Relation between emotional intelligence and behavioral symptoms in delinquent adolescents

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Abstract

This study examined the relationship between emotional intelligence and behavioral symptoms in delinquent adolescents. In this study 88 adolescents from Remdial and Training Institute of delinquent adolescents voluntarily were selected. These adolescents completed measures of Trait Meta-Mood Scale (Salovey et al., 1995), and Revised Symptom Checklist90-R (Derogatis, 1973). Analysis of data with utilization of multiple regression analysis revealed that behavioral symptoms of delinquent adolescents can be predicted from their emotional intelligence. Moreover, data revealed that delinquent adolescents with higher in emotional intelligence were lower in behavioral symptoms. Theoretical implications as well as practical applications of these findings are illustrated in the original paper.

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1. Introduction

Emotional intelligence consists of interaction between emotion and cognition that leads to adaptive functioning (e.g., Salovey & Grewal, 2005). Adaptive functioning increases mental and psychological flourishing; moreover, adaptive functioning decreases mental and physical illness. The following components in emotional intelligence are observed: (a) perception of emotion in self and others, (b) using emotion for decision making and problem solving, (c) understanding emotions, and (d) regulating emotions in self and others (Salovey & Mayer, 1990; Mayer & Salovey, 1997). Bar-on (2000) believed that emotional intelligence consisted of emotional self-awareness as well as various skills stem from effective use or regulation of emotions, such as effective interpersonal relationships, problem solving, and stress tolerance. Even though, there are competing theories (trait vs. abilities) in explaining the nature of emotional intelligence, adaptive functioning of the emotional intelligence has been acknowledged in both. Awareness of emotions or using a set of skills that lead to effective communication and a reinforcing interpersonal relation are compatible with health and adjustment.

Studies indicated that overall emotional intelligence has promise as a predictor of various lives outcomes including mental and physical health (Van Rooy & Viswesvaran, 2004). Currently there is a substantial research.
studies indicates relationship between emotional intelligence and mental health functioning. The adaptive perception, use of emotion to enhance cognition, understanding emotion, and regulating of emotion may contribute to mental and physical health in various ways. Mathews, Zeidner and Roberts (2002) mentioned that levels of emotional intelligence may have implications for mental disorders. Mood and anxiety disorders are examples of disorders that have maladaptive emotional state as core symptoms (Mathews et al., 2002) the better perception understanding, and management of emotions of those with higher emotional intelligence may prevent development of maladaptive emotional states associated with mood and anxiety disorders. Studies has shown that individuals with a higher emotional intelligence have more positive mood and are better able to repair mood after a negative mood induction (Schutte et al., 2002)

In addition to the adaptive perception and intelligent use of emotion that may contribute to mental and physical health Lack of awareness of emotion and inability to manage emotions are key symptoms that may contribute to some personality disorders and impulse control disorders (Matthews et al., 2002). Schutte and associates (2002) found a link between lower emotional intelligence lake of awareness of emotional process and impulse control problems.

Schutte and associates (1998) also found a negative relation between emotional intelligence and alexithymia. Studies (Schutte et al., 2002) supported positive relation between emotional intelligence and impuls control.

In spite of the strong grounds for predicting that higher emotional intelligence would be related to better mental health under certain circumstances higher emotional intelligence may have maladaptive consequences. Petrides and Furnham (2003) found that individuals with a higher emotional intelligence reacted more strongly to mood induction procedures including negative reactions to mood-related stimuli might lead to a greater distress under adverse circumstances in some individuals. In general emotional intelligence is linked with aspect of better psycho-social functioning (e.g., Brown & Schutte, 2006; Salovery & Grewal, 2005; Schutte et al., 1998; Schutte et al., 2001) including intrapersonal factors such as greater optimism, a better social relationships, more social support and more satisfaction with social support (Brown & Schutte, 2006) that may sever as buffers to physical illness. Further more, those with higher emotional intelligence might be better able to follow through on commitments to health behavior and show a better medical compliance.

Moreover, researchers discovered that components of emotional intelligence are negative related to associated psychological symptoms and distresses (Dulewicz et al., 2003; Tsaousis & Nikolaou, 2005; Thompson et al., 2007; Lane & Schwartz, 1987 ). Studies likewise show that emotional intelligence is related to the general health, well being, self- control, sensation seeking, social abilities, and being humorous (Greven et al., 2008., Schuttle et al., 2007), Positive and negative affect (Rode et al., 2008), Coping styles and internal locus of control (Saklofske et al., 2007), anxiety, disappointment, learned helplessness and depression (Ferandez-Berrocal, et al., 2006; Slaki & Cartwright, 2002).

Although research finding show that quality of emotional intelligence is related to behavioural symptoms in delinquent adolescents, most of these investigations have been conducted in the United States and European countries. Due to the child raring style in Islamic countries, these variables may show different pattern of associations in these countries. Iran also is one of Islamic countries predominantly with a Shia Muslim community in which cultural practices influences on child raring style.

Since people in Iran are different from Americans and European countries in terms of their cultural and religious backgrounds, investigating the relation of these constructs in individuals who live in Iran is necessary. This study fills the existing gap in the area.

2. Method

2.1. Participants

Population in the current study was consisted of Remedial and Training Institute of delinquent adolescents in Iran. An accessible sampling procedure was utilized in this study and 88 delinquent adolescents between 13-25 years were selected as a sample. After preparation of assessment devices, questionnaires were administered on delinquent adolescents by a trained research assistant. Permission from the staff members was sought to distribute
questionnaires at the Remedial and Training Institute of delinquent. All instructors that we contacted had a good cooperation. In general 88 individuals completed the questionnaires.

2.2. Measures

2.2.1. Trait Meta-Mood Scale (TMMS; Salovey et al., 1995).

We used the Farsi version of the TMMS (Haddadi Koohsar, 2010). This instrument is made up of 30 items and makes an index of the levels of perceived EI. Respondents are asked to rate their degree of agreement on each of the items on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale includes three sub factors: Attention to one’s feelings, Clearness of emotions clarity, and mood repair attention to fallings, measured by first 13 items, shows the degree to which people behavior they pay attention to their felling (i.e., “I think about my mood constantly”) 11 items in this measure assesses to the clarity of emotion (i.e., “I frequently make mistakes about my feelings”), and mood repair measured by the remaining 6 items which refers to the capacity of individuals to control negative emotions (i.e., “Although, I some times feel sad, I usually have an optimistic out look”) internal consistency with values of 86, 88 and 82 was estimated for Attention, clarity, and Repair respectively (Salovey et al., 1995). In the present study, we obtained Cronbach alphas values for each of the TMMS dimensions and total of .62, .49, .14 and 0.70 for Attention, Clarity, Repair, and full scale respectively.

2.2.2. Revised Symptom Checklist90-R (SCL90-R, Derogatis et al., 1973).

This symptom checklist is consisted of 90 items in which each item requires responding in degree of symptom intensity (from 1-5) in which he/ she have experienced during the past week. This scale consisted of nine subscale (dimensions) including somatization, obsessive-compulsive disorders, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. In order to calculate the internal consistency of the scale Cronbach alpha coefficient has been used, and the results indicated that internal consistency for all subscales were at a satisfactory level. The maximum alpha coefficient was 0.90 for depression, and the minimum value was for psychoticism (α = 0.77). Stability coefficient that was computed for test-retest reliability in the interval of one week was between 0.87 and 0.90. In the current investigation alpha coefficient for the full symptom checklist was 0.90.

3. Results

The results have been presented in the following tables:

| Table 1. Matrix of correlation between emotional intelligence and behavioral symptoms in delinquent adolescents |
|-----------------|---|---|---|---|---|---|--- |
| Variables       | M  | SD | 1  | 2  | 3  | 4  | 5  |
| 1.SCL90-R-Somatization | 14.57 | 10.67 | -  | -  | -  | -  | -  |
| 2.SCL90-R-Interpersonal Sensitivity | 12.90 | 7.85 | 0.82*** | -  | -  | -  | -  |
| 3.SCL90-R-Psychoticism | 12.64 | 7.89 | 0.76** | 0.74** | -  | -  | -  |
| 4.TMMS-Attention | 38.64 | 6.56 | 0.02 | 0.01 | -0.08 | -  | -  |
| 5.TMMS-Clarity | 33.21 | 4.83 | 0.01 | 0.11 | -0.02 | 0.25 | -  |
| 6.TMMS-Mood Repair | 18.78 | 3.83 | -0.37* | -0.41* | -0.27* | 0.29 | 0.16 |

** P < 0.01  * P < 0.05

Table 1 shows that emotional intelligence (mood repair) is associated with somatization, interpersonal sensitivity and psychoticism in delinquent adolescents. Individuals who show a mood repair were lower in somatization, interpersonal sensitivity and psychoticism, and had a higher health status.
Table 2. Multiple regression analysis method to predict behavioral symptoms from emotional intelligence in delinquent adolescents

<table>
<thead>
<tr>
<th>Variables</th>
<th>Predictor</th>
<th>R</th>
<th>R²</th>
<th>F</th>
<th>P</th>
<th>B</th>
<th>SEB</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCL90-R- Somatization</td>
<td>TMMS-Mood Repair</td>
<td>0.32</td>
<td>0.10</td>
<td>5.10</td>
<td>0.005</td>
<td>1.24*</td>
<td>0.039</td>
<td>-0.88</td>
</tr>
<tr>
<td>SCL90-R- Interpersonal Sensitivity</td>
<td>TMMS-Mood Repair</td>
<td>0.40</td>
<td>0.16</td>
<td>8.36</td>
<td>0.005</td>
<td>0.59*</td>
<td>0.031</td>
<td>-0.40</td>
</tr>
<tr>
<td>SCL90-R- Psychoticism</td>
<td>TMMS-Mood Repair</td>
<td>0.32</td>
<td>0.10</td>
<td>5.03</td>
<td>0.005</td>
<td>0.32*</td>
<td>0.029</td>
<td>-0.64</td>
</tr>
</tbody>
</table>

**P < 0.01  * P < 0.05

As indicated in table 2 only mood repair is significant predictors of somatization (R²= 10%), interpersonal sensitivity (R²= 16%) and psychoticism (R²= 10%). In other words somatization, interpersonal sensitivity and psychoticism of delinquent adolescents with mood repair were higher than other delinquent adolescents. Moreover, somatization, interpersonal sensitivity and psychoticism of delinquent adolescents with mood repair were lower than other delinquent adolescents. Inspecting beta analysis shows that mood repair can positively predicts magnitude of behavioral symptoms in adolescents, while mood repair were negatively associated with behavioral symptoms.

4. Discussion

In the current study relation between emotional intelligence components and psychological symptoms in delinquent adolescents has been investigated. Results of multiple regression analysis indicated that psychological symptoms in delinquent adolescents can be predicted by their emotional intelligence components. Individuals, who hold a emotional intelligence components, are lower in psychological symptoms in compare to others. The results of the current study are consistent with some other investigation (e.g., Van Rooy & Viswesvaran, 2004; Mathews et al., 2002; Brown & Schutte, 2006; Salovery & Grewal, 2005; Thompson et al., 2007; Saklofske et al., 2007; Greven, et al., 2008).

Studies indicated that overall emotional intelligence has promise as a predictor of various lives outcomes including mental and physical health (Van Rooy & Viswesvaran, 2004). Currently there is a substantial research body of literature indicates relationship between emotional intelligence and mental health functioning. The adaptive perception, use of emotion to enhance cognition, understanding, emotion, and regulation of emotion may contribute to mental and physical health in various ways. Mathews, Zeidner, and Roberts (2002) mentioned that levels of emotional intelligence may have implications for mental disorders. Mood and anxiety disorders are examples of discovers that have maladaptive emotional state as core symptoms (Mathews et al., 2002) the better perception understanding, and management of emotions of those with higher emotional intelligence may prevent development of maladaptive emotional states associated with mood and anxiety disorders.

Supporting a link between lower emotional intelligence and lake of awareness of emotional process as well as impulse control problems, (Schutte et al., 1998) found that lower emotional intelligence is associated with more alexithymia and less impulse control.

Moreover, researchers discovered that components of emotional intelligence are associated psychological symptoms and distresses(Dulewicz, et al., 2003; Tsousis & Nikolaou, 2005), general health, well being, self-control, sensation seeking, social abilities, and being humorous(Greven et al., 2008). Positive and negative affect (Rode et al., 2008), psychosomatic symptoms ( Thompson, et al., 2007).

These findings are consistent with result of the current study. Since the current study was an expost facto research developing a causal relation between emotional intelligence components and psychological distress was not possible. Investigators in the future can design an experimental design in which environmental prompting instigate the emotional intelligence components in individuals, and study their consequence in development or escalation of psychological distress.

Review of literature show that magnitude of psychological symptoms is associated with emotional intelligence components. Current study has implications for prevention, and interventions of psychological problems in delinquent adolescents. Improvement of individuals' emotional intelligence components yields to enhancement in their health status.
References


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