

Emotional Intelligence as a Protective Factor in Public Health

By Gordon R. Hodas. M.D.

Summary

The article to follow reviews and builds on the work of Christine Cha and Matthew Nock (“Emotional Intelligence is a Protective Factor for Suicidal Behavior,” *Journal of American Academy of Child and Adolescent Psychiatry*, April 2009). Recognizing that childhood sexual abuse is one of the most stressful life events for youth and that suicidality (suicidal ideation and suicide attempts) represents one of the most serious responses to stressful life events, the authors studied whether the presence of emotional intelligence is protective against suicidal behaviors in youth with a history of childhood sexual abuse. The findings provide preliminary evidence that emotional intelligence is in fact a protective factor for suicidal ideation and attempts. In addition to the clear relevance of the research for suicide prevention, there are additional implications relevant to mental health and public health that are explored.

Introduction

Public health approaches to mental health and wellness often identify risk and protective factors that may predispose to, or mitigate against, negative life outcomes for individuals who experience significant life stresses. The identification of risk and protective factors can be used when considering specific at-risk individuals and also aggregate populations. It is recognized that negative life outcomes can involve multiple aspects of a person’s life, including mental health, social relationships, lifestyle choices, and physical health. Even though *emotional intelligence* (which is described at length below, and generally refers to a person’s ability to deal effectively with a range of emotions) is generally recognized as an important individual attribute, there has been little research to determine the extent to which it actually serves as a protective factor against negative outcomes for those who have experienced significant adverse life events. Given the importance of the construct of emotional intelligence, research regarding its potential protective role against adversity is welcome.

Conducting such research requires operationalizing emotional intelligence, so that it can be tracked and measured. It also involves determining its role in mitigating negative outcomes in response to serious life stressors. In a sense, then, the authors’ choice of childhood sexual abuse as the life stressor and suicidality as the negative outcome to monitor represents a “worse case scenario,” since there are few outcomes more alarming than suicidality, and no childhood adversity more closely associated with suicidality than childhood sexual abuse. If, in fact, emotional intelligence can mitigate against suicidality in a population of youth who have experienced childhood sexual abuse, then this would constitute important empirical evidence for the significance of emotional intelligence, both as a mitigating factor to severe stress and as a valuable coping skill.

The Study

The experimental group consisted of 54 youth – 46 female and 8 male – with a mean age of 17.3 years, all of whom had experienced either suicidal ideation or had made a suicide attempt within the previous year. The control group consisted of 23 youth, matched in terms of age, sex, and race/ethnicity, without suicidality in the past year. Three outcome measures were used: 1) the Childhood Trauma Questionnaire

(CTQ), a validated self-report measure of childhood and adolescent maltreatment; 2) the Mayer-Salovey-Caruso Emotional Intelligence Test: Youth Version (MSCEIT:YV), a performance-based measure of emotional intelligence; and 3) the Self-Injurious Thoughts and Behaviors Interview (SITBI), a structured interview that assesses the presence, frequency, and other characteristics of suicidal ideation and attempts.

Within the MSCEIT, overall emotional intelligence is divided into two basic components, referred to as *strategic* and *experiential*. Strategic emotional intelligence encompasses understanding emotions and managing them. Experiential emotional intelligence encompasses the ability to perceive emotions and facilitate thought. Within this construct of emotional intelligence, strategic intelligence is seen as more advanced than experiential intelligence, because it is through strategic intelligence that an individual can achieve the capacity for self-regulation.

The Results

As expected, childhood sexual abuse (CSA) was significantly correlated with suicidality – both ideation and attempts. In addition, overall emotional intelligence (EI) was found to significantly diminish the link between prior sexual abuse and the presence of suicidality during the prior year. For youth with high EI, there was no relationship found between CSA and suicidality, which included both suicidal ideation and attempts. In turn, for participants with low EI, there was no moderation of the association of prior CSA with suicidal ideation and suicide attempts.

The EI components were also viewed separately, in terms of their relative contributions to the outcomes. It was found that experiential EI was associated with only mild moderation of the association between CSA and suicidal ideation, and it did not moderate the relationship between CSA and suicide attempts. Strategic EI, in contrast, was the important variable, and significantly moderated the relationship between CSA and both suicidal ideation and attempts – e.g., the higher the strategic EI, the lower was the association of CSA with suicidality. In fact, for participants whose strategic EI was high, there was no relationship between CSA and either type of suicidality.

Discussion

As stated by the authors, “The existing literature on potential protective factors primarily pertains to religious beliefs and practice, accessibility to weapons, and social support, and few studies explore psychological protective factors.” By studying the protective role of overall EI and strategic EI in particular, the authors have made a significant contribution to our understanding of youth coping and resilience. They have taken an important psychological construct and, after drawing upon a pre-existing distinction between the component parts of EI, have operationalized EI so that it can be used in research exploring adversity and coping. Moving from the theoretical to the practical is an important aspect of both public health and mental health research.

The importance of strategic EI and the relative unimportance of experiential EI is another significant outcome of the research, and can be seen as making good intuitive sense. *Strategic EI* involves understanding and managing emotions, or more precisely, having the knowledge about effective emotional regulation and problem-solving strategies. *Understanding oneself* provides a context for cognitive awareness, which is regarded as an important foundation for self-management and mastery in all forms of psychoeducation. *Managing emotions*, in turn, involves the capacity for self-regulation,

which is a core element of effective coping, positive interpersonal relationships, and even prosocial tendencies.

Experiential EI involves perceiving emotions and facilitating thought. Perceiving emotions involves the ability to recognize different emotions in others, but not necessarily in oneself. Facilitating thought involves associating particular emotions to various sensory experiences (warm, heavy, dark, cold), which does not entail a coping response to negative emotions. The recognition that perceiving emotions by itself is not helpful as a protective component, from my perspective, reflects progress made in mental health. I recall during my psychiatric training many years ago some senior clinicians upholding the importance of patients being able to label their emotions, as if the act of labeling an emotion would somehow also grant them the ability to manage it. Labeling may be an important first step, something we particularly encourage with younger children, but the road to self-regulation is more complex and requires more than just cognitive recognition.

Implications

As the authors suggest, this study should stimulate additional studies, so that the field can learn more about the role of EI in coping and resilience. Given that EI diminishes the association between childhood sexual abuse and suicidality, it makes sense that EI should also protect against suicidality in response to other childhood adversities (e.g., other forms of maltreatment, bullying, economic limitations, etc.). However, such a protective function of EI against a variety of adversities needs to be demonstrated empirically.

Similarly, there is need to demonstrate the role of EI in mitigating other negative outcomes besides suicidality in response to childhood adversities. While it makes sense, given that EI can protect against suicidality, that it should also protect against other negative outcomes such as dropping out of school, antisocial behavior, and substance abuse, this also needs to be established through research.

Other areas for exploration involve the possible synergy of EI with other protective factors in ameliorating against negative outcomes. In addition, perhaps future research will be able to determine how to measure not just knowledge about effective emotional regulation, so central to strategic EI, but also the actual use of these strategies in response to adversity.

We now have preliminary validation that EI, particularly strategic EI, constitutes a protective factor for youth and promotes youth resilience. So how can we collectively promote emotional intelligence, at both the individual level for those in treatment and at the public health level, so that society as a whole benefits? While this question deserves ongoing consideration, there is much available that we can identify now:

- At the individual level, as the authors point out, both cognitive behavior therapy (CBT) and dialectical behavior therapy (DBT) enhance emotional understanding and self-regulation. Both of these approaches are evidence-based, and there are other approaches that also focus on promoting the individual's understanding of emotions and capacity for self-regulation.
- At the public health level, existing programs that are evidence-based or promising can be used to promote emotional intelligence through implementation by schools committed to advancing public health.

- The promotion of wellness – both emotional and physical wellness – can also enhance the self-regulatory capacities of entire populations, including youth. This can include approaches to meditation, mindfulness, and relaxation, as well as the promotion of exercise and other aspects of a healthy lifestyle.
- We can stimulate societal interest in coping through creative use of the media, as exemplified by the recent [PBS television special, *This Emotional Life*](#), which was sponsored by the federal government as part of an initiative to help the lay public learn more about coping and wellness.
- We can promote positive values and practices that support empowerment and mastery and thereby also support the attainment of increased emotional intelligence. Included here are [Child and Adolescent Service System Program \(CASSP\) Principles](#), which uphold family-driven and youth-guided approaches in human services, and trauma informed care principles, which promote respectful, nonviolent relationships.
- Finally, we can remain attentive to exciting developments in human services, regardless of their source, that also promote mastery and a positive sense of responsibility. For example:
 - Family Group Decision Making, an approach that empowers families and promotes family self-management, came from New Zealand.
 - Carl Bell, a prominent community psychiatrist, learned about youth resilience by working with youth determined to succeed in Chicago.
 - Closer to home, Positive Psychology originated in Philadelphia, as a result of the work of psychologist, Martin Seligman. There is reason to believe that Positive Psychology will help us significantly in the future, in developing greater emotional intelligence as a society.

Conclusion

The article reviewed is a notable example of creative research-into-practice, with implications that include but also go beyond suicide prevention. Now aware of the empirical support for emotional intelligence as a protective factor in the face of life stresses, we need to learn more about what this entails and how we can promote it.

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