

An Integral Inquiry into the Relationship Between Addiction and Emotional Intelligence

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ABSTRACT

This article is an inquiry into the relationship between addiction and emotional intelligence using Integral Methodological Pluralism (IMP). Six of the eight zones of awareness are used in order to investigate the nature of this relationship. The article hypothesizes that from a phenomenological perspective, these two processes are ultimately not separate. In addition, it concludes that Emotional Brain Training (EBT) is an effective way to increase emotional intelligence and alleviate addictive/compulsive behaviors.

KEY WORDS

addiction; compulsion; emotional intelligence; Emotional Brain Training; mixed methods research

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The U.S. National Institute on Drug Abuse (NIDA) estimates that nearly one out of every ten Americans over the age of twelve has problem with substance abuse (2007). With economic costs thought to exceed half a trillion dollars annually due to health care expenditures, lost productivity, and crime, it has become generally accepted that addiction is one of the most serious health and social problems facing America today (NIDA, 2007). In addition, there are millions more Americans who struggle with other compulsions such as codependency, overeating, gambling, and sex addiction.

There are many different perspectives on what “addiction” is and how to treat it. NIDA takes a third-person bio-behavioral view of the individual and defines addiction as a brain disease, caused by a combination of genetic and environmental factors, which is expressed as compulsive behavior. Others take a third-person perspective of the collective and believe that the reason Americans, who comprise only 4% of the world’s population, consume two-thirds of the world’s illegal drugs (Califano, 1997) is because they are living in an “addictive system” (Schaefer, 1987, p. 4).

Some experts in the field take a second-person perspective and see addiction as a “family disease” (Wegscheider-Cruse, 1989) or even as an attachment disorder, where chemical relationships are substituted for human ones (Flores, 2004). First-person perspectives can range

from viewing addiction as an impairment in affect regulation (Khantzian, 1999) to understanding it from a Buddhist standpoint as an exacerbated form of the desire for pleasure and aversion to pain that everyone experiences to some degree (Kornfield, 1993; O'Malley, 2004).

An integral view recognizes that each of these perspectives, along with a multitude of others, are accurate and yet incomplete, each disclosing different facets of the same phenomenon (Wilber, 2006). As addiction is an integral event, the most successful treatment will no doubt accommodate and address as many of these perspectives as possible. Although multiple perspectives are needed to fully understand the process of addiction, this research project will be focusing on the first-person experience of addiction and its relationship to the process of emotional intelligence.

Most reputable treatments for addiction, including cognitive-behavioral based approaches and 12-Step programs, acknowledge the relationship between addiction and emotional immaturity degree and include the cultivation of skills related to emotional intelligence. Many experts in the field believe that addicts often suppress uncomfortable feelings, keeping recognition of their affective state far from conscious awareness (Flores, 2004). There is high co-morbidity of substance abuse and mood disorders and has long been posited that addicts may be self-medicating in order to relieve emotional distress (Khantzian, 1999). Research has also found that negative, and even positive, emotional states are the strongest predictor of relapse (Marlatt & Witkiewitz, 2005).

I first became interested in the relationship between addiction and emotional intelligence about a year ago after repeated attempts to modify my diet. I literally found this task to be impossible—I simply could not do it. My inability to refrain from eating certain foods reminded me of other experiences with compulsive behavior I'd had in the past. I was raised in an alcoholic family and as an adolescent I developed my own problems with substance abuse and completed a year of outpatient treatment at a drug and alcohol rehabilitation facility. Over the years, I have had what can be characterized as an addictive relationship with a myriad of things ranging from the life threatening to the relatively benign.

As is common among those who struggle with addiction, when my more destructive behaviors were abandoned, less dangerous habits developed to take their place. In the addiction treatment field this phenomenon is known as *cross-addiction* (Flores, 2004) In Alcoholics Anonymous, it is commonly referred to as “switching seats on the *Titanic*” because although one may have moved to a higher deck, they are inevitably “going down” (Ruden, 1997, p. 95). It would be fair to say that I have switched seats on the *Titanic* a number of times, and although I have overcome my more problematic addictive relationships, I still get that “sinking feeling” when it comes to food.

I noticed that I can “use” food in much the same way I used alcohol or other drugs in the past; primarily as a way to manage stress and emotional discomfort. I started wondering about my own level of emotional intelligence and curious about the relationship it may have to my past addictions and current compulsive behaviors around food. Although the association between low emotional intelligence and a tendency toward addictive behaviors has been documented (Trinidad & Johnson, 2001; Khanmohammadi, Homayouni, Mosavi Amiri, & Nikpour, 2009), further research is needed fully illuminate the nature of this phenomenon. In an attempt to shed more light on this relationship, the research question that will be guiding this project is: What is the relationship between addiction and emotional intelligence?

Throughout this project, “addictive” or “compulsive” behaviors will refer to those patterns of being that are habitually engaged in despite negative consequences and multiple attempts at termination. Therefore, our definition is not limited to substance abuse and can include food, work, sex, gambling, spending, and relationship addiction (it may also include an addiction to certain thoughts or feelings). As for emotional intelligence, I will be using the definition outlined by John Mayer and Peter Salovey¹:

Emotional intelligence involves the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth (1997, p. 10).

In addition to this definition, Mayer and Salovey provide four branches of emotional intelligence with four representative abilities each. For this project, I am particularly interested in those abilities that have to do with internal emotional recognition and processing. I will be focusing on five such abilities:

- 1) Ability to identify emotion in one's physical states, feelings, and thoughts.
- 2) Ability to express emotions accurately and to express needs related to those feelings.
- 3) Ability to stay open to feelings, both those that are pleasant and those that are unpleasant.
- 4) Ability to manage emotion in oneself and others by moderating negative emotions and enhancing pleasant ones, without repressing or exaggerating information they may convey.
- 5) Ability to reflectively monitor emotions in relation to oneself and others, such as recognizing how clear, typical, influential or reasonable they are (Mayer & Salovey, 1997, p. 11).

As is obvious from my research question, I assume that there is a relationship between addiction and emotional intelligence as a result of my first-person experience with compulsive behaviors as well as the existence of corroborating literature. I also believe that the interior-subjective experience of addiction is an integral part of what addiction is. In addition, I assume that when addiction is viewed through the methodology of phenomenology, the data disclosed will, in part, be feelings and therefore related to the emotional processing skills inherent in the definition of emotional intelligence.

Because the relationship between addiction and emotional intelligence is no doubt extremely complex, I have chosen a research design that attempts to capture as much of this complexity as possible. Using Ken Wilber's (2006) AQAL theory as a guiding framework, this project will examine the relationship between addiction and emotional intelligence from six different perspectives as revealed by their corresponding methodologies. Consequently, this will be a mixed method inquiry and will include both qualitative and quantitative data.

The purpose of this concurrent mixed methods study is to better understand the relationship between addiction and emotional intelligence by converging both qualitative and quantitative data through the use of first-person, second-person, and third-person methodologies. In this study, two modes of first-, second-, and third-person inquiry are used to investigate the research

question. To begin with, self-inquiry and autobiographical analysis are employed to explore the connection between the research topic and myself. Next, I will use my Sentence Completion Test (SCT), Riso–Hudson Enneagram Type Indicator (RHETI), and Myers-Briggs Type Indicator (MBTI) scores to expose the strengths and limits of my awareness in the context of this research.

In addition, the relationship between addiction and emotional intelligence is explored through an interview with Linda Williams,² LCSW, and certified facilitator of Emotional Brain Training (EBT), a cognitive-behavioral based treatment for addiction that involves increasing participant's emotional intelligence. This research question is also investigated through a twenty-four week participatory evaluation of EBT workshops. The next part of the research consists of survey results from EBT participants and John F. Kennedy University (JFKU) students, as well as a review of two empirical studies on the effectiveness of EBT. Finally, a systems analysis is accomplished through a library/internet search of articles related to the impact the American media may have on the relationship between addiction and emotional intelligence.

This research project took place over a period of six months, from October 2007 to March 2008³, in conjunction with the Integral Research course within the Master of Arts in Integral Psychology program at JFKU.

The following section is an introduction to each methodology used in this study including the respective research design, data analysis, and discussion of results. I have grouped these methodologies into those that disclose first-person, second-person, and third-person perspectives, and present them in that order.

First-Person Methodologies

First-person methodologies are extremely important because they connect the researcher to the research topic by illuminating both the interior-subjective and interior-objective realities of the observer. According to AQAL theory, the phenomenon being observed can never be separated from the observer (Wilber, 2006). Therefore, it is essential to examine the awareness of the perceiver in addition to what is being perceived, as this awareness is actually enacting the phenomenon.

For my phenomenological investigation, I have chosen autobiographical analysis and self-inquiry. The methodology based question for these phenomenological investigations is: What is my direct experience of the relationship between addiction and emotional intelligence?

For my structural analysis, I have chosen to take a series of assessments that will disclose my current altitude of awareness, Enneagram type, and personality type. The methodology based question for this inquiry is: How does the structure of my own awareness impact my inquiry into the relationship between addiction and emotional intelligence?

Phenomenological Method and Research Design

A phenomenological investigation of my first-person experience of the relationship between addiction and the aforementioned aspects of emotional intelligence will be accomplished through self-inquiry and autobiographical analysis. I have chosen these modes of inquiry in order to reveal my connection to addiction as an ongoing struggle by highlighting the emotional aspects of both past and present experiences. These methods are well suited to my topic because they will reveal how my personal experience with addiction has shaped this inquiry from the very beginning. Unfortunately, these methodologies can only reveal brief “snapshots” of my interior life and cannot possibly capture the entirety of my lived experience.

The data for the autobiographical analysis was collected by reviewing structured journal entries that were written as part of my participation in EBT workshops, starting from June 2007 and continuing throughout the course of this research project. EBT is a two year program that treats addictions and compulsive behavior by, among other things, increasing participant’s emotional intelligence through specific practices for identifying and dealing with feelings. In EBT, addictive or compulsive behavior is viewed as an *external solution* to what is essentially an unwanted internal experience (Mellin, 2003). Participants were given weekly prompts that include writing about their past experiences with addiction, as well as documenting their current emotional process. All journal entries began with a short meditation and body scanning exercise in order to cultivate embodied memories that were emotionally charged.

The data for the self-inquiry was collected by recording my first-person experiences with a practice of emotional processing skills in real time at least three times per week. When I felt emotionally out of balance (e.g. high levels of anger, sadness, fear or guilt), I set aside time to engage in a *cycle*, which is the primary emotional processing tool employed by EBT. The format for a cycle is as follows:

I feel angry that...

I feel sad that...

I feel afraid that...

I feel guilty that...

Are my expectations reasonable?

Is my thinking positive and powerful?

What is the essential pain?

What is the earned reward?

What do I need?

Do I need support? (Mellin, 2003, p.369)

I responded to each prompt in written form as many times as I felt was necessary to complete the inquiry. In addition, I practiced non-judgmental kindness towards myself, allowing myself to feel whatever emotions arose even if I believed they were immature, irrational, or socially inappropriate.

This data was analyzed by coding twenty-four journal entries and thirty written cycles that were recorded over a period of six months. These codes were then labeled and sorted into broader themes. After the core themes were determined, they were compared, related, and used to shed light on the research question.

Phenomenological Research Data

Data analysis of my journal entries and written cycles yielded several key themes including: a) the use of addictive/compulsive behaviors to soothe/nurture myself and avoid feeling; b)

difficulty knowing how I feel or what I need; c), growing up in an alcoholic family; and d) having unrealistic expectations.

The use of external solutions to soothe/nurture myself and avoid feeling. The first theme that emerged is that I experience a long history of using external solutions to comfort myself when going through difficult emotions or as a reward to “celebrate” my positive accomplishments/feelings. In addition, my entries expressed a great deal of fear related to unpleasant emotions that was often accompanied by the belief that “my feelings will never end” or that “I will always feel this way.” In general, I had a strong desire to avoid highly charged unpleasant emotions, particularly anger, and often used external solutions to mediate their symptoms.

Difficulty knowing how I feel or what I need. A related theme to surface is that I often expressed having a hard time knowing how I feel or what my needs are. In some entries I reported feeling “bad” or “awful,” but I had no idea why or what incidents these feelings may be connected to. Similarly, I also wrote about feeling “numb” and not knowing how I felt at all. Both the negative experiences and the numbness were clearly associated with sensations, or the lack of sensation in my body. Furthermore, I repeatedly expressed frustration that I didn’t know what my true needs were (other than feeling like I “needed” to engage in an addictive/compulsive behavior). This was often due to the fact that I didn’t know what I was upset about or why I had “shut down” emotionally.

Growing up in an alcoholic family. Another major theme that came up repeatedly was an exploration of feeling like an “adult child” as the result of having been raised in an alcoholic family. If my parents did not have a high degree of emotional intelligence, they would have been unable to model the skills of emotional maturity for me. Similarly, if they were largely unresponsive to my feelings or needs, I may have a tendency to repeat this pattern within myself. In my journals, I wrote that I do not believe I ever internalized the “good mom” and “good dad” that are necessary for healthy psychological development. This can leave me feeling like a “child” who can’t take care of her own needs and is waiting to be rescued by someone or something else (e.g., an addictive/compulsive behavior).

Having unrealistic expectations. The final theme to surface was the pervasive presence of unrealistic expectations concerning not only how I should feel/be, but how the rest of the world should feel/be as well. These expectations were often related to the harsh, perfectionist demands of my inner critic. Some examples include “I shouldn’t feel angry about that,” “I should never make a mistake,” and “they should respond the way I want them to all of the time.” In addition, when it came to my expectations about the use of external solutions it was often “all or nothing.” I tended to be either indulging (I can eat the whole box of chocolate) or depriving (I can’t have any chocolate ever) and seemed to lack a more reasonable middle-ground (I can have three pieces of chocolate).

The validity of this data is determined by the sincerity, integrity, honesty, and vulnerability of my journal entries (Esbjörn-Hargens, 2006). Throughout this project, I have done my best to uphold these standards of validity and demonstrate that my journal entries contain these qualities. This includes a commitment to fair presentation of the data that emerged, even when it may be unflattering.

Discussion

The themes I have uncovered reveal that I have a direct experience of a relationship between addiction and emotional intelligence. Indeed, I often engage in compulsive behaviors as a way of avoiding emotions that I find uncomfortable rather than staying open to them. I also have difficulty knowing how I feel, what I need, or how reasonable my expectations are. Taken together, these patterns suggest that I may lack sufficient mastery of the five abilities that are representative of emotional intelligence.

When my interior-subjective experiences of addiction are looked at from an interior-objective perspective, specific thought, feeling, and sensation patterns emerge (e.g., not being able to recognize my emotions or having difficulty tolerating certain feelings). These patterns can be evaluated as exhibiting varying degrees of emotional intelligence. Therefore, it appears that my phenomenological experience of addiction, from an interior-objective perspective, is not separate from the process of emotional intelligence.

If I were to further investigate my first-person experience with the relationship between addiction and emotional intelligence, I would like to focus on recording my feelings before, after, and during my engagement in any addictive/compulsive behaviors. I would also want to record my experience of using emotional processing skills as an alternative to these behaviors and record the results. Next, I will turn to the structural method and research design in an effort to understand how the patterns of my awareness have influenced my approach to the research question.

Structural Method and Research Design

For structural analysis, I have taken Susanne Cook-Greuter's Sentence Completion Test (SCT) because I believe it will provide insight into my current altitude in the self-identity line, or level of ego-development. The other two instruments I have chosen to use, the Riso-Hudson Enneagram Type Indicator (2000) and the Myers-Briggs Type Indicator (MBTI), will provide insight into the typological structures of my consciousness. Taken together, I believe these assessment results will provide a more complete picture of my strengths and challenges as a researcher. The SCT was completed online in a single sitting, lasting approximately one hour. Both the Riso-Hudson Enneagram Type Indicator and the MBTI were taken in written form in under one hour.

I assume that my center of gravity, as well as my typology, will influence how I interpret the meaning of "addiction," "emotional intelligence," or any of the data I may obtain. I will also not be able to accurately interpret, or sometimes even register, phenomena that are beyond my current level of development. In addition, my level of development in specific developmental lines (including cognitive, emotional, spiritual, interpersonal, etc.) will influence the type of data I look for, my ability to recognize data, and the way I interpret data after it has been collected.

Unfortunately, I have only been able to obtain third-person data on my level of ego-development and typology, and will not be able to obtain results for other developmental lines. Similarly, I do not have data for my current state-stage development, or my ability to access various states of consciousness. Furthermore, the AQAL occasion of addiction/emotional intelligence when

observed in others will lack the benefit of these instruments, and (except when observing myself), I will only have rough estimates as to structures of consciousness being enacted.

The results of the third-person data obtained from the above instruments were analyzed through a triangulation between first-person and second-person assessments of my altitude, Enneagram type, and personality type. After integrating these perspectives, I discuss the overall themes that have emerged in regard to each instrument and how they reveal my strengths and weaknesses as a researcher.

Structural Research Data

Sentence Completion Test (SCT). My SCT results indicate that my current center of gravity for ego-development is at the *Achiever* stage (Cook-Greuter, 2002). Initially, I was reluctant to accept the accuracy of these results because I identify cognitively with higher levels of ego development including the *Individualist* and *Strategist*. Similarly, I have received feedback from others that they experience me as inhabiting a post-conventional stage of cognitive awareness. However, I hold open the possibility that although my level of cognitive awareness may (or may not) be higher, I could still be identified with the *Achiever* stage of ego-development.

Therefore, I have accepted what these results are able to reveal about how the structure of my awareness as a researcher will inevitably impact this project. It is also important to note that if my center of gravity for ego-development is at the *Achiever* stage, I should be operating at this altitude approximately fifty percent of the time, with the other fifty percent split evenly between the *Expert* and the *Individualist* stages of ego-development (Wilber, 2003).

Analysis of the *Achiever* stage indicates that my strengths as a researcher include the following themes: a) a motivation to figure things out, always looking for root causes/reasons; b) an interest in feelings, moods, traits, and motivations; and c) a tendency to be responsible, conscientious, and expedient (Cook-Greuter, 2002). My limitations as a researcher include: a) a tendency to be hypercritical/self-critical; b) the suppression of negative pole and shadow side; and c) a failure to recognize the constructed nature of beliefs and question the underlying assumptions of systems (Cook-Greuter, 2002).

I am able to resonate with these themes because my entire research project is centered on trying to “figure out” the relationship between addiction and emotional intelligence, and I am obviously interested in feelings, moods, traits, and motivations. Similarly, I believe that I have engaged in this project in a responsible, conscientious, and expedient manner. I also relate to the limitations of having a relentless self-critic as well as a tendency to deny or repress my shadow side. I do believe that I am able to recognize the constructed nature of beliefs as well as the underlying assumptions of systems at times, but can accept that this may not always be the case.

Riso-Hudson Enneagram Type Indicator. Assessment results indicate that I identify as Ennead-type Nine which is consistent with my first-person experience as well as other’s second-person evaluations of me.

The strengths of being an Ennea-type Nine include: a) being a holistic thinker; b) the ability to entertain multiple perspectives; and c) the ability to synthesize different points of view or schools of thought (Riso & Hudson, 1999). The weaknesses of being an Ennea-type Nine researcher include, a) absentmindedness and obliviousness to what is going on around me, b) problems recognizing and processing emotions (especially anger), and c) a predilection for narcotization/addiction and dissociating/shutting down (Riso & Hudson, 1999).

I resonate with the strengths of Ennea-type Nine and believe that these qualities support my ability to engage in mixed-methods integral research. They also enable me to relate the diverse data from different methodologies to the original research question. I can see how my tendency to be absentminded/oblivious may impact my ability to be aware of data, and how my own trouble recognizing/processing emotions may bias the nature of my research. Furthermore, I believe that my Enneagram type has a significant influence on why this topic is important to me because my particular typology can leave me vulnerable to addiction.

Myers-Briggs Type Indicator (MBTI). Assessment results reveal that my personality type is INFJ (Introverted, Intuitive, Feeling, and Judging). Again, this is consistent with my first-person experience of myself as well as other’s second-person experience of me.

The themes related to my strengths as an INFJ researcher include: a) the ability to look at information from a global viewpoint and spot patterns and relationships; b) often have intuitive understanding and insight into people/situations; and c) a tendency to take work seriously and enjoy academic activity (Myers and Briggs Foundation, n.d). The themes related to my weaknesses include: a) a difficulty dealing with minutia or very detailed tasks; b) a tendency to do things in excess; and c) may cut corners or become preoccupied with unimportant details (Myers and Briggs Foundation, n.d).

I can relate to having the ability to take a global viewpoint and recognize patterns/relationships which is an asset to me as a researcher. I also have the ability to intuitively understand things without being able to explain how, which can lead me in new directions when it comes to research design and analyzing data. Furthermore, I do take work seriously and tend to enjoy academic activity. However, I don't enjoy the detailed tasks involved in research and can get the urge to "take the easy way out" if I am feeling overwhelm. This results in less work for me, but can potentially result in lower quality research.

The validity of each of the aforementioned structural assessments is determined by the use of acknowledged test procedures and a triangulation between first-person and second-person modes of assessment (Esbjörn-Hargens, 2006). All of the assessments I have chosen were properly administered according to established standards. In addition, I have considered whether or not these test results are consistent with my experience of myself as well as my colleague's experience of me.

Discussion

I feel confident that each assessment has been able to provide some insight into the structure of my awareness, and has helped to provide a better estimate of where my consciousness lives in the AQAL matrix. The most useful insight for me is the apparent discrepancy between my sense of my level of cognitive development and my level of ego development as indicated by my SCT score. It is important for me to be aware that just because I understand or resonate with something cognitively, that does not necessarily mean that I am able to embody it or "live from

that place.” The SCT has served as an important reminder of that truth and has helped me to see my strengths and limitations more clearly. In addition, it is interesting to consider that my level of emotional development is intimately related to my level of ego-development.⁴

As I contemplate the impact of my own awareness on my inquiry into the relationship between addiction and emotional intelligence, the notion that I may be able to uncover something that is true for all people who struggle with addiction is challenged. I believe that I will indeed discover and gain insight into many things that are true for me, but understand the limits of my ability to generalize more universally. Consequently, I realize that this research inquiry is far more “really about me” than I had previously imagined.

If I were to continue my research into the structure of my own awareness, I would like to include additional assessments for the purposes of constructing a more complete integral psychograph. Some of these instruments may include Robert Kegan’s Subject-Object Interview as well as the Mayer-Salovey-Caruso Emotional Intelligence Test. Now that I have completed an exploration of the first-person methodologies utilized in this research project, I will turn to the second-person methodologies.

Second-Person Methodologies

Second-person methodologies explore how the relationship between addiction and emotional intelligence shows up in mutual resonance with others. They accomplish this by revealing both the interior-subjective and interior-objective aspects of collective experience. Because there is no “I” without “we,” inquiry into the mutual understanding and shared experiences of the relationship between addiction and emotional intelligence will disclose perspectives that are fundamental in order to fully appreciate this phenomena.

For a hermeneutic analysis, I have chosen to investigate how this topic shows up in relationship by conducting an interview with a EBT program facilitator who has expertise in the area of the research topic. The methodology based question for this inquiry is: What is our mutual understanding of the relationship between addiction and emotional intelligence?

As an ethnomethodological analysis, I have chosen to explore patterns of meaning within a culture through a EBT program participant-observation. The methodology based question for this inquiry is: How does the relationship between addiction and emotional show up in a group?

Hermeneutic Method and Research Design

A hermeneutic analysis of the second-person experience of the relationship between addiction and emotional intelligence was accomplished through an interview. This method is well suited to this research project because it will bring forth a mutual understanding of the subjective experience of the topic, enabling me to balance my own perspective with that of another. This method will reveal an intersubjective understanding of the research topic as it occurs in relationship. However, because only one interview is being conducted, this intersubjective understanding may not disclose data that is representative of the general population.

I interviewed Linda Williams, LCSW, and certified EBT facilitator who was trained by Laurel Mellin, the creator of EBT and author of both *The Solution* (2000) and *The Pathway* (2003). I chose Linda because I assume that she has knowledge/experience of the relationship between addiction and emotional intelligence because she facilitates a method for treating addiction that cultivates skills related to emotional intelligence.

After the date and location were set for the interview, I sent Linda a confirmation email and a copy of the release form (also via email). In addition, I sent her the definitions of the terms “addiction” and “emotional intelligence” that I am using for the purposes of this research. I also emailed her the interview questions so that she would have time to reflect on them beforehand. I tested my recording device prior to our meeting and brought extra batteries as well as a copy of the participant release form to the interview.

During the interview, I used an in-depth, phenomenologically based technique that employs primarily open-ended questions (Seidman, 2006). The following questions were included:

1. How do you define addiction?
2. How do you define emotional intelligence?

3. How do you *understand* the relationship between addiction and emotional intelligence?
4. How do you *experience* the relationship between addiction and emotional intelligence?
5. How might EBT increase emotional intelligence?
6. How do you define recovery from addiction?
7. What emotional processing skills do you feel are important for recovery from addiction?

I used the responses to these questions to inform the nature of subsequent inquiries in order to aid Linda in the reconstruction of experiences within the topic of this research project. In order to accurately capture the data, I used a Class B digital recording device during the interview. I also brought a copy of the interview questions and a pen and paper to make notes during the interview (e.g. to record phrases or topics that I wanted like to follow-up on later in the interview). After the interview, I sent Linda an email thanking her for her participation and to remind her that I would be emailing her the transcript for her review.

The data for the hermeneutic analysis was collected by transcribing the interview in its entirety. The resulting transcript was analyzed after performing epoché, or doing my best to suspend judgment. Interesting passages were marked and then assigned labels. Labeled passages were then sorted into categories and grouped into even broader themes. Once key themes had been established, they were compared and related to the research question.

Hermeneutic Research Data

Data analysis of the interview transcript yielded four main themes including: a) the components of emotional intelligence; b) how to overcome addiction; c) factors that contribute to addiction; and d) what recovery from addiction looks like.

The components of emotional intelligence. According to our mutual understanding, the skills related to emotional intelligence include having an awareness of the body and bodily sensation. It is essential that a person is able to adequately feel their emotions before they are able to

express and process them, which are also essential skills that are representative of emotional intelligence. Furthermore, once a person is able to feel, express, and process their feelings, they need to be able to discern what their related needs may be and how they can adequately meet these needs (e.g., if someone is feeling sad, they may need to cry or seek support from another person). In addition, being emotionally intelligent can be related to being a mature adult and having the ability to “self-parent” through the use of self-nurturing and effective limit setting. This also includes using the rational mind to confront and challenge unreasonable (and often unconscious) expectations about the self or world.

How to overcome addiction. It was clear that we both see strengthening the skills associated with emotional intelligence as an effective way to alleviate the desire to engage in addictive/compulsive behaviors. This can be achieved through the use of cycles. However, we both acknowledge that there are “many paths” to recovery. In addition, mindfulness practices were seen as an essential component along with “embracing reality” and paying attention to physical health. Another main component of overcoming addiction is that it is possible to form new neural pathways through practice and repetition. This can lead to different reactions to triggers that would normally encourage addictive/compulsive behaviors.

Factors that contribute to addiction. The factors that we both identified as contributing to addictive/compulsive behaviors include the desire to “avoid particular feelings and sensations” as well as the “inability to stay present for whatever is arising.” Other factors include codependency and the experience of being raised in an alcoholic family culture (or one that did not provide sufficient modeling of the skills related to emotional intelligence). In addition, the qualities of compulsive behaviors (e.g. the fact that they “work” in the short run by altering feelings/perceptions), as well as the cultural predominance of thinking (as opposed to feeling), can contribute to addiction.

What recovery from addiction looks like. Linda and I both experience recovery from addiction as including a strong connection to both the self (knowing how you feel/what you need) and the Self (an identity beyond the personal). Recovery is characterized by a freedom from compulsion/having the ability to choose, as opposed to a rigorous abstinence from something

that you long to do. In addition, there are many rewards that spring from the ability to stay present/feel deeply, and “new ways of being” become possible. There also appears to be more of a balance between masculine and feminine energies involving the ability to both be nurturing and set limits with self and others.

The validity of the above data is determined by mutual understanding, resonance, and participant verification (Esbjörn-Hargens, 2006). In order to make sure that the data I collected was both meaningful and symbolic of the interpersonal space I shared with my interviewee, I performed a participant check by emailing Linda the interview transcript and asked her to review the material and email me if she did not feel it was accurate. As I did not receive any response, I assumed that she felt it accurately represented our conversation.

Discussion

The themes that have emerged from our interview reveal that Linda and I share a mutual understanding of the relationship between addiction and emotional intelligence. Although our understanding of emotional intelligence had a slightly different focus (more emphasis on the body/descent into feelings) than the definition provided by Mayer and Salovey, our definitions were remarkably similar. In addition, it was clear that we both recognized how the phenomenological experience of addiction can be seen as lacking components of emotional intelligence. This is exemplified by a quote from Linda:

So I think [addiction] follows losing touch with myself—people lose touch with themselves on a feeling level. And then, the pain of that then leaves you floating through life, crashing into this and that. You’re not connected with your own inner direction and so to ease the pain people will start with a number of addictions. I think if it’s too painful to feel what we are feeling, we’re really vulnerable to addiction [Transcript, p. 4].

This type of mutual resonance around the relationship between addiction and emotional intelligence has helped me to clarify how working with emotional processing skills can reduce addictive tendencies. According to this understanding, it appears that it would be unlikely that someone would be, in the same moment, manifesting a high degree of emotional intelligence and engaging in the process of addiction.

If I had had more time with Linda, I would have liked to have delved more deeply in to this subject. In addition, I would have liked to conduct more interviews with a variety of experts on both addiction and emotional intelligence in order to gain more mutual understanding of their relationship. Next, I will discuss my ethnomethodological method and research design.

Ethnomethodological Method and Research Design

For an ethnomethodological analysis of the second-person experience of the relationship between addiction and emotional intelligence, I used a participant-observer technique. I chose this method of inquiry in order to illuminate the interior-objective aspects of the collective experience of the research topic. This method will reveal the cultural structures of the relationship between addiction and emotional intelligence in a particular EBT study group. Unfortunately, this method may not reveal the cultural structures of the research topic in American culture at large, and the data collected may not be representative of the general population.

In order to observe how the relationship between addiction and emotional intelligence shows up in a group, I participated in a EBT group that meets for two hours a week in Corte Madera, California from June, 2007 through February, 2008. The group is facilitated by Linda Williams, LCSW who was trained and certified in EBT by the method's creator, Laurel Mellin. There were seven group members, including myself, who each joined the group voluntarily in order to work with various addictions or compulsive behaviors they are currently engaged in.

During each group, members perform body sensing exercises and "check-in" about how they are feeling physically and emotionally. In addition, each member reports how they are doing with their external solutions (addictive or compulsive behaviors) and whether or not they have been engaged in any of these behaviors during the week. Group members are taught and encouraged to practice various emotional processing tools as an alternative to their addictions including *feelings checks* (How do I feel? What do I need?) and *cycles* (Mellin, 2003). In every group, at least one member completes a full cycle that is guided by the facilitator. Afterwards, each group member has the opportunity to give them a *tender message* and let the speaker know how their emotional work has impacted them personally (Mellin, 2003).

I documented my participation in this group by taking notes in my journal during each session. As most members take notes during the session, it is a group norm and is not perceived as unusual or disruptive behavior by other group members. I began by recording primarily first-person aspects of the group such as each member's cycle and other member's responses to it.

After realizing that these notes were not necessarily highlighting the second-person dimensions of the group experience, I created three second-person categories that I could focus my observations on. They include: a) how the group *defines* addiction and emotional intelligence; b) how the group *understands* the relationship between addiction and emotional intelligence; and c) how the group *experiences* the relationship between addiction and emotional intelligence. I chose these categories because they are directly linked to the research topic and will support me in the future task of connecting my data to the research question. All subsequent notes were taken in response to these categories. In addition, I recorded any thoughts based on these categories that occurred to me after the group ended and included notes on group practice norms.

The data I collected before the implementation of categories was analyzed by coding my notes for these categories and recording the themes that emerged. The data that was collected after the assignment of categories was also analyzed for themes. After all the themes relating to each category were determined, they were related to the research question.

Ethnomethodological Research Data

Analysis of the data revealed multiple themes related to each category. Rather than list each theme separately, I will discuss themes together as responses to the question asked in each category.

How the group defines addiction and emotional intelligence. Addiction is generally defined by the group as the use of any external solution, which can include, but is not limited to: drug/alcohol abuse; compulsive eating/spending/gambling; sexual addiction; and codependency. Furthermore, there is a general consensus that *anything* can be an external solution. The key to addiction is both the presence of *excess* and well as *why* that behavior is being engaged in (i.e.,

the behavior itself is not automatically an addiction/compulsion). Using an external solution is generally seen by the group as relying on something outside the self, as opposed to internal resources, to cope with experience. The closest group definition of emotional intelligence is a series of skills including knowing how you feel, expressing your feelings, knowing what you need, and how to get those needs met. These views were evidenced by nods of agreement from the group while the facilitator or individual members were speaking about their own experience.

How the group understands the relationship between addiction and emotional intelligence. There appears to be group agreement that the greater amount of emotional processing skills a person has, the less desire they will have to engage in addictive/compulsive behaviors. This does not mean they will *never* use external solutions, but that they will lack the desire to do so compulsively because their needs have already been met in healthy ways. If one is able to learn the developmentally appropriate skills of a psychologically healthy adult, they will no longer be interested in engaging in behaviors that don't truly satisfy their needs. Therefore, the cultivation of emotional intelligence is seen to alleviate addiction, but the lack of addiction is not necessarily an indicator of emotional intelligence.

How the group experiences the relationship between addiction and emotional intelligence. As EBT takes approximately eighteen months to complete and the amount of training each group member has had varies from three to twelve months, there are some differences in experience among group members. All group members appear to have an increase in their emotional processing skills related to emotional intelligence including a greater ability to recognize how they feel and express their emotions. Approximately half the group members experienced a significant decrease in their dependency on external solutions as a result of using these skills. Others have experienced a slight decrease, while some report they are still actively struggling with these behaviors. However, there is group consensus that as mastery of these emotional processing skills is achieved, they will provide a viable alternative to the use of external solutions. There appears to be a general experience that as emotional intelligence increases, the use of external solutions decreases.

The validity of the data is determined by my ability to accurately observe the group dynamics and symbolic coherence of the group culture. It is also assessed through the quality of documentation, length of engagement, group acceptance, and member checks (Esbjörn-Hargens, 2006). As I participated in this group for nine months, I believe that I was able to achieve a prolonged engagement with a high level of acceptance. In addition, I recorded over eighty pages of notes and was able to check the accuracy of my observations with other group members.

Discussion

The themes that surfaced indicate that the group experiences a strong relationship between addiction and emotional intelligence. In many ways, this is not surprising because each group member has elected to work with their addiction/compulsion via a method that focuses on the cultivation of emotional processing skills. The finding that as the group experiences greater mastery of emotional processing tools they have less desire to engage in compulsive behavior supports the notion that these two processes are related to one another. Furthermore, it attests that working with emotional intelligence through the process of EBT as an effective way to alleviate addictive/compulsive behaviors.

If I had this to do again, I would have been more focused on the group dynamics and second-person aspects of the group from the beginning. Through this process, I have noticed that I tend to favor first-person experiences and record them far more often than exchanges between group members. In addition, I would like to examine how this relationship shows up in other recovery groups, especially those that are not explicitly focused on the cultivation of emotional intelligence. I would also want to observe groups that are not in recovery and those that are more representative of the general population. Now that I have explored the second-person methodologies employed to better understand the research topic, I will turn to the third-person methodologies.

Third-Person Methodologies

Third-person methodologies are essential to this project because they capture the objective realities of the relationship between addiction and emotional intelligence. They accomplish this by disclosing the exterior-objective elements of this relationship in both the individual and

collective. As the subjective and the objective co-arise and are mutually interdependent, it is important to inquire into the exterior realities of the relationship between addiction and emotional intelligence in order fully comprehend the nature of this phenomenon.

For an empirical analysis, I have chosen to perform a survey analysis as well as review of two empirical research studies of EBT participants. The methodology based question for this analysis is: How do people experience the relationship between addiction and emotional intelligence?

As a systems analysis, I have focused on how the American media system may influence the relationship between addiction and emotional intelligence. The methodology based question for this analysis is: What is the impact of the media on the relationship between addiction and emotional intelligence?

Empirical Analysis Method and Research Design

I have developed a survey in order to obtain objective measures of the relationship between addiction and emotional intelligence. The survey is intended to measure how individuals who have engaged in addictive/compulsive behaviors relate these behaviors to their own emotional processing skills. I distributed the survey to individuals who are participating in a EBT group as well as JFKU Integral Psychology students. I have targeted both of these populations because I feel they may have greater awareness of their experience of the relationship between addiction and emotional intelligence.

While creating the survey, I attempted to create statements that would illuminate the relationship between an individual's addictive/compulsive behaviors and their emotional processing skills. I have also tried to include first-person, second-person, and third-person statements in order to gain a fuller picture of this relationship. I chose each statement because I thought it would prompt the participant to reflect on the possible relationship between their addictions/compulsions and a particular emotional processing skill that is related to emotional intelligence. In addition, I wanted to include questions that would track the emotional experiences of participants prior to engaging in addictive/compulsive behaviors.

I distributed the survey to EBT group members at one of the weekly meetings I attended in Corte Madera, California. In addition, I also distributed surveys to JFKU Integral Psychology students who were on break between classes at the Pleasant Hill campus. All surveys were completed onsite by participants and collected by myself after completion. A total of twenty surveys were collected.

The survey is well suited to my topic because it captures third-person data on individual's first-person experience with addictive/compulsive behaviors. However, as this is a self-report method, it is limited by the level of self-awareness available to survey respondents. Furthermore, this sample is not representative of the general population and is not large enough to draw solid conclusions.

In addition to my survey analysis, I also reviewed two empirical studies on the effectiveness of EBT. The first study involved the use of EBT to reduce compulsive over-eating and was conducted by the University of California at San Francisco (UCSF), using methods that were approved by the UCSF Committee on Human Research (Mellin, 2003). The sample included twenty-six people and provided data on participants collected at two-year and six-year follow-ups after they had completed EBT.

The second study was an independent survey of EBT participants conducted by the University of Illinois at Chicago (UIC), with methods approved by their Human Subjects Institute Review Board (Mellin, 2003). The survey was sent to 155 participants who had completed EBT in order to reduce a variety of addictive/compulsive behaviors (including overeating, smoking, drinking, overspending, excessive working, etc.) and 134 were returned, yielding a response rate of eighty-six percent (Mellin, 2003).

Reviewing other empirical research is well suited to my topic because these studies track whether or not people who increased their emotional intelligence through EBT participation experienced a decrease in addictive/compulsive behaviors.

Empirical Analysis Research Data

Survey Analysis. Analysis of the data revealed the following responses to the survey statements:

I currently engage in addictive/compulsive behaviors. 65% Agree 15% Disagree 20% Neutral
There is a relationship between my addictive/compulsive behaviors and my ability to identify the way that I feel. 65 % Agree 10% Disagree 25% Neutral
There is a relationship between my addictive/compulsive behaviors and my ability to express my emotions accurately. 60% Agree 25 % Disagree 15 % Neutral
There is a relationship between my addictive/compulsive behaviors and my ability to express needs related to my feelings. 65% Agree 20% Disagree 15% Neutral
There is a relationship between my addictive/compulsive behaviors and my ability to moderate negative emotions and enhance pleasant ones. 85% Agree 15% Disagree 0% Neutral
There is a relationship between my addictive/compulsive behaviors and my ability to tolerate unpleasant or uncomfortable emotional states. 85% Agree 10% Disagree 5% Neutral
There is a relationship between my addictive/compulsive behaviors and my ability to recognize how normal and reasonable my emotions are. 30% Agree 25 % Disagree 45% Neutral
There is a relationship between my addictive/compulsive behaviors and my ability to have healthy relationships with others. 40% Agree 35% Disagree 25% Neutral
I have the urge to engage in addictive/compulsive behaviors when I feel angry, sad, afraid, or guilty. 75% Agree 10% Disagree 15% Neutral
I have the urge to engage in addictive/compulsive behaviors when I feel grateful, happy, secure, or proud. 40% Agree 30% Disagree 30% Neutral
I have the urge to engage in addictive/compulsive behaviors when I feel numb or bored. 75% Agree 10% Disagree 15% Neutral

Figure 1. Survey responses.

It is interesting that to note that most people (60-65%) experience a relationship between their addictive/compulsive behaviors and three key emotional processing skills including their ability to identify feelings, express feelings, and meet related needs. In addition, the overwhelmingly majority of people (85%) experience a relationship between their addictive/compulsive behaviors and two other aspects of emotional intelligence including their ability to moderate negative emotions and tolerate uncomfortable emotional states. Furthermore, most people (75%) have the urge to engage in addictive/compulsive behaviors when they feel angry, sad, afraid, guilty, numb, or bored.

It is also of interest that far less people (30-40%) experience a strong relationship between their addictive/compulsive behaviors and their ability to recognize how reasonable their feelings are, or with their ability to have healthy relationships with others. In addition, less people (40%) reported having urges to engage in addictive/compulsive behaviors when they feel grateful, happy, secure, or proud.

Empirical Study Review. The study by UCSF included the following participant reports of improvement in various areas at a six-year follow-up (Mellin, 2003):

<u>Area of Improvement</u>	<u>Percentage Improved</u>
Substance Abuse	80
Overspending	54
Health	69
Happiness	88
Relationships	88
Spirituality	88
Work Stress	100
Exercise	88

Figure 2. University of California, San Francisco study.

In addition, the average participant lost weight, lowered their blood pressure, and scored sixty to eighty percent lower on the Beck Depression Inventory (Mellin, 2003). Furthermore, these results were either sustained or had improved at the six-year follow-up (Mellin, 2003).

The survey of EBT participants by UIC revealed the following percentage of respondents who reported that they had “resolved” their external solution after program participation (Mellin, 2003):

<u>External Solution</u>	<u>Percentage Resolved</u>
Overeating	92
Drinking	88
Smoking	83
Overspending	90
Overworking	82
Rescuing	97
Distancing	86
Over-thinking	86
People-pleasing	72

Figure 3. University of Illinois, Chicago study.

Both studies indicated that the majority of EBT participants effectively increased their emotional processing skills. Furthermore, these increases appeared to co-arise with a decrease in addictive/compulsive behaviors (Mellin, 2003).

In the case of surveys, validity is established by a high response/return rate, clarity of questions, and having a representative sample (Esbjörn-Hargens, 2006). As my participants were not aware of my operational definition of emotional intelligence, I decided to relate their addictive/compulsive behaviors to the five different emotional processing skills related to emotional intelligence that are being focused on in this research project. Hopefully, this broken-down and simplified version was easier for people to relate to their own experience.

However, I am concerned that being able to accurately respond to the survey questions themselves requires a certain level of emotional intelligence (primarily emotional awareness) that not all participants may possess. Although my survey had a one hundred percent response rate and I did not get feedback from respondents that it was hard to understand, my population was not representative of the general population.

The validity of the empirical studies reviewed is determined by the empirical, logical, and measurable nature of the results (Esbjörn-Hargens, 2006). Validity is also assessed by the use of

controlled conditions and whether or not the outcomes are repeatable. Unfortunately, the first study had a small sample size and there has yet to be large-scale controlled clinical trials of the use of EBT in treating addictive/compulsive behaviors. The second study had a larger sample size, but was predominately made up of white, middle-class women. Both of these factors reduce validity and make it difficult to generalize results. Furthermore, neither study has been repeated to date.

Discussion

The themes from my original survey research indicate that most people who responded experience a relationship between their own addictive/compulsive behaviors and their level of emotional intelligence. This was evidenced by the general agreement that these behaviors are linked to mastery of several key emotional processing skills. However, participants did not experience a strong relationship between their addictive/compulsive behaviors and other skills such as their ability to identify how reasonable their feelings are.

This finding is interesting because it may indicate that certain components of emotional intelligence are more related to addiction than others. This could also indicate that respondents did not clearly understand the nature of the question, or that they are largely unaware of how their cognitive scripts may influence their addictive/compulsive behaviors. More research is needed to further explore the implications of this result.

The data from the research conducted by UCSF and UIC is suggestive that EBT training results in greater emotional processing skills as participants experienced greater levels of emotional balance and happiness along with less stress. In addition, data supports the claim made by practitioners of EBT that increasing emotional processing skills can alleviate the urge to engage in addictive/compulsive behaviors. The fact that these results were either sustained or had improved at a six-year follow-up was also encouraging as most other weight loss interventions result in weight being regained one to two years after treatment ends (Mellin, 2003).

Although the validity of my empirical data does not meet the highest standards, I believe that it has yielded valuable information. As this is a new area of research, data is in the preliminary

stages and can be useful at providing direction for further research. Consequently, if I had more time and resources to devote to this endeavor, I would like to design and conduct studies that would meet more rigorous standards of empirical validity. Next, I will turn to a systems analysis and research design.

Systems Analysis Methodology and Research Design

In order to disclose some of the interobjective or exterior-collective dimensions of the research topic, I have analyzed how certain aspects of the American media may influence the relationship between addiction and emotional intelligence. Corporate media sources such as television, films, radio, billboards, and print media all work together to create a certain cultural environment around behaviors that could be considered addictive/compulsive. This corporate media system, fueled by business, is connected by advertising interests that join together to promote the public consumption of goods and services. I have chosen to focus on this system because I believe that many corporate media sources may encourage addiction/compulsive behaviors while simultaneously discouraging the emotional processing skills related to emotional intelligence.

I collected the data for the systems analysis by conducting onsite library research at the Robert M. Fisher Library located at JFKU in Pleasant Hill, California. This research included reviews of any journal articles and scientific studies related to the relationship between the American media and addiction. In addition, I performed Internet searches of topics related to the relationship between addiction and the media. I documented my findings by printing out articles and taking extensive notes on any information I retrieved from books or other media. Once I gathered sufficient data, I analyzed it by reviewing my notes highlighting any themes that emerged. Each theme will be discussed in the context of what impact the impact the media may have on the relationship between addiction and emotional intelligence.

Systems Analysis Research Data

Analysis of the data revealed the following themes: a) the encouragement of excess or addictive/compulsive behaviors for profit; b) the expectation that people can/should improve their interior experience through the consumption of material goods and services (e.g., that a

person requires something outside of themselves to be happy); and c) the promotion of a desire to feel or be different from how one is presently experiencing themselves.

The encouragement of addictive/compulsive behaviors for profit. It is clear that some advertisers promote the use of addictive substances such as nicotine and alcohol in order to increase sales through the use of billboards, print media, and commercials. In addition, these products regularly appear on television and film. Advertisers also market addictive substances to specific populations including African-Americans and women (Kern-Foxworth, 1991; Moog, 1991).

The expectation that people can/should improve their interior experience through the consumption of material goods and services. The corporate media also appears to promote the myth that life can be “fun, easy, and exciting at all times,” if one has access to the appropriate goods and services (Silver, 1991, p.7). Similarly, the reality that life is both a challenge and a struggle at times has been replaced by the demand for “immediate fulfillment” and a desire to “buy easy solutions to problems” (Silver, 1991, p. 54).

The promotion of a desire to feel or be different from how one is presently experiencing themselves. Advertisers often sell products through the promotion of the idea that people are not okay the way they are and that they require something outside of themselves feel, or be, “better” (e.g., a new car, new clothes, a nice dinner, a vacation, or an anti-depressant). According to many corporate media sources, there is always room for improvement/change rather than an acceptance of how one currently experiences themselves. Another aspect of advertising’s “mythology” is that without certain products, “life would be dull, mediocre, and boring” (Kilbourne, 1991, p. 15).

The validity of the data obtained is determined by the empirical, repeatable, and logical nature of the information as well as the use of controlled conditions in any scientific studies. In addition, validity is established by using both multiple and reputable sources, as well as by my own direct experience with the media system (Esbjörn-Hargens, 2006). Although I have drawn data from multiple and reputable sources, none of the data I obtained was from empirical studies. However,

I am still able to claim some degree of validity based on the fact that I have life-long direct experience with the corporate media system in America.

Discussion

As the structure of any system is often just as important in determining individual behavior as the qualities of its members, it is important to consider what behaviors a given system encourages/discourages. The themes that emerged from the preceding systems analysis support my experience that certain advertisers in the corporate American mass media system encourage addictive/compulsive behavior while discouraging the capacities associated with emotional intelligence. This likely contributes to a dominant culture that is preoccupied with external solutions and lacking in emotional intelligence.

These conditions may leave people vulnerable to addiction. Instead of accepting difficult emotions and experiences as a normal, natural, and an inevitable part of life (both required to experience pleasant aspects and ultimately not separate from them), people see them as pathological and something that must be changed, avoided, or gotten rid of. Data suggests that the media teaches people how to deal with their feelings by not dealing with them, which is part of what addiction/compulsive behavior looks like when viewed from an interior-subjective perspective.

If I were to further investigate a systems perspective of the relationship between addiction and emotional intelligence, I would like to gather more empirical research and achieve a higher standard of validity. In addition, I would like to focus more on the objective aspects of the system, instead of the interior culture that it may support. I would also like to explore the impact of the economic system as well as the systems of different recovery approaches to addiction. Having completed a review of the third-person methodologies used to better understand this research topic, I now turn to a summary of my overall findings and concluding remarks.

Conclusion

This research project was a mixed-method integral inquiry into the relationship between addiction and emotional intelligence. It included a convergence of both qualitative and quantitative data through the use of first-person, second-person, and third-person methodologies in order to more fully investigate the complexity of this relationship.

Findings from each methodology support the existence of a relationship between addictive/compulsive behaviors and emotional processing skills related to emotional intelligence. My first-person perspectives have revealed my phenomenological experience of this relationship as well as how it is impacted by the structures of my awareness. Next, second-person perspectives illuminated a strong mutual resonance as to relationship between the process of addiction and emotional intelligence. Finally, third-person perspectives further revealed people's experience of this relationship as well as how it may be supported by the American corporate media system.

As for the nature of this relationship, data suggests that addiction is correlated with deficits of particular aspects of emotional intelligence (e.g., the ability to stay open to feelings and to moderate negative emotions and enhance pleasant ones). However, it is not clear whether addiction causes these deficits, or whether these deficits lead to addiction or compulsive behaviors. Data only supports the notion that they tend to co-arise. Indeed, it is very difficult to establish any type of causal relationship because of many possible confounding variables. Evidence also suggests that increasing emotional intelligence can result in a decrease in the desire to engage in compulsive behaviors, and that EBT is an effective approach to working with addiction in this way.

Although data confirms the existence of a strong relationship between addiction and emotional intelligence, the exact nature of this relationship remains elusive. I have discovered that within myself, these processes are intimately related and ultimately not separate—my phenomenological experience of addiction is characterized by a lack of emotional intelligence. There is some evidence that this may be true for others as well, but more research on the phenomenological experience of others is needed to support that claim. In addition, this entire

study is limited in terms of its scope, resources, and validity as well as the way it has been shaped by my own awareness.

It is also important to remember that this project has been focused primarily on the phenomenological experience of addiction, merely one of the many facets of this complex phenomenon. Even within that limited perspective, emotional intelligence is only one of many variables that can contribute to addiction and the subsequent recovery from it. For each perspective on addiction, there are associated risk-factors (e.g., low emotional intelligence, genetic predisposition, alcoholic family culture, and societal structures that support addictive behavior), and the more vulnerabilities a person has, the more susceptible they are to addiction. In addition, health/support in some of these areas can mitigate the effects of deficiencies in others, which helps to explain why not everyone with low emotional intelligence suffers from addiction.

I am in agreement with John Dupuy (2007) that an integral model of recovery is needed to unite current perspectives on addiction and to help develop more effective treatments. Like Dupuy (2007), I see Integral Life Practice as the foundation of recovery from addiction, and working with emotions would take place in this larger context. There are many different forms of emotional practice which build emotional intelligence and research indicates that EBT may be valuable addition to the repertoire, another way of adding the emotional piece of the recovery puzzle. For me, it has proved to be a significant piece, and one that feels like it may actually land me in a life boat, instead of scrambling for another seat on a sinking ship.

¹ Although Daniel Goleman has been responsible for the popularization of the term “emotional intelligence,” the concept was first formulated by John Mayer and Peter Salovey in 1990. Much of Goleman’s (1995) work is based on their research and I have found their definition of emotional intelligence to be better suited for the purposes of this article.

² Linda Williams is a pseudonym that I am employing to protect the privacy of my interviewee.

³ My data collection and analysis ended in March, 2008. However, I have since made changes and added references to the introduction, discussion, and conclusion sections as the result of feedback received in the preparation for publication.

⁴ Interestingly, I took the SCT again in April, 2009 as part of the Developmental Intensive for Professionals seminar led by Susanne Cook-Greuter and Beena Sharma and my score indicated that I was at the *Magician* stage of ego-development (Cook-Greuter, 2002). I discussed the apparent discrepancy between my two scores with Susanne and

she reviewed my test protocol in order to confirm its accuracy. As with my previous score, my latest score does not entirely match my subjective experience of my current level of ego-development. Receiving such different scores, attending the seminar, as well as my personal conversations with Beena and Susanne, has served as an important reminder to hold such test results *lightly*. Although they are definitely “evidence of something,” and their implications certainly worth exploring, they are simply one lens and not the last word on an individual’s level of ego-development (B. Sharma, personal communication, April 8, 2009).

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