Emotional Intelligence Based Treatment in Mental Illness: 
A prospective Analysis

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Abstract
Emotions seize powerful status in mental functioning. When we are besieged by stress, the emotional parts of our brain supersede the rational part. Emotional balance and adjustment in adversities could be attained by intelligent use of emotions. A series of studies in the last two decades has established the role of emotional intelligence (EI) as vital in mental health. The detrimental impact of high alexithymia (a state of deficiency in understanding, processing, or describing emotions) or low emotional intelligence on physical illness, depression, low self esteem, suicidal ideation, poor impulse control, anxiety disorders, personality disorders, and increased alcohol and drug use has been supported by number of studies. These findings are not surprising as there is overlap between some of the components of emotional intelligence and prerequisites of mental health. Researchers have established EI as a novel explanatory construct in mental illness and suggest that training EI may play preventive role in the onset of mental illnesses. Studies in the area of emotional intelligence and mental health have consequences for maintaining and promoting individual’s mental health. Literature establishes a vista that psychotherapy based on developing EI skills along with other therapeutic measures could be proved effective in certain mental illnesses.

Keywords:  Emotions; Emotional Intelligence; Alexithymia; Mental Illness.

I. Introduction
Human organism attains emotional balance and social adjustment by employing certain self-preferred and cultural specific strategies and coping skills. Individuals who possess the ability to maintain emotional balance using emotional skills are better adjusted to their social circle, enjoy better quality of life and are physically and psychologically healthy. This ability has recently been termed as emotional intelligence (EI). The term formally came in the scenario with the publication of article providing an initial definition and theory of EI (Salovey & Mayer, 1990), but the concept got popularity in 1995 after the publication of Goleman’s best seller book ‘Emotional Intelligence’.

Emotional intelligence is defined as the ability to understand feelings in self and others, and to use these feelings as informational guides for thinking and action (Salovey & Mayer, 1990). Bar-On (1997, 2000) put great emphasis on social as well as emotional
aspects of the concept that influence behavior and are measured by the combination of self-report (Bar-On, 1997a) and multi-rater assessment (Bar-On & Handly, 2003). Bar-On describes five composite scales-comprising 15 subscales (viz., self regard, emotional self awareness, assertiveness, self actualization, empathy, social responsibility, interpersonal relationship, stress tolerance, impulse control, reality testing, flexibility and problem solving). Bar-On, Tranel, Denburg, and Bechara (2003) define EI as

“An array of emotional and social abilities, competencies, and skills that enables individuals to cope with daily demands and be more effective in their personal and social life” (p.1).

Another term seems to be contrary to emotional intelligence is labeled as alexithymia. The term was coined by Sifneos (1973). It is a Greek word, made up of three expressions: α- lack, lexis- word, and thymose- emotions. A person with alexithymia is not able to describe emotions in a verbal manner, experiences difficulty in identifying feelings and distinguishing between feelings and bodily sensation of emotional arousal, in describing feelings to other people, and has constricted imaginal process (Lesser, 1985; Taylor, Bagby, & Parker, 1997). Inverse relationship between emotional intelligence and alexithymia has been established by (Bar-On, 1997b; Dawda & Hart, 2000)

According to Mayer (as cited in Goleman, 1995) people tend to fall into distinctive styles for attending and dealing with their emotions:

**Self aware** are well aware of their moods. These people have some sophistication about their emotional lives. They are in good psychological health and tend to have positive outlook on life. When they get into bad mood, they don’t ruminate or obsess about it, and are able to get out of it sooner.

**Engulfed** are people who feel swamped by their emotions and helpless to escape them, they are mercurial and not very much aware of their feelings, so they are lost in them rather than having some perspective. They have no control over their emotional life.

**Accepting** people are usually clear about what they are feeling, they accept their mood, but don’t try to change them either in good or bad mood. This pattern is found among depressed people who are resigned to their despair.

When emotions are too muted, they create dullness and distance; when out of control, too extreme and persistent; they become pathological, as in immobilizing depression, overwhelming anxiety, raging, and manic agitation. Taylor (2001) argues that emotionally intelligent person can cope better with challenges and controls his/her emotions more effectively and this ability leads to psychological health. Low EI is a potential risk factor and a reasonable amount of EI is a protective factor in mental and physical health and boost up our immune system as well (Mayer & Salovey, 1997; Salovey, Bedell, & Detweiler, 1999; Salovey, Mayer, Goldman, Turvey & Palfrä, 1995; Stone, Marco, Cruise, Cox, & Neale, 1996; Woolery & Salovey, 2004).

There are number of documented studies supporting EI as a correlate of physical and mental illnesses. Researches also support implication of different components of EI individually in various health problems. For example emotional clarity and emotional awareness are the pre-requisites of psychological health and prognosis of certain psychological disorders. People who pay greater attention to their emotions and score
lower on emotional clarity and regulation of emotions show poor adjustment on a number of measures (see Berrocal, Salovey, Vera, Extremera, & Ramos, 2005). On the other hand individuals who report high level of self esteem are better able to repair their emotional state (Salovey, Woolery, Stroud, & Epel, 2002).

II. Emotional Intelligence and Physical Health

Before the last decade of 20th century nobody had the idea that emotional intelligence could play any role in our physical health. This revelation surprised the public when Bar-On (1997) concluded after studying the sample of (n=3571) in North America that 49% of variance in physical wellness was accounted for by five components of EI (viz., self regard, stress tolerance, happiness, flexibility, & problem solving). Tsaousis & Nikolaou (2005) in a study also investigated the relationship of EI with physical and psychological health and concluded that EI was negatively related to physical and psychological illness. High emotional intelligence also found to be associated with self reported somatic symptoms (Dawda & Hart, 2000; Day & Therrien, 2002).

III. Alexithymia, Emotional Intelligence and Psychological Health
i. Alexithymia & Depression

Relationship between alexithymia and depression has been supported by number of studies. Hintikka, Honkalampi, Lehtonen, and Viinamaki (2001) studied the patients of major depressive disorders and concluded that severity of depression was significantly associated with alexithymia, Beck Depression Inventory (BDI) scores increased or decreased proportionately with the change in Toronto Alexithymia Scale (TAS-20) scores. Alexithymia and depression was overlapping in people who were both alexithymic and depressive. Saarijarvi, Salminen and Toikka (2001) in a follow-up study on major depressive patients found that recovery from depression was associated with decrease in alexithymic features. Another study supports the role of alexithymia in the prediction of residual symptoms following treatment with psychotherapy (Ogrodniczuk, Piper, & Joyce, 2004).

ii. Emotional Intelligence & Depression

Inverse association between EI and depression has been reported in the studies documented in last decade. Dawda & Hart (2000) found moderate to high correlation of EI with BDI (-.52) PAI Depression Scale (r = -.69) and with suicidal ideation scale (r = - .63). Head (2002) reported significant correlation between managing subscale of MSCEIT (2002) and BDI as (r = -0.33). Tsaousis & Nikolaou (2005) in a study explored the relationship of EI with physical and psychological health and concluded that EI was negatively related to poor physical and psychological health. Berrocal, Salovey, Vera, Extremera, & Ramos (2005) studied the effect of PEI (perceived emotional intelligence ) on depression and found it moderated to some degree by culture and concluded that individualistic culture PEI was more strongly related to depression than in collectivistic cultures; in feminine cultures PEI was more strongly related to depression than in masculine culture. Berrocal, Alcaide, & Extremera (2006) and Extremera & Berrocal (2006) found negative correlation between self report measure of emotional intelligence, depression and anxiety. The divergent relationship between EI and depression has also been found by Batool and Khalid (2009) during establishing discriminant validity of indigenous scale of EI in Pakistan. A significant negative association was found between scores on EI scale and Beck Depression Inventory (r = -.49).
iii. Role of Emotional Intelligence and Alexithymia in Anxiety Disorders

Anxiety disorders usually involve persistent state of apprehension, uneasiness and irrational fear of objects or places. Servaes et al. (1999) compared 48 breast cancer patients and 49 healthy women with respect to alexithymia, emotional disclosure, emotional expression, assertiveness, repression, and distress. The patient group showed significantly more ambivalence over emotional expression, more restraint, and more anxiety than the healthy controls. A new vein of research has appeared to find out is alexithymia related to panic attacks? Researchers in Italy and Denmark have published studies in the last few years that show a distinct relationship between alexithymia and panic attacks. Galderisi et al. (2008) found that alexithymia was more frequent in patients with Panic Disorder than in those without it. Those with Panic Disorder had lower verbal cognitive abilities and more difficulty in inhibiting interference from nonverbal stimuli and panic-related words. In a study by Marchesi, Fonto, Blista, Cimmino, Maggini (2005) found that patients with Panic Disorder were more alexithymic than normal patients, even when their Panic Disorder was in complete remission. Hamdi et al. (2004) examined a relationship between alexithymia, dissociation, and state and trait anxiety in psychiatric outpatients. Subjects with alexithymia (46.8%) were significantly less educated and showed higher state and trait anxiety.

iv. Role of Low Emotional Intelligence and High Alexithymia in Personality Disorders

Gardner (2006) of University of Central Lancashire supports the negative impact of lower emotional intelligence on Borderline Personality Disorder (BPD). Kemal, Servet & Ismail (2001) investigated the prevalence of alexithymic features and other psychometric correlates in patients diagnosed with antisocial personality disorder in a military hospital setting. Forty soldiers diagnosed with antisocial personality disorder in a general military hospital and 50 normal soldiers with no known medical or psychiatric disorder were assessed. Antisocial patients from lower educational and socioeconomic status showed significantly poor score on emotional intelligence and mental health.

v. Hopelessness, suicidal Ideation and Alcoholism

There are some consistent evidences to suggest that trait EI tends to be related to emotional wellbeing, decreased stress and negative behaviors. Ciarrochi, Deane and Anderson (2002) hypothesized that EI would make a unique contribution to understanding the relationship between stress and three important mental health variables: depression, hopelessness, and suicidal ideation. University students (n =302) participated in a cross-sectional study. Regression analyses revealed that stress was associated with: (1) greater reported depression, hopelessness and suicidal ideation among people high in emotional perception (EP) compared to others; and (2) greater suicidal ideation among those low in managing others' emotions (MOE). Both EP and MOE were shown to be statistically different from other relevant measures, suggesting that EI is a distinctive construct as well as being important in understanding the link between stress and mental health. Mircea, Vlaicu, Aura, & Maria (2008) supported the role of alexithymia in the cases of alcoholics. Brackett et al. (2004) found Mayer, Salovey & Caruso Emotional Intelligence Test (MSCEIT) as positively correlated to drug use, alcohol consumption and social deviance.

IV. What EI Can Do in Adversities?

Emotional intelligence has a competence to help the person:

i. Remain confident and optimistic during challenging and difficult times
ii. Differentiate among, and manage strong feelings and impulses
iii. Quickly bounce back from frustration and disappointment
iv. Seek support when needed
v. Solve problems in positive, systematic, and creative ways

V. Dialectical Behavior Therapy (DBT)

DBT is a brain child of Marsha Linehan (1993a), devised for the treatment of Borderline Personality Disorder (BPD). DBT is the first therapy that has been experimentally demonstrated to be effective for treating BPD. It is very effective treatment, and due to similar behavior pattern DBT is now getting popularity in many settings as a viable therapy for the treatment of Bipolar Disorder too.

v.i Modules of Dialectical Behavior Therapy

These modules share many similarities with Bar-On emotional social intelligence model. (e.g., core mindfulness with emotional awareness; emotion modulation skill with management of emotions; distress tolerance with stress tolerance; and interpersonal effectiveness skill with social responsibility and interpersonal skill components of emotional intelligence), here the question arises if Linehan can use these modules in successfully treating Borderline Personality Disorders and Bipolar Disorders then why clinical psychologists and health psychologist are dormant to use EI based psychotherapies in the treatment of psychological disorders, where EI has been found a strong correlate or predictor?

VI. Conclusion

Studies in the area of emotional intelligence and mental health have consequences for maintaining and promoting individual’s mental health. The results provide support to the notion that individuals with lower emotional intelligence are prone to poor physical and mental health and can’t cope with stressors. Now the question arises if the role of EI in maintaining mental illness has been so much so emphasized by the researchers in the last two decades then why any action on behalf of health psychologist has not been taken to employ emotional intelligence training plan in their therapeutic map? Why clinical psychologists are reluctant to own the concept? One reason might be that they themselves are not usually well trained in emotional intelligence. Self therapy of the clinical psychologists/counselors is also very crucial point. Training EI may play preventive role in the onset of mental illnesses. Therapy based on developing EI skills along with other therapeutic measures may also prove effective in the treatment and prognosis of mental illnesses. Researches should be undertaken to study the effective role of EI based
psychotherapies in the treatment of mental illnesses like, depression, anxiety, personality disorders and alcoholism.

Does this then mean that we have found some sort of miraculous technique in treating mental disorders? That is: will treatments based on EI be effective for mental disorders? Well, it is highly unlikely that a therapy relying exclusively on developing EI skills would be sufficient enough to treat psychological disorders. Psychological disorders develop as a result of a complex interaction of etiological factors, including traumatic life events, cognitive impairment, conditioning, neurological dysfunction and neurochemical imbalances.

Consequently, treatment will never be simple. But this doesn’t mean that planning EI based therapy will be a futile attempt. For example, we can set up EI group therapy programs which may allow many people to attend at once to learn various emotional coping skills at the same time as they wait for more intensive psychotherapy. There are similar group treatments out there at the moment, but not ones that are based exclusively on core EI skills.

References


