

Special Edition article

Can 'emotionally intelligent' coping promote adaptation in young people?

Sarah K. Davis

A growing body of research supports a link between emotional intelligence (EI) and better educational and health outcomes in young people. However, little is known about the processes underpinning this association. Literature suggests that EI may promote adaptation by influencing coping processes. This article evaluates how far extant research supports these claims. It is concluded that whilst EI appears to make an adaptive contribution to the mental health of young people and has the potential to do so for educational achievement, effects appear context-specific. Gaps in current knowledge are highlighted together with recommendations for progression of the field.

INTEREST in emotional intelligence (EI) has piqued over recent years. The construct, which captures individual differences in how we perceive, communicate, regulate and understand our own emotions and the emotions of others (Zeidner, Matthews & Roberts, 2009) has been linked to a range of adaptive outcomes in adults including well-being, personal/social competence and occupational success (Brackett, Rivers & Salovey, 2011; Martins, Ramalho & Morin, 2010; Van Rooy & Viswesvaran, 2004). Research exploring EI in children and adolescents is far less developed, although two of the more intensive areas of application have been academic achievement and mental health which have been stimulated by evidence that school-based programmes can successfully train elements of EI under the broader banner of social and emotional learning (Durlak et al., 2011). Broadly speaking, young people with higher levels of EI tend to attain more positive outcomes than their lower EI counterparts. For instance, they experience fewer depressive, anxious, somatic symptoms; exhibit less disruptive behaviour (Mavroveli et al., 2007; Rivers et al., 2012; Williams et al., 2009); have fewer unauthorised absences from school; greater exam success (Petrides,

Frederickson & Furnham, 2004; Sanchez-Ruiz, Mavroveli & Poullis, 2013) and display pro-social behaviour (Frederickson, Petrides & Simmonds, 2012; Mavroveli & Sánchez-Ruiz, 2011). Moreover, there is now emerging evidence that EI can act as a protective buffer against stress to promote mental health (Davis & Humphrey, 2012a) and also bolster academic achievement in those with lower levels of general cognitive ability (Petrides et al., 2004; Qualter et al., 2012). Nevertheless, the strength and nature of these effects appear to vary according to the type of EI measured – either 'trait' EI (self-reported emotional *self-efficacy*) or 'ability' EI (actual *emotional skill* indexed via IQ-like assessment) – and the outcome examined. Perhaps the most pressing concern, however, is the lack of research addressing the underlying *processes* linking EI to these adaptive outcomes; we still know very little about how and when EI exerts these beneficial effects in young people. Most research to date has reported simple descriptive associations between EI and particular variables of interest (e.g. depressive symptoms, grade point average, etc.). What is needed now is a focus on deconstructing *how* EI influences adaptive outcomes.

One of the key mechanisms by which EI may operate to promote adaptation is through coping processes. Myriad coping definitions are apparent in the literature; some researchers include automatic/involuntary aspects of coping (e.g. physiological defensive reactions) in their definitions (Eisenberg, Fabes & Guthrie, 1997) whilst others focus directly on intentional/purposeful efforts by the individual to reduce threat, harm or loss (Carver & Connor-Smith, 2010). For clarity, the latter position will be adopted here, where the coping efforts of young people may be viewed as ‘conscious volitional efforts to regulate emotion, cognition, behaviour, physiology, and the environment in response to stressful events or circumstances’ (Compas et al., 2001, p.89). In other words, coping is a deliberate effort by the young person to alter aspects of themselves (i.e. how they think, act, feel) or their immediate surroundings to combat stress. Coping approaches are typically classified as either *problem-focused* (attempts to directly remove or attenuate the stress-eliciting situation by seeking information, problem solving, etc.) or *emotion-focused* (attempts to circumvent or reduce negative emotions evoked by the stressor by venting emotion, seeking emotional support, etc.) although other dimensional classifications are also common (e.g. approach vs. avoidance; primary vs. secondary control coping). These approaches are often pre-categorised as more or less ‘adaptive’, but any advantage conferred by a strategy is always contingent upon the *context* (i.e. the nature and duration of the stressor) the *individual* (e.g. temperament, competencies) and the *outcome* (‘successful adaptation’ in light of stressor type and duration), such that there is no universally ‘correct’ way to cope (Carver & Connor-Smith, 2010; Compas et al., 2001; Folkman & Moskowitz, 2004). Hence, it is important for researchers to test more complex models that capture all aspects of this process (i.e. measurement of a stressor, coping and outcome) to ascertain the adequacy of coping in situ. It has been

suggested that to be successful, coping processes must rely upon/draw from other key personal competencies or resources (Compas et al., 2001). Proponents of EI have argued that EI is an ideal candidate for this role. Those with higher AEI should be better able to manage any negative emotion arising from an encounter with a stressor and thus choose appropriate effortful coping strategies (Salovey et al., 1999). Since TEI taps both traditional personality variables (e.g. Extraversion, Neuroticism, Agreeableness) and self-system beliefs (i.e. emotional self-efficacy/perceived competence) this is viewed as integral to the development and *effectiveness* of coping (Petrides, Perez-Gonzalez & Furnham, 2007). Indeed, some commentators have argued that EI is of ‘scientific interest largely depending on whether it can be identified as a coherent quality of the person that underpins adaptive coping’ (Matthews, Zeidner & Roberts, 2002, p.285). The purpose of this review is to evaluate how far current research supports these claims with specific reference to the coping efforts of young people and ensuing impact on mental health and educational attainment.

Does EI promote an intelligent coping style?

In adults, those with higher levels of TEI typically engage more frequently in problem-oriented coping (e.g. planning or positive reappraisal) and are less likely to use emotion-focused approaches such as rumination or self-blame (Mikolajczak et al., 2008; Petrides, Perez-Gonzalez, et al., 2007; Petrides, Pita & Kokkinaki, 2007; Saklofske et al., 2007). These trends have been largely corroborated in research with younger groups. For instance, Mavroveli et al., (2007) found that TEI related to more problem-focused (‘problem confrontation’), support seeking and less emotional (‘depressive’) coping in adolescents – a pattern which was replicated more recently in a slightly younger age group (Downey et al., 2010). Similarly, in older adolescents TEI was

robustly associated with more 'rational' and less emotional coping, with weaker relationships detected for detached and avoidant coping (Mikolajczak, Petrides & Hurry, 2009). In contrast, adults with higher levels of emotional skill (AEI) appear to rely *less* on avoidant coping strategies (e.g. behavioural disengagement) and emotional approaches, but do not consistently employ more problem-focused coping (Gohm, Corser & Dalsky, 2005; Goldenberg, Matheson & Mantler, 2006). Peters, Kranzler and Rossen (2009) reported a similar pattern in adolescents; those who were better able to *perceive* and *understand* emotions were less likely to employ an emotion-focused coping style to combat stress, although AEI was unrelated to problem-focused and avoidant coping. Further pinpointing of which *type* of emotional coping strategy AEI relates to is currently precluded (e.g. less rumination or support seeking, etc.) since, in contrast to the TEI literature, youth-based AEI research has not moved beyond scrutiny of global dimensions of coping (e.g. emotional vs. avoidant vs. problem-focused).

Distinctive 'coping' profiles for TEI and AEI have thus emerged. Emotional skill appears to relate most consistently to *reduced* use of traditionally 'maladaptive' coping strategies (avoidance and emotional styles) rather than to increased use of 'adaptive' styles, which is more strongly associated with emotional self-efficacy. The magnitude of these relationships (generally small to moderate effect sizes) argues against conceptual redundancy such that EI, construed as either trait or ability, has the potential to *underpin* rather than *converge* with coping to modify adaptive processes. However, this research cannot shed light on the 'adaptive' nature of EI-coping associations. To do so, it must be shown that these EI-coping profiles are linked to desirable outcomes and also, that these associations persist when young people are faced with stress.

Does 'emotionally intelligent' coping lead to better mental health in young people?

Chan (2005) found that coping mediated the effect of TEI on psychological distress (including sleep problems, anxiety, dysphoria, suicidal ideas) to explain 52 per cent of the variance in health in Chinese adolescents. Specifically, *avoidant* coping mediated the effect of low 'self-relevant' TEI (perceived competency in managing and using emotion) on *increased* distress, whereas social interaction coping explained the link between higher levels of 'other-relevant' TEI ('empathy', 'social skills') and *decreased* distress. Mikolajczak, Petrides and Hurry (2009) found that 27 per cent of their sample of adolescents ($N=490$) reported having recently self-harmed and lower levels of total TEI were significantly associated with higher likelihood to engage in these behaviours. Importantly, converging with Chan (2005), this association could be explained by increased use of *avoidant* (behavioural/cognitive disengagement; denial) and *emotional* coping (rumination; self-blame; expression; emotional support seeking). This was corroborated more recently with reference to internalising and externalising symptomatology. Downey et al. www.kc-jones.co.uk/learningandteaching (2010) found that 'non-productive' coping (e.g. worry; wishful thinking; ignoring the problem; self-blame) mediated the link between self-perceived ability to manage emotion and both forms of disorder in young adolescents, while the use of problem-focused and social support coping were not central to this association. Hence corroborating earlier work, those who were *less* confident in their emotional abilities were *more* likely to use ineffective avoidant and emotional coping styles (i.e. do not ameliorate either the negative emotion or source of stress) which in turn related to poorer health outcomes. Research tying AEI-coping styles to mental health in adolescents is scant. However, Davis and Humphrey (2012b) found that AEI (specifically skill in using,

understanding and managing emotion) reduced adolescent depression and disruptive behaviour via *simultaneous* deployment of more active, avoidant and less support seeking coping. To be more avoidant and seek less support in dealing with problems appears counter-intuitive. However, 'real-world' coping necessarily requires the flexible deployment of *multiple* strategies to combat stressors, for example, both avoidant (to escape negative emotionality) and active (problem-oriented towards future plans) strategies may be appropriate for dealing with the death of a family member (Folkman & Moskowitz, 2004). Thus it would appear that emotionally intelligent individuals are able to switch flexibly, presumably as the need arises, between coping styles to attain an optimal balance.

EI appears, therefore, to underscore choice of coping strategy to promote mental health. However, for this to be construed as truly beneficial for adaptation it must be demonstrated that this relationship persists under adversity. In other words, when faced with stressors, EI must influence *appropriate* selection of coping styles (i.e. suitable to the stressor faced), which must in turn be *effective* in reducing symptomatology or promoting well-being. Some progression has been made on this front. In undergraduate students, Austin, Saklofske and Mastoras (2010) found that stress symptoms were positively associated with emotion-focused coping yet negatively associated with task-focused coping and TEI. Subsequent modeling found that two composite coping/TEI factors, 'emotion regulation' (low levels of emotion-focused coping combined with high TEI) and 'task focus' (high levels of problem-oriented coping and TEI), explained the relationship between personality and changes in *subjective well-being* (life satisfaction, positive and negative affect) and *stress* measured at the start of academic year and again before examinations. Further, recent work by the current author has extended this to show that AEI and TEI assume distinct roles in protective pathways between psychosocial stressors and mental

health in adolescents (Davis & Humphrey, 2013b). AEI was found to influence the *selection* of avoidant coping when facing family dysfunction and negative life events; trait EI modified the *effectiveness* of active coping under family dysfunction to reduce depression. These patterns did not hold for disruptive behaviour. Follow-up analyses revealed that TEI and AEI work together to influence these outcomes; adolescents with a profile of high emotional skill (AEI) coupled with low emotional self-confidence (TEI) fared worse than those with high AEI *and* TEI (Davis & Humphrey, 2013a). It would seem having good levels of actual emotional ability as well as accurate perceptions and confidence in these skills (i.e. belief one can identify, control, express emotions and make a positive impact on a situation) is crucial for adolescents in mitigating the effects of stress on depression via coping efforts.

Does 'emotionally intelligent' coping promote academic success in young people?

Commentators have speculated a social and motivational role for EI in supporting the self-regulatory behaviours required for successful navigation of academic pressures, such as coping with declining grades or exam preparation (Qualter et al., 2012). Other research also hints at this possibility. For example, Petrides, Frederickson and Furnham (2004) found that while TEI was not directly linked to higher levels of achievement, it served to bolster academic achievement (Key Stage 3 English scores and GCSE performance) in those with lower levels of general cognitive ability – suggesting the involvement of the construct in more complex, indirect pathways to success. A similar pattern was also found in adolescents with higher levels of AEI in a longitudinal study predicting GCSE performance (Qualter et al., 2012). Moreover, Alumran and Punamäki (2008) found that support seeking coping was predicted by adolescents with higher levels of academic achievement (indexed via grade point

average) and higher TEI. However, explicit testing of coping, EI and their combined influence on educational outcomes in young people is awaited.

Nevertheless, research with young adults is highly suggestive of a potential link between emotionally intelligent coping and achievement. In a group of university students, a composite factor comprising high levels of task-focused coping and TEI measured at the beginning of the academic year, mediated the link between personality and end of year attainment (Saklofske et al., 2012). In adult community college students, higher AEI was linked to less frequent use of avoidant and emotional coping, higher academic achievement (grade point average) and greater reliance upon problem-oriented strategies (MacCann et al., 2011). Similar to Saklofske et al. (2012), use of problem-oriented coping (and not emotional or avoidant approaches) explained the association between AEI (specifically proficiency in managing emotions) and self-reported grade point average. This suggests that those who are better able to manage the negative affect arising from academic problems (e.g. impending deadlines, exam revision, etc.) select problem-focused strategies to directly alleviate or remove the stressor and consequently maximise their educational performance. These individuals do not need to engage in behavioural/cognitive avoidance, disengagement, venting or rumination, etc., as they are able to clearly assess and problem-solve with controlled levels of negative affect. That said, there has been no formal evaluation of whether such 'adaptive' EI-coping profiles hold in the presence of a stressor to promote academic success. This is clearly an area that warrants attention from researchers.

EI and coping in young people:

What have we learnt?

Research examining whether 'emotionally intelligent' coping contributes to adaptive outcomes in young people is clearly still at an embryonic stage. Nevertheless, some tentative conclusions can be drawn. Measured in

isolation, studies generally show TEI relates to a problem-focused, less emotional coping style and AEI is associated with less frequent use of emotional coping. However, this picture changes when we evaluate how these profiles contribute to mental health and educational achievement. Evidence suggests that EI underscores engagement in *and* implementation of traditionally 'maladaptive' coping strategies (i.e. emotional/avoidant) to influence mental health and this carries greater impact than the influence of 'adaptive' problem-focused approaches (Davis & Humphrey, 2013a; Downey et al., 2010; Mikolajczak et al., 2009). Additionally, these effects appear more specific to internalising (i.e. mood) rather than externalising (i.e. behavioural) disorders *and* may not be universally applicable to all stressful contexts (Davis & Humphrey, 2013b). It is worth noting that, in comparison to other psychiatric syndromes, externalising disorders are more strongly determined by shared environmental effects (e.g. family level factors) (Kendler et al., 2003), so it is possible that EI exerts an effect via alternative mechanisms not yet explored in the literature. Indeed, EI also relates to positive family qualities, for example, conversation orientation (vs. conformity), parental warmth and affection (vs. discipline) (Alegre & Benson, 2010; Ciarrochi, Chan & Bajgar, 2001; Keaten & Kelly, 2008). Testing whether these variables mediate the link between stressors and EI-driven coping processes to promote adaptation requires attention from researchers.

In contrast to mental health, the influence of EI on *problem-focused* coping appears more pivotal to academic achievement than emotional or avoidant coping (MacCann et al., 2011; Saklofske et al., 2012). This makes logical sense when one considers the diligent, on-task behaviour required for success in school work and the controllable nature of any academic-related problems that may arise (e.g. meeting deadlines). When individuals perceive a stressor to be personally controllable or surmountable, taking a

problem-focused/engaged coping approach is typically advantageous, whilst uncontrollable stressors (e.g. sexual abuse, parental illness) are better suited to emotion-focused/disengagement strategies (Carver & Connor-Smith, 2010; Compas et al., 2001; Folkman & Moskowitz, 2004). Clearly emotional venting, rumination or attempting to escape/ignore the problem would be counter-productive to exam success (the typical outcome studied here). The next step for researchers will be to examine whether EI mobilises and governs the effectiveness of *youth* coping efforts at particular academic pressure points (e.g. exam season; school transition).

Overall, EI appears to make an adaptive contribution to the mental health of young people and has the potential to do so for educational achievement. However, any adaptive effects conferred by EI may not be universal; research suggests these are likely to differ according to the characteristics of the young person (i.e. having either high or low emotional self-efficacy or actual skill), the stressor faced (e.g. academic deadlines or socio-economic adversity) and the type of outcome studied.

EI and coping in young people: What do we still need to find out?

Establishing how EI operates to promote success in young people is important for practical as well as theoretical reasons. Since aspects of both trait and ability EI are now taught in government-endorsed, whole-school social and emotional learning programmes (e.g. Department for Education and Skills, 2007), establishing whether young people who possess high levels of these skills actually fare better than others *in practice* is important for policy-makers, practitioners and academics alike. However, we are still some way from definitively answering this issue. Researchers must now examine the stability/longevity of EI-contingent effects and broaden research to incorporate children as well as adolescents. Predicted increases in TEI and AEI (Mayer,

Caruso & Salovey, 1999; Petrides, Furnham & Mavroveli, 2007) may coincide with changes in the use of specific coping styles with age (Amirkhan & Auyeung, 2007), both of which may parallel increases or decreases in the experience of stressors across development (Sanchez, Lambert & Ialongo, 2012; Seiffge-Krenke, 2000). Hence, prospective, longitudinal designs that capture developmental change are required. It will also be necessary to extend investigations to particular groups of 'at risk' youth (e.g. those with prodromal mental health symptoms; special educational needs) to establish whether EI can promote successful coping in those who stand to benefit the most. Similarly, the range of 'adaptive' outcomes considered must now be broadened. In education, for instance, exam grades are only one distal marker of success. Examining how emotionally intelligent coping relates to key intermediate processes, such as academic procrastination, peer relations and core cognitive competencies (e.g. attention and memory) will be pivotal for fully understanding how EI contributes to achievement. Indeed, given that educational success and health are mutually dependent (e.g. mental health problems may impact later academic achievement and vice versa (e.g. mental health problems may impact later academic achievement and vice versa; Obradovic, Burt & Masten, 2010)), it will be important to examine integrated models to discover the common risk and protective effects that may be modified by EI-driven coping processes. Whilst there is clearly still much to find out, identifying EI core individual-level resource that underpins adolescent adjustment through coping represents a positive step forward for the field.

Correspondence

Dr Sarah K. Davis

Psychological Sciences,
Institute of Health and Society,
University of Worcester, Henwick Grove,
Worcester, WR2 6AJ, UK.

Email: sarah.davis@worc.ac.uk

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