 3:307-315.
4. Demetrovics, Z., B. Szeredi and S. Rozsa, 2008. The three-factor model of Internet addiction: the development of the problematic internet use questionnaire. *Behavior Research Methods*, 40:563–574.
5. Dicosmo, C., P. Gremigni, P. Bitti and R. Enrico, 2006. Fattori psicologici, qualita di vita e benessere percepito in pazienti obesi operati de chirurgia bariatrica. [Psychological factor, quality of life and perceived well-being in obese patients after bariatric surgery.] *Psicoterapia Cognitive Comportamentale*, 12:13–26.

6. Rozin, P., C. Taylor, L. Ross, G. Bennett and A. Hejmadi, 2005. General and specific abilities to recognise negative emotions, especially disgust, as portrayed in the face and the body. *Cognition and Emotion*, 19:397–412.
7. Ciarrochi, J, 2001. Measuring emotional intelligence in adolescents, *Personality and Individual Differences*, 7:1105-1119.
8. Trinidad, D. R and C. A. Johnson, 2002. The association between emotional intelligence and early adolescent tobacco and alcohol use, *Personality and Individual Differences*, 32: 95-105.
9. Ghamarani , A and H. R. Jafri, 2003. An introduction to emotional intelligence and blindness, proceeding of the third national conference of graduated students, Tehran, pp: 170-179.
10. Kaschub, M, 2002. Defining emotional intelligence in music education, *Arts Education Policy Review*, 103: 9-15.
11. Quebbeman, J and E. Rozell, 2000. Emotional intelligence and dispositional affectivity, *Human Resource Management Review*, 12: 125-143.
12. Mayer, J., P. Salovey and D. Caruso, 2008. Emotional intelligence: New ability or eclectic traits? *American Psychologist*, 63: 503–17.
13. Hertel, J., A. Schutz and C. H., Lammers, 2009. Emotional intelligence and mental disorder, *Journal of Clinical Psychology*, 65, 942–954.
14. Zeidner, M., G. Matthews and R. D. Roberts, 2009. What we know about emotional intelligence: How it affects learning, work, relationships, and our mental health, Cambridge, MA, MIT Press, pp:211-265.
15. Bar-On R., 2000. Emotional and social intelligence: insights from the emotional quotient inventory. In: *The handbook of emotional intelligence* (eds R. Bar-On and J.D. A. Parker), pp.363–388. San Francisco: Jossey-Bass.
16. Salovey, P., B. Bedell, J. B. Detweiler, and J. D. Mayer, 1999. Coping intelligently: Emotional intelligence and the coping process. In: *Coping: The psychology of what works* (Ed C. R. Snyder) pp. 141-164. New York: Oxford University press.
17. Matthews, G. and M. Zeidner, 2000. Emotional intelligence, adaptation to stressful encounters, and health outcomes. In: *The handbook of emotional intelligence: theory: development, assessment, and application at home, school, and in the workplace* (Eds R. Bar-On and J. D. A. parker) pp.56-78, San Francisco, Jossey-Bass.
18. Schutte, N.S, J.M. Malouff, C. Bobik, T. Conston, Greeson, C. Jedlicka C, et al., 2001. Emotional intelligenc and interpersonal relations, *Journal of Social Psychology*, 141: 523–533.
19. Leible, T and W. E. Snell, 2002. Borderline personality disorder and multiple aspects of emotional intelligence, In: *Student research in psychology at Southeast Missouri State University*, (Ed W. E. Snell) pp.241-259. Cape Girardeau, MO: Snell Publications.
20. Grant, B.F., P. Chou, , R.B.Goldstein, B. Huang, , F.S. Stinson, , T.D. Saha and R. June, 2008. Prevalence, correlates, disability, and comorbidity of DSM–IVborderline personality disorder: Results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 69:533–545.
21. Benjamin, L. S and S. A. Wonderlich, 1994. Social perceptions and borderline personality disorder: The relation to mood disorders. *Journal of Abnormal Psychology*, 103: 610-624.
22. Jolliffe, D and D. P. Forrington, 2004. Empathy and offending: A systematic review and meta-analysis. *Aggresion and violent behavior*, 9 ( 5): 441-476.
23. Marani, M., 2002. Normalisation of the questionnaire of Petrides emotional intelligence, Bachelor thesis, Isfahan University.

24. Groth-Marnat, G, 1984. Handbook of Psychological Assessment. New York: Van Nostrand.
25. Millon, T. (2006). Millon Clinical Multiaxial Inventory-III manual (3rd ed.) Minneapolis, MN: NCS Pearson.
26. Morey, L. C. (2007). The personality assessment inventory professional manual (2nd ed.). Odessa, FL: Psychological Assessment Resources.
27. Musek, J. (2007). A general factor of personality: Evidence for the big one in the five-factor model, *Journal of Research in Personality*, 41: 1213–123.
28. Sharifi, A., H. Moolavi and K. Namdari, 2006. A survey on diagnostic validity of Millon Clinical Multiaxial Inventory-III. *Journal of Knowledge and Research in Psychology*, 34:27-38.
29. Lopes, P. N., 2003. Emotional intelligence, personality and the perceived quality of social relationships, *Personality and Individual Differences*, 35(3): 641-658.