

Assessing Bar-On's emotional intelligence components among normal subjects and those of having suicide trial record

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Abstract

This study is aimed at assessing components of emotional intelligence among normal subjects and those with suicide trial records. Participants were selected through convenience sampling method that included 30 normal subjects as well as 30 subjects with a suicide trial record. Bar-On Questionnaire was used to collect data from participants. Data were analyzed through univariate t-test. Findings indicated normal people performed significantly better in the Problem solving, Happiness, Independence, Stress Tolerance, Self - Actualization, Reality Testing, Interpersonal Relationship, Optimism, Self-Regard, Impulse control, Flexibility, and Social Responsibility in comparison to their suicidal counterparts who performed poor in these items. It was thus concluded subjects with suicide trial records had less emotional intelligence and control which calls for needs for them to undergo rehabilitation programs.

Keywords: Emotional Intelligence, Suicide, Bar-On's Model

Introduction

Research showed that the majority of individuals with a profile in suicide suffer from a diagnosable psychic problem. According to the report of WHO one million people are the victim of suicide and 20 million people try suicide annually. Suicide and entertaining with it is more observed among the young and teen populations, such that suicide is the 4th cause of mortality among the age group 21-30, only after diseases, disasters and murders. Those who commit unsuccessful suicide are likely to commit it again later (Philips, 2004). Suicide is more common among the educated people.

It is closely related to psychological and physical health and its etiology sites social, psychological and physiological factors as playing a role. About 60 percent of individuals suffering from advanced depression commit suicide and 15-20 percent is successful in their try (Sadock & Sadock, 2007). What is most important fact in suicide is to prevent. Prevention will be viable only if the problem is diagnosed timely and this would be impossible unless we do something effective. In most cases, the symptoms are ignored and even go unnoticed (Vajda & Stanbeck, 2000). Studies show the high number of cases of reporting to the physician just before the suicide, since individual seeks help from the medical society. Those with unsuccessful tries will be under the medical care in hospitals. Hence, public hospitals can be the first step of the preventive ladder in preventing the retry and situations leading to suicide in the level of providing the treatment services (Hickie, 2000). Suicide is effected by a number of factors: internal factors which function in the individual level, including: predisposing factors, psychopathological disorders and biological and genetic factors and external or personality traits which are the outcome of environmental factors (including: misunderstanding with the spouse, job-related problems and social denigration).

People who commit suicide are different from people who are successful in different aspects including gender,

age and social factors. Furthermore, the suicidal behaviour is not similar in developing countries and developed countries due to differences in economic and cultural - social differences (Philips, 2004). Suicide is the eighth leading cause of death in the United States and the second leading cause of death among the age group of 14 to 25 years (Meclure, 2001). Other symptoms to be predicted with high confidence in short term for major depression in patients are: severe mental anxiety, panic attacks, severe loss of pleasure, too much sleep, delirium, and alcohol. Extreme negative emotions can wreak havoc on the thinking. In some people, the extent of stress may threaten psychological disorder. In such a situation, even trivial problems may appear more serious than they are. Emotional abilities are effective on coping with and overcoming the depression, hopelessness and suicidal ideas. Some versions of emotional stress save the individuals against stress and make them to adopt better. For example, the ability to control excitement is related to penchant for positive behaviour and prevents depression. Given the paucity of research on the investigating the rate of emotional intelligence among people who committed suicide and the people who don't committed suicide. In fact, the present study investigates the hypothesis that the emotional intelligence of people who committed suicide is lower than the emotional intelligence of common people without any suicide profile and answer the question that: whether the lower scores of components of emotional intelligence play a role in committing suicide.

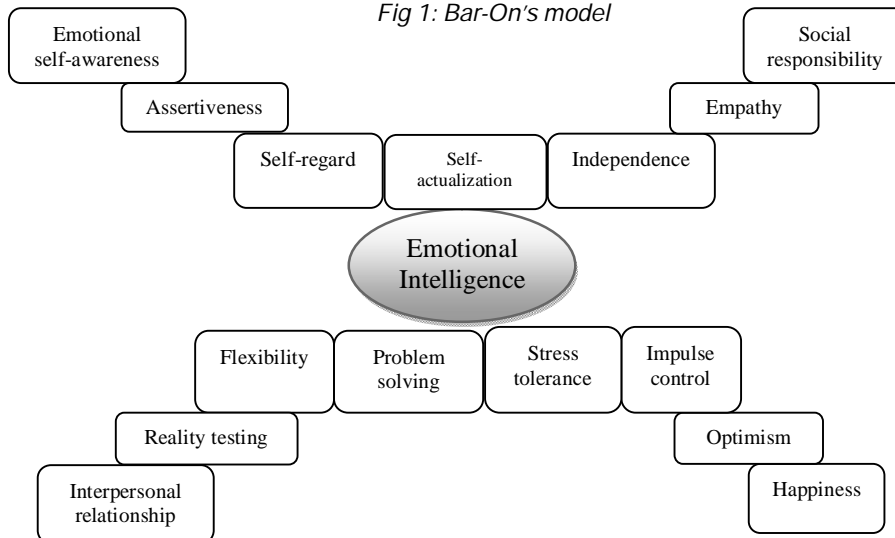
Bar-On' model in emotional intelligence

The Bar-On multi-factorial model of emotional intelligence (Fig. 1) belongs to the tradition of combined approaches (Bar-On, 2004). According to him, emotional intelligent is a set of abilities, capabilities and non-cognitive skills which are affective on the success of individuals to cope with and overcome the environmental stress. Emotional stress is one of the factors of success in life and directly influences psychological health of

people. It usually work along with other factors determining success (the ability of the individual in coping with and overcoming stresses) such as bio-medical preparations, cognitive-rational capabilities and emergent

involves perceiving, processing, managing, and utilizing affective information observed within oneself and others (Petrides & Furnham, 2003a). Emotional intelligence includes the capacity to identify emotions and have an understanding of their origins and consequences. The ability to label one's emotions should facilitate the use of emotion-focused coping to problem-solve quickly and efficiently (Mayer *et al.*, 2000). Another aspect of EI involves managing these identified emotions in order to replace negative emotions with positive emotions in one self and others (Mayer & Salovey, 1997). Ciarrochi *et al.* (2002) espoused a new perspective on the relationship between EI and distress or mental health. They measured facets of EI separately by discriminating emotional perception from emotional regulation. They found that, among the 302 college students, individuals high in emotional perception reported greater distress and suicidal ideation when stress was present

Fig 1: Bar-On's model



and changing facts and limitations of the environment (Goleman, 1995).

Bar-On's definition focuses on emotional and social competencies, skills, and facilitators that determine one's effectiveness in understanding and expression of self; understanding of and relating to others; and coping with daily demands (Bar-On, 2006). The construct of emotional intelligence was developed recently in fifteen factors by the Bar-On EQ-i. The construct of problem solving is defined as the ability to identify and define a problem; and then generate and act on potentially effective solutions (Cook, 2004). Stress tolerance is defined as the ability to effectively withstand adversity and stress by actively and confidently coping with stress (Cook, 2004). The construct of optimism is defined as the ability to maintain a positive attitude even under adversity (Cook, 2004). Reality testing is defined as the ability to assess what one experiences and what in reality exists (Cook, 2004). The construct of flexibility is defined as the ability to adjust one's emotions, thoughts, and actions to changing circumstances (Cook, 2004). Professional efficacy is a sense of professional accomplishment and competence; and emphasizes one's expectations for success, one's sense of effectiveness, and one's perception of relevant resources in the workplace (Fitzpatrick, 2004). Second order organizational change involves change in an organization's context or dynamics (Harris, 2002). Mergers, acquisitions and major restructures are examples of second order organizational change.

Emotional intelligence and suicide

Emotional intelligence (EI) is defined as the ability to perceive and to think about emotions promoting the experience of positive affect (Mayer & Salovey, 1997). It

than those low on emotional perception.

They explained these findings by speculating that individuals who are poor at noticing their own emotions may be less likely to be negatively affected by stress. Indeed, low psychological mindedness (thinking about feelings) is related to better self-esteem and reduced experiences of anxiety, depression, and paranoia (McCallum & Piper, 2001). Many researchers concluded that Emotional intelligence is correlated with psychosocial factors. for example well being (Gohm & Clore, 2002), happiness (Petrides & Furnham, 2003b), optimism (Saklofske *et al.*, 2003), self-esteem (Gohm & Clore, 2002), positive affect (Gignac, 2006), life satisfaction (Austin *et al.*, 2005; Extremera & Fernandez-Berrocá, 2005), health related quality of life (Extremera & Fernandez-Berrocá, 2002), increased quantity and quality of social relationships (Austin *et al.*, 2005; Lopes *et al.*, 2005), pro-social behaviour (Charbonneau & Nicol, 2002), marital happiness and forgiveness (Gohm & Clore, 2002), and exercise habits (Ioannis & Ioannis, 2005). Moreover, aspects of emotional intelligence have been found to be negatively correlated with social anxiety (Summerfeldt *et al.*, 2006), depressive symptoms (Ciarrochi *et al.*, 2003; Austin *et al.*, 2005), loneliness (Saklofske *et al.*, 2003; Chapman & Hayslip, 2005; Summerfeldt *et al.*, 2006) anti-social behaviours (Moriarty *et al.*, 2001), self-reported distress and rumination (Salovey *et al.*, 2002), physiological stress responses (Salovey *et al.*, 2002), suicidal tendency (Ciarrochi *et al.*, 2002), alcohol and substance abuse (Speranza *et al.*, 2004; Austin *et al.*, 2005; Ioannis & Ioannis, 2005), and post-traumatic stress disorder, borderline personality disorder, and somatoform.

Table 1. One sample T-test for determining the status of emotional intelligence among normal subjects

El's components between how haven't attempted suicide	Mean	t	df	P value
Problem solving	24	9.45	29	.002
Happiness	24	7.12	29	.000
Independence	24.4	7.01	29	.000
Stress Tolerance	21.73	6.20	29	.004
Self - Actualization	21.73	6.23	29	.001
Emotional self - Awareness	24.90	9.02	29	.000
Reality Testing	22.56	7.01	29	.003
Interpersonal Relationship	25	7.88	29	.000
Optimism	24	8.65	29	.001
Self - Regard	23.73	9.10	29	.005
Impulse control	21.63	7.11	29	.006
Flexibility	21.80	5.66	29	.000
Social Responsibility	25.83	8.04	29	.002
Empathy	24.63	7.23	29	.001
Assertiveness	19.53	6.12	29	.003

Research questions

- a) How are the statuses of emotional intelligence's components between normal subjects?
- b) How are the statuses of emotional intelligence's components between who have committed suicide?

Procedure and sampling

The sample population of the present study are the people with at least a suicide experience from Tehran City and subjects of the study are 30 people with a try to suicide and hospitalized in the hospitals of Loqman and Baharloo (at the time of filing in the questionnaire) and 30 people who never committed suicide. Sometimes random and non-random selection is difficult and even impossible under circumstances. In such a situation, the researcher may use at-hand sampling.

Instrument

Bar-On EQ-i, The tool used to measure participants' emotional intelligence factors of flexibility, problem solving, reality testing, optimism, and stress tolerance is the Bar-On EQ-i. The EQ-i consists of 133 self report items with responses from 1 to 5 (not true of me to true of me) (Bar-On, 2004). The EQ-i has very good reliability for internal consistency (Bar-On, 2004). As to the question of validity, content and face validity per Bar-On (2004) was addressed by "the systematic way in which items were generated and selected" (Bar-On, 2004, p. 89) utilizing item analysis. Several confirmatory and reliability analyses have also been conducted for the EQ-i. These analyses confirm that the subscales and EQ-i composite scales all contribute to the overall construct of emotional intelligence and that the findings are consistent for gender and age (Bar-On, 2004).

Findings

Data for the components of emotional intelligence in both suicidal and normal people are analyzed by SPSS software. This analysis was conducted in two stages. In the first stage the descriptive statistics such as mean, median, exponent, standard deviation and variance are

analyzed. In the second stage, by using the t test for independent groups the research hypotheses are examined.

Table 1 shows the results of one sample t test for evaluating the statuses of emotional intelligence's components between who haven't committed suicide. Based on the findings contained in Table 1, the calculated t score in related to problem solving (9.45) is bigger than the t of the Table, therefore, it is concluded that the component of problem solving is in the suitable status. Calculated t test of happiness (7.12) is larger than the Table t with 95%. So, with the 99 % of precision, we conclude that the component of happiness is in the suitable status. Also, the status of Independence based on the Table 1 determined in an appropriate status. based on the findings contained in the Table 1, calculated t as 9.94 in related to stress tolerance is greater than the Table 1, t so the zero hypothesis is rejected and with the confidence of 99 percent it is concluded that this component is in a good status between how haven't attempted suicide. Based on the findings contained in Table 1, the calculated t score in related to self actualization (6.23) is bigger than the t of the table, therefore, it is concluded that the component of Emotional self actualization is in the suitable status. The results of one sample t-test for the other component of emotional intelligence showed that emotional self - awareness, reality testing, interpersonal relationship, optimism, self - regard, impulse control, flexibility, social responsibility, empathy and assertiveness are in suitable status.

Table 2. One sample T-test for determining the status of emotional intelligence who have suicide trial record

El' components between who have attempted suicide	Mean	t	df	P value
Problem solving	15.5	-2.45	29	.063
Happiness	14	-1.86	29	.071
Independence	15.9	-2.01	29	.073
Stress Tolerance	12.60	-.86	29	.081
Self - Actualization	15.46	-1.74	29	.001
Emotional self - awareness	15.46	-1.74	29	.060
Reality Testing	17.33	-2.96	29	.063
Interpersonal Relationship	20	-3.51	29	.051
Optimism	14.66	-1.85	29	.152
Self - Regard	16.20	-2.10	29	.075
Impulse control	9.90	-.11	29	.56
Flexibility	12.53	-.66	29	.089
Social Responsibility	17.26	2.94	29	.077
Empathy	19.50	3.01	29	.096
Assertiveness	13.59	1.35	29	.053

Table 2, shows the results of one sample t-test for evaluating the status of emotional intelligence components who have committed suicide. The results of independent t-test for the problem solving are given in Table 2. Based on the results in the Table, the calculated one sample t-test (-2.45) for problem solving isn't significant thus, the component of problem solving is in the unsuitable status. The results showed that happiness

component based on calculated one sample t-test is in unsuitable status. Moreover, the results of Table 2 shows that calculated t as -2.01 for independence is lower than the t score of the Table, so the it is concluded that status of independence between who have suicide trial record is unsuitable.

The results of one sample t-test for the stress tolerance are given in Table 2. Based on the calculated t for this component is lower than the t of the Table, so it is concluded that stress tolerance is in unsuitable status. Also, the results of t-test for components of self actualization, emotional self awareness, reality testing, interpersonal relationship, optimism, self regard, impulse control, flexibility, social responsibility, empathy and assertiveness showed that the t scores of them are lower than the t of the table so it is concluded that these components are in a unsuitable status.

Conclusion

Findings indicated normal people performed significantly better in the problem solving, happiness, independence, stress tolerance, self actualization, reality testing, interpersonal relationship, optimism, self regard, impulse control, flexibility, and social responsibility in comparison to their suicidal counterparts who performed poor in these items. These finding is parallel to finding of Austin *et al.* (2005) and Ciarrochi *et al.* (2003). The results obtained by Ciarrochi and Anderson (2002) showed that emotional intelligence has a greater share in the relationship between stress and three components of public health, including depression, failure and denial of suicide. Overall, the findings of the researchers conclude that low emotional intelligence seems to be one of the most important and influential factors in the problems and psychiatric disorders. The results of the present study in confirming the hypotheses of the study on the relationship between the components of emotional intelligence and suicide indicate that the more the skills of Problem solving, Happiness, Independence, stress tolerance, self actualization, reality testing, interpersonal relationship, optimism, self regard, impulse control, flexibility, and social responsibility, and overall emotional intelligence the less the penchant for committing suicide will be. Emotional intelligence includes the capacity to identify emotions and have an understanding of their origins and consequences. The ability to label one's emotions should facilitate the use of emotion-focused coping to problem-solve quickly and efficiently (Mayer *et al.*, 2000). Another aspect of EI involves managing these identified emotions in order to replace negative emotions with positive emotions in one self and others (Mayer & Salovey, 1997). People who say they are good at managing others' emotions (MOE) tend to have more social support and to be more satisfied with that support. Such increased support may help protect these people from depression and suicidal ideation (Ciarrochi *et al.*, 2002). emotional intelligence (EI) the ability to perceive, integrate into

thoughts, understand, and manage one's emotions decreases the likelihood of suicidal ideation and attempts among those at risk. It has been suggested that, as many models of suicidality cite reduced ability to regulate emotions as a causal factor, higher levels of emotional intelligence may be protective (Cha & Nock, 2009). Our findings revealed that EI is a protective factor for both suicidal ideation and attempts. It is therefore possible that those who are especially adept at perceiving, integrating into thoughts, understanding, and managing their emotions would be at reduced risk for suicidal behaviours in response to stressful life events (Cha & Nock, 2009). People need to develop emotional intelligence, or the ability to understand and control their emotions. Humans are driven by emotions people rarely need to learn about understanding and controlling and understanding of our emotions (Johnson *et al.*, 2011). Components of Emotional intelligence protect people from psychological pressures. Also those who have high skills in regulation of their emotions, subsequently have High social support and such Social person protect them from depression and suicidal thoughts. Higher emotional intelligence of individuals provides better adaptability to deal with stress that can be used as protection against the problems and irreversible consequences such as suicide.

Recommendation for practice

The specificity of the observed protective effect of EI (but not experiential EI) for suicidal behaviours is an important strength of this study. The results of this study should be considered preliminary evidence for the protective effect of EI that enhance our understanding of suicidal behaviours but also raise key issues to address in future research. Moreover, it was thus concluded subjects with suicide trial records had less emotional intelligence and control which calls for needs to undergo rehabilitation programs. Based on the findings of the present study, and the fact that our questions on emotional intelligence and its 15 measures are affective in committing suicide are confirmed, some points are suggested: emotional intelligence should be included as a topic in school curriculum in order for students to know the fundamentals of it. Also holding the workshops to practical education of the level of components of emotional intelligence in order to make the public aware of the importance of emotional intelligence in improving the health and better living conditions in the society and on the other hand, can improve them. As the result of these, emotional intelligence would work in preventing high-risk behaviours like suicide. It is also recommended that emotional intelligence of people with suicide profile be used for treatment purposes, such that enhancing the level of components of emotional intelligence would work to prevent the individuals' retry the suicide.

Research limitations

The sample population is from one limited geographic region within the Iranian people. Thus, it may be difficult

to generalize the findings of this study to other populations. Apart from the self-reported nature of the data, the sampling of the study imposed limitations that obtained results might not generalize to the other countries. Furthermore, cautions should be taken while using the results in different cultures. It is important to note that readers should be cautious when generalization the results to different cultural contexts.

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