



## Inhibitory role of emotional intelligence in committing suicide

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### Abstract

This study is aimed at studying the role of emotional intelligence in committing suicide. Statistical sampling was selected through convenience sampling method that included 30 normal subjects as well as 30 subjects with a suicide trial record. The data were collected by using Bar-On's emotional intelligence questioner and analyzed using independent t-test. The results showed that overall emotional intelligence and its components included skills of problem solving, happiness, independence, resistance to psychological stress, self-flourishing, emotional self-awareness, self-actualization, interpersonal relations, optimism, self-regard, Impulse control, flexibility, social responsibility, empathy, self-assertiveness, flexibility between people with suicide trial record group was lower than normal group. Moreover, this study provides some obvious evidence that EI is a protective role in committing suicide. Therefore with enhancing emotional components people will be able to decrease the subsequent occurrence of these behavior problems.

**Keywords:** Emotional intelligence, Suicide, people behaviour, Iran

### Introduction

Suicide is one of the top 10 causes of death in most countries. Suicide is an important public health problem, not only because of the loss of over 30, 000 lives per year in the world, but also because of the devastating effect on the lives. According to the Hopkins report, suicide is the 11th leading cause of death in the United States (Swartz, 2005). Suicide is self-inflicted death associated with some (intrinsic or extrinsic) evidence intent to kill oneself (Goldston *et al.*, 2008). It is a complex and tragic outcome of mental illness. Approximately 95% of all persons who commit or attempt suicide have a diagnosed mental disorder (Sadock & Sadock, 2007). According to Swartz (2005), suicide is the major complication of depression, about 1 in 16 people diagnosed with depression die by suicide and two thirds of people who die by suicide are depressed. In terms of gender, women attempt suicide three to four times more likely than men whereas men are three to four times more likely to die by suicide. Yoder *et al.* (2008) found that the suicidal process is formed through a continuum of thoughts of death to suicidal ideation, suicide attempts, and completed suicide. Depressive symptoms, low self-esteem, hopelessness, stressful and traumatic childhood experiences and a perceived lack of family support are all contributing risk factors to the increase in suicide attempts (Connor & Tuisku *et al.*, 2009; Brausch & Gutierrez, 2010; Roberts *et al.*, 2010). Renaud *et al.* (2008) found that 90% of those who complete suicide have at least one psychiatric disorder. Furthermore, it has been documented that treating these psychiatric disorders early may significantly decrease the likelihood of suicidal behavior (Cavanagh *et al.*, 2003). Researchers on the field of emotional intelligence showed that this construct have positive relationship between with

psychological health, satisfaction, quality of life and negative relationship with feeling of loneliness, depression and psychiatric disorders (Bar-On, 2000; Brausch & Gutierrez, 2010). However, limited researches have been conducted on the inhibitory role of emotional intelligence in reducing suicidal tendencies. In this study we assumed that emotional intelligence could have protective role in committing suicide.

### Emotional intelligence and suicide

Different usage is assigned to the term 'intelligence'. Emotional intelligence is defined as the ability to perceive and to think about emotions promoting the experience of positive affect (Joseph & Newman, 2010). It involves perceiving, processing, managing, and utilizing affective information observed within oneself and others (Lewis *et al.*, 2010). Bar-On defines emotional intelligence as an ability to recognize and understand one's own and others' emotions; and to utilize emotional information to regulate and shape one's behavior and responses in achieving one's goals, meeting daily demands, and managing relationships (Bar-On, 2006). Emotional intelligence deals with the capacity to understand the emotions, assimilation of emotions related to excitement, understanding of emotional information and managing it. The construct of emotional intelligence was developed recently in fifteen components by the Bar-On EQ-i. The component of emotional self-awareness is ability to understanding the self. The component of assertiveness is the ability to assert emotions, believes and thoughts and defending the right and constructive skills. Self-regard is defined as understanding one self and accepting and respecting the self. The component of self-actualization described as ability to know the potentials and trying to do and enjoy. The component of independence is defined as ability to leading one's actions and thoughts and values them. Empathy described as understanding of others feelings

and respecting it. Social responsibility refers to the ability to express oneself as an active and constructive member in the group. Interpersonal relationship defined as ability to have and sustain mutual and satisfactory level of relations, which is recommended through lavishing kind feelings and accepting others' kindness. Reality testing refers to the ability to measure the correlation between things experienced emotionally and the real things. Flexibility defined as ability to cope with the behavior and thought in a changing situations and environments. Problem solving defined as ability to identify the problems, understand them and devising proper and effective solutions. Stress tolerance refers to coping with stressful situations and emotions, without any compromise and actively and positively facing with stress. Impulse control defined as resisting impulses, and ability to control emotions. Optimism defined as ability to view life in a positive way and improving positive thinking even in the face of disaster and negative feelings. And finally Happiness refers to feeling of happiness in life, enjoying the self and others, positive attitudes, being candid and witty.

Emotional abilities have effective role in coping with and overcoming the depression, hopelessness and suicidal ideas. Emotional abilities protect individuals against stress and make them to adopt better. For example, the ability to control excitement is related to penchant for positive behavior and prevents depression (Cooper & Hamline, 2005).

Many researchers reported that emotional intelligence is correlated with psychosocial factors: for an 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-Berrocal, 2005; Gignac, 2006; Spence *et al.*, 2004; Summerfeldt *et al.*, 2006), health related quality of life (Extremera, & Fernandez-Berrocal, 2002), increased quantity and quality of social relationships (Austin *et al.*, 2005; Lopes *et al.*, 2005), pro-social behavior (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, (Austin *et al.*, 2005; Ciarrochi *et al.*, 2003), loneliness (Chapman & Hayslip, 2005; Saklofske, Summerfeldt *et al.*, 2006) anti-social behaviors (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; Shirin Rahgozar *et al.*, 2011), alcohol and substance abuse (Austin *et al.*, 2005; Ioannis & Ioannis, 2005; Speranza *et al.*, 2004), and post-traumatic stress disorder, borderline personality disorder, and somatoform (Pridmore, 2009). Limited research

focused on inhibitory role of emotional intelligence in committing suicide. However, Bar-On (2000) reported that there is a strong correlation between psychopathology, depression and hopelessness and emotional intelligence and that it is positively correlated to emotional health. Ciarrochi *et al.* (2000) believes that some components of emotional intelligence protect people against the psychological pressures. Those people who have skills such that regulate emotions, enjoy high social protection and support that protect people from depression and suicidal thoughts. The effective role of emotional intelligence in suicidal people has been shown to be the best way to know the way of controlling the emotions of the self and others. Ciarrochi *et al.* (2000) found that emotional intelligence have important role in understanding the relationship between stress and three components of psychological health, namely, depression, failure, and suicidal thoughts.

Moreover, Rahgozar *et al.* (2011) suggested that 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. They concluded that subjects with suicide trial records had less emotional intelligence and control which call for needs for them to undergo rehabilitation programs. It seems that the investigation of the emotional intelligence among normal subjects and those of having suicide trial record and comparison of them would show Inhibitory role of emotional intelligence in committing suicide.

#### Research hypothesis:

- 1-there are significant differences between the emotional intelligence of the normal subjects and those of having suicide trial record
- 2-There are significant differences between the components of emotional intelligence among normal subjects and those of having suicide trial record

#### Procedure and sampling

The statistical population of the present study is the people with at least a suicide experience from Tehran City. Statistical sampling was selected through convenience sampling method that included 30 normal subjects as well as 30 subjects with a suicide trial record. The researchers contacted the statistical sampling in hospitals and explained the purpose, sample criteria, participation details, and instruments of this study. The survey instrument was a self-reported questionnaire. The participants were volunteers and completed the survey anonymously. Participants were informed that all participation was only voluntary, that all information would be treated confidentially, and that they had the right to withdraw from the study at any time.



Table 1. Demographic characteristics of the people with suicide trial record and normal people

Group	Variable	No:	%	Group	Variable	No:	%
Normal People	<b>Gender</b>			People with Suicide Trial Record	<b>Gender</b>		
	Female	7	46.6		Female	10	66.6
	Male	8	53.3		Male	5	33.3
	<b>Education</b>				<b>Education</b>		
	Educated	6	40		Educated	8	53.3
	Uneducated	9	60		Uneducated	7	46.6
	<b>Employment Status</b>				<b>Employment Status</b>		
	Employed	12	80		Employed	11	73.3
	Unemployed	3	20		Unemployed	4	26.6
	<b>Marital Status</b>				<b>Marital Status</b>		
	Single	5	33.3		Single	6	40
	Married	10	66.6		Married	9	60
	<b>Religious Person</b>				<b>Religious Person</b>		
	Yes	7	46.6		Yes	5	66.6
No	8	53.3	No	10	33.3		

### 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, and percentage analyzed.

Table 1 shows the demographic characteristics of people with suicide trial record and normal people. 46.6 percent of the normal people were females and 53.3 percent of them were male. 66.6 percent of the people with suicide trial record were females and 33.3 percent of them were male. 57.2% of normal people were married and 60% people with suicide trial record were married. 60% of normal people were uneducated and 46.6% people with suicide trial record were uneducated. Moreover, 80% of normal people were employed and 73.3% people with suicide trial record were employed. In response to the question "Do you consider yourself to be a religious person", 53.3 % of the normal people reported "no" and 53.3 % of the people with suicide trial record reported "no".

In the second stage, by using the t test for independent groups the research hypotheses are examined. First hypothesis indicated that there are significant differences between the emotional intelligence of the normal subjects and those of having suicide trial record.

Table 2 shows the results of independent t-test between the means of people with suicide trial record and normal people and normal people for emotional intelligence variable. Based on the findings contained in

Table 2. T-test for differences in emotional intelligence of the people with suicide trial record and normal people

Variables	N	Mean	t	df	P value
Emotional Intelligence in normal people	30	354.16	17.4	58	0.000
Emotional Intelligence in people with suicide trial record	30	230.10			

Table2, the estimated t score (17.4) is bigger than the t of the table, therefore, it is concluded that there are significant difference between the two groups means of emotional intelligence and that the  $H_0$  is rejected and the main research hypothesis is confirmed.

Second hypothesis there are significant differences between the components of emotional intelligence among normal subjects and those of having suicide trial record (Table 3).

For examining this hypothesis, all 15 components of emotional intelligence among people with suicide trial record and normal people have been analyzed. As given by Table 3, the first group includes people who have never committed suicide (normal people) and

the second group consists of people with suicide trial record. The result of Table 3 shows that the independent t tests are significant for the first and second groups. Based on the results contained in the Table, estimated t as (9.36) is bigger than the table t, so, with the 99 % of precision, we conclude that there is a significant difference between two groups for the happiness variable. T-test results between first group and second group are given for independence variable. Based on the findings contained in the Table, estimated t as 9.94 is greater than the table t so the  $H_0$  hypothesis is rejected and with the assurance of 99 per cent and with the assurance that 99% it is concluded that there is a significant difference in the independence of the two groups.

The results of independent t-test for the average of two groups are given for the self - actualization variable. Based on the results in Table 3, the estimated t as 6.52 is greater than the t of the table. So the  $H_0$  is rejected and with the 99 percent of assurance it is estimated that there is a significant difference between the groups for the independence variable. The results of independent t- test for the average of two groups for self-awareness are given. Based on the results in the Table, estimated t as 13.23 is greater than the t of the Table. So the  $H_0$  is rejected and with the 99 percent of assurance it is concluded that there is a significant difference between groups for self-awareness.

The results of independent t-test for the average of two groups are given for actualization. Based on the results in the Table 3, the estimated t as 6.14 is greater than the t of the table, so  $H_0$  hypotheses is rejected and with 99 percent assurance it is concluded that there is significant difference between two groups for actualization. The results of independent t-test for the average of two groups for interpersonal relations are given. Based on the results in the Table, the estimated t as 7.93 is greater the t of the Table, so the  $H_0$  is rejected



Table 3. Independent t-test for differences between components of emotional intelligence among two group

Emotional Intelligence Components	N	Mean	t	P value	df
Problem solving (PS) in first group	30	24	-9.36	0.5	58
Problem solving (PS) in second group	30	15.5 0			
Happiness in first group	30	24	-11.66	0.5	58
Happiness in second group	30	14.1			
Independence ( IN) in first group	30	24.4	-9.94	0.5	58
Independence ( IN) in second group	30	15.9			
Stress Tolerance (ST) in first group	30	21.73	-9.34	0.5	58
Stress Tolerance (ST) in second group	30	12.60			
Self - Actualization in first group	30	21.73	-6.52	0.5	58
Self - Actualization in second group	30	15.46			
Emotional self - Awareness in first group	30	24.90	-13.23	0.5	58
Emotional self - Awareness in second group	30	15.64			
Reality Testing ( RT) in first group	30	22.56	-6.14	0.5	58
Reality Testing ( RT) in second group	30	17.33			
Interpersonal Relationship in first group	30	25	-7.93	0.5	58
Interpersonal Relationship in second group	30	20			
Optimism in first group	30	24	-9.26	0.5	58
Optimism in second group	30	14.66			
Self - Regard (SR) in first group	30	23.73	-8.69	0.5	58
Self - Regard (SR) in second group	30	16.20			
Impulse control ( IC) in first group	30	21.63	-9.72	0.5	58
Impulse control ( IC) in second group	30	9.90			
Flexibility (FL) in first group	30	21.80	-8.37	0.5	58
Flexibility (FL) in second group	30	12.53			
Social Responsibility ( RE) in first group	30	25.83	-9.14	0.5	58
Social Responsibility ( RE) in second group	30	17.26			
Empathy (EM) in first group	30	24.63	-6.95	0.5	58
Empathy (EM) in second group	30	19.50			
Assertiveness (AS) in first group	30	19.53	-3.80	0.5	58
Assertiveness (AS) in second group	30	13.53			

and with 99 percent of assurance it is concluded that there is a significant difference between the groups for interpersonal relations. The results of independent t-test for the average of two groups for optimism are given. Based on the results in the Table, the calculated t as 9.26 is greater the t of the Table, so the zero hypotheses is rejected and with 99 per cent of assurance it is concluded that there is a significant difference between the groups for optimism. The results of independent t-test for the average of two groups for self-esteem are given. Based on the results in the Table, the calculated t as 9.26 is greater the t of the Table, so the  $H_0$  is rejected and with 99 per cent of assurance it is concluded that there is a significant difference between the groups for Self - Regard. The results of independent t-test for the average of two groups for Impulse control are given. Based on the results in the Table, the calculated t as 9.72 is greater the t of the Table, so the  $H_0$  is rejected and with 99 per cent of assurance it is concluded that there is a significant difference between the groups for Impulse control. The results of independent t-test for the average of two groups for flexibility are given. Based on the results in the Table, the calculated t as 9.26 is greater the t of the Table, so the zero hypotheses is rejected and with 99 per cent of assurance it is concluded that there is a significant difference between the groups for flexibility. The results indicate that there is a significant difference between

groups for components of emotional intelligence such as flexibility, social responsibility, sympathy and self-assertiveness ( $P < 0.5$ ). Therefore, individuals who have never committed suicide enjoy better circumstances compared to others.

### Conclusion

Between emotional intelligence of people with suicide trial record and normal people are significant differences. The results of comparative investigation of emotional intelligence between of the people with suicide trial record and normal people there is a clear indication of higher emotional intelligence in normal individuals. The average of emotional intelligence 357 and it is 232 for normal individuals. It is concluded that emotional intelligence is one of the effective components contributing to committing suicide. It is therefore possible that those who are especially adept at perceiving, integrating, understanding, and managing their emotions would be at reduced risk for suicidal behaviors in response to stressful life events. These finding is parallel to earlier reports (Ciarrochi *et al.*, 2003; Austin *et al.*, 2005; Rahgozar *et al.*, 2011). 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. 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) 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). The results of the present study show that stronger abilities in each of emotional intelligence components are protective against suicidal behaviors in the presence of significant stressful life events. 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, resistance to psychological stress, self-flourishing, emotional self-awareness, self-actualization, interpersonal relations, optimism, self-regard, impulse control, flexibility, social responsibility, Empathy, self-assertiveness, flexibility, and overall emotional intelligence the less the penchant for committing suicide will be. Emotional intelligence is acquisitive, so in this study, if the hypothesis on the significant relationship between emotional intelligence and suicide is confirmed, then it will be concluded that emotional intelligence can be of great role in living and emotional health. Therefore, enhancement of the components of emotional intelligence in the individuals would help improve the level of living and health, which is itself a preventive measure against committing suicide. Improving these components in individuals with suicide trial record would help prevent the repetition of the act and moralize their daily life.

### Applications and suggestions

Based on the findings of the present study, and the fact that our hypotheses 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 behaviors 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.

### Limitations

In this research we faced with a few limitations such as: the lack of cooperation by the people who commit suicide due to improper spiritual conditions and the sensitivity of their family members towards the fact of their suicide. Other constraints would be cited as being access to study sample population (the hospitalized group of suicidal individuals). 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. 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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