

Emotional Intelligence: Does it Make Sense in Clinical Psychology?

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The present article attempts to point out a promising model of emotional intelligence and its measure for identifying usefulness in clinical psychology research and practice. The place of emotional intelligence in clinical psychology is examined in relation to existing concepts, that is, alexithymia, neuroticism, general mental ability, social intelligence, and empathy. The psychometric status of emotional intelligence test is also discussed across the Western and Eastern cultures. Finally, it is concluded that it makes sense to talk about ability model of emotional intelligence in clinical psychology in the Western culture and it is believed that the ability model is a promising candidate in the Eastern culture too.

Keywords: Emotion, Intelligence, Emotional Intelligence, Clinical Psychology, Culture, Measurement

During the last one and half decade there has been a lot of work on emotional intelligence across the world. "Few fields of psychological investigation appear to have touched so many disparate areas of human endeavour so quickly, and expansively, as has the concept of emotional intelligence" (Matthews, Roberts, & Zeidner, 2003, p. 109). Schae (2001) suggests that serious attention should be given to the growing literature of the construct or the series of constructs of emotional intelligence. So, it seems to be quite important to examine whether emotional intelligence is a useful construct in clinical psychology.

The first academic publication of emotional intelligence conceptualized emotional intelligence as a mental ability consisting of three abilities, that is, "ability to monitor one's and others' feelings and emotions, to discriminate among them and

to use this information to guide one's thinking and actions" (Salovey & Mayer, 1990, p. 189). It was later modified in a best selling book, *Emotional intelligence: Why it matters more than IQ?* (Goleman, 1995). In 1997, Mayer and Salovey revised their earlier conceptualization to make it a four-abilities model, that is, a) Perception, appraisal, and expression of emotion: It includes an individual's capacity to identify emotions in one's and others' physical states, feelings, and thoughts, b) Emotional facilitation of thinking: It includes "emotions prioritizing thinking by directing attention to important information" and "emotional states differentially encouraging specific problem approaches such as when happiness facilitates inductive reasoning and creativity", c) Understanding and analyzing emotions, employing emotional knowledge: It includes "ability to label emotions and recognize

relations among the words and the emotions themselves, such as the relation between liking and loving", capacity to understand the complex and simultaneous feelings of love and hate, or awe as a mixture of surprise and fear, capacity to understand the possible transition among emotions, such as the transition from anger to satisfaction, or from anger to shame, and d) Reflective regulation of emotions to promote emotional and intellectual growth: It includes an individual's capacity to "reflectively engage or detach from an emotion depending upon its judged informativeness or utility". In this article, I discuss application of ability model of emotional intelligence (Mayer & Salovey, 1997) only in clinical psychology because measures of other models of emotional intelligence are considered as repackaging of the existing measures of personality traits (Thingujam, 2002).

Emotional Intelligence and Related Existing Concepts

This section discusses the place of ability model of emotional intelligence (Mayer & Salovey, 1997) in clinical psychology by identifying similarities and differences between emotional intelligence and other existing concepts that are already well studied in clinical psychology. The concepts that are considered to be related to the ability model of emotional intelligence (Mayer & Salovey, 1997) are alexithymia, neuroticism, general mental ability, social intelligence, and empathy. Alexithymia is considered to be a contributing factor to the development, maintenance, and exacerbation of various medical and psychiatric problems. The problems include mood, anxiety, eating, and substance use disorders as well as chronic pain, hypertension, and many other psychophysiological disorders (De Gucht & Heiser, 2003; Lumley, Stettner, & Wehmer, 1996; Taylor et al., 1997). High level of neuroticism is found as a common feature in depressive and anxiety disorders (Weinstock

& Whisman, 2006). Lower verbal IQ is related to posttraumatic stress disorder (PTSD; Saigh, Yasik, Oberfield, Halamandaris, & Bremner, 2006). Picture arrangement subtest (PA) of the WAIS (Wechsler Adult Intelligence Scale) is generally used to measure social intelligence by many clinicians and individuals with psychopathic character disorders generally score high on this subtest. These people use this aspect of intelligence for a quick size up of the social situation and then manipulate it for their own purpose (Orme, 1968). Psychotherapist's empathy plays a vital role in the change, healing, and recovery processes of the patients diagnosed with psychological disorders (cf., Singer, 2001).

Alexithymia and neuroticism: Alexithymia comprises of four dimensions, that is, a) difficulty identifying feelings and distinguishing between feelings and the bodily sensations of emotional arousal; b) difficulty describing feelings to others; c) constricted imaginal processes; and d) externally-oriented cognitive style (Taylor, Bagby, & Parker, 1991). Neuroticism refers to the tendency of experiencing anger, anxiety, sadness, guilt, embarrassment, and disgust (Costa & McCrae, 1992). A frequent experience of such emotional states could be probably attributed to the low emotion regulation ability skill that is considered as an important dimension of ability model of emotional intelligence (Mayer & Salovey, 1997).

Recent research showed moderate correlation between the overall relationship between ability measure of emotional intelligence and alexithymia (Lumley, Gustavson, Partridge, & Labouvie-Vief, 2005). In a separate study, Warwick & Nettelbeck (2004) reported that Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT; Mayer et al., 2002) is also discriminable from alexithymia although its different subscales, that is, difficulty identifying feelings ($r=-.33$) and difficulty

expressing feelings ($r = -.28$) are significantly correlated with MSCEIT. The theoretical link between ability model of emotional intelligence as measured by MSCEIT and alexithymia as assessed by Toronto Alexithymia Scale (TAS; Bagby, Taylor, & Parker, 1994) has identified by Thingujam (2008; see Table). It is observed that ability model of emotional intelligence and alexithymia are to some extent related to each other but there is substantial amount of difference at the conceptual and

measurement levels. TAS is a self-report measure reflecting respondent's perception and MSCEIT is an ability measure in which the most appropriate response is to be found out. The most appropriate response for each question is arrived through either consensus or a group of experts (a group of people who have been conducting serious research on emotion for a long time and they are recruited from the International Society of Research on Emotions, ISRE).

Table 1: Comparison of an Ability Measure of Emotional Intelligence and Self-report Measure of Alexithymia

MSCEIT (Mayer, Salovey, & Caruso, 2002)	TAS (Bagby, Taylor, & Parker, 1994)
<p>1) Emotional Identification: Face (posed photos of man and woman including old and young) Pictures (landscapes & abstract designs)</p> <p>2) Emotional Facilitation of Thought: Sensation (compares how different emotions can be related to other sensations) Facilitations (examines knowledge of how different moods can be effective for certain kinds of problem solving)</p> <p>3) Emotional Understanding: Changes (examines knowledge of how emotions combine and change) Blends (examines capacity to label emotions and group emotional terms together)</p> <p>4) Emotional Management: Emotion Management (concerned with emotion management in the individual and in other people) Social Management (examines emotions in relationships)</p>	<p>1) Difficulty Identifying Feelings Sample items: "I am often confused about what emotion I am feelings", "I have physical sensations that even doctors don't understand", & "I am often puzzled by sensations in my body". No items on difficulty identifying feelings about others.</p> <p>2) Difficulty Describing Feelings Sample items: "It is difficult for me to find the right words for my feelings", "It is difficult for me to reveal my innermost feelings, even to close friends", "I find it hard to describe how I feel about people". No item on difficulty describing feelings about others.</p> <p>3) Externally Oriented Thinking</p>

Note: MSCEIT = Mayer-Salovey-Caruso Emotional Intelligence Test; TAS = Toronto Alexithymia Scale.

Source: Thingujam (2008)

Recent research has also indicated that neuroticism is either unrelated or minimally related to emotional intelligence scores of ability measure of ability model (Lopes, Brackett, Nezlek, Schütz, Sellin, & Salovey, 2004; Lopes, Salovey, Cote, & Beers, 2005). Brackett and Mayer (2003) found that the overall MSCEIT is not statistically significantly correlated with neuroticism. Although emotion regulation ability is the most closely conceptually related branch of ability model of emotional intelligence to neuroticism, the two are not statistically significantly correlated (Lopes et al., 2005; Thingujam, 2007a). It may be noted that neuroticism is usually measured with the help of self-report inventory. Neuroticism measures an individual's actual experience of emotional states whereas an individual's knowledge about regulating emotions is tapped in emotion regulation ability scale; so the two are looking at two different aspects of the same person (Thingujam, 2007a).

General Mental Ability: Besides neuroticism and alexithymia, one can talk about general mental ability, which is commonly employed in clinical research and practice. Conceptually, ability model of emotional intelligence is somehow related to Wechsler's (1958) conceptualization of intelligence, which states that intelligence is "the aggregate or global capacity of the individual to act purposefully, to think rationally and to deal effectively with his environment" (p.7). Ability to adapt to several situations and facing life situations successfully was included in Wechsler's definition. Unfortunately, Wechsler Scales of Intelligence do not exactly tap any of these adaptation abilities. Recent research (Rosete & Ciarrochi, 2005) has shown that verbal and performance IQ measured by the WASI (Wechsler Abbreviated Scale of Intelligence; Psychological Corporation, 1999) is just moderately correlated with total score of MSCEIT, indicating that emotional intelligence

and general mental ability are related to each other but not the same.

Social Intelligence: Thorndike's (1920) social intelligence is also conceptually related to ability model of emotional intelligence because social intelligence was defined as "the ability to understand and manage men and women, boys and girls---to act wisely in human relations" (p. 228). However, social intelligence was defined so broadly that emotional intelligence could be considered a part of social intelligence. Mayer and Salovey (1993) believe that compared to social intelligence emotional intelligence may find it easier to establish discriminant validity by focusing on emotional content of social intelligence. The inability to establish proper discriminant validity of social intelligence was highlighted by leading psychologists, Cronbach (1956) and Wechsler (1958). Finally, Hedlund and Sternberg (2000) concluded that whether social intelligence was a distinct type of intelligence had been the primary aim of research on social intelligence but there had been repeated failures. Therefore, intelligence researchers started looking for new endeavors.

Empathy: This is a well-studied concept in clinical psychology and is also conceptually related to the ability model of emotional intelligence although there are different definitions of empathy. For instance, Mehrabian and Epstein (1972) defined empathy as "the heightened responsiveness to another's emotional experience" (p. 526). On the other hand, Hogan (1969) conceptualized empathy as "the intellectual or imaginative apprehension of another's condition or state of mind without actually experiencing that person's feelings" (p. 308). Finally, cognitive and emotional approaches are integrated for understanding empathy (Davis, 1983). Davis argues that empathy "can best be considered as a set of constructs, related in that they all concern responsivity to others". It is observed that the

first component of the ability model of emotional intelligence (perception, appraisal, and expression of emotion) is conceptually related to empathy.

It can be argued that empathy could be considered as a personality trait if it is assessed through self-report measure and it could be considered as a component of intelligence related to emotional intelligence if it is assessed through ability measure (Thingujam, 2002). When empathy is measured as a personality trait we are looking at the habitual performance of the respondent and when it is measured as a type of intelligence related to emotional intelligence we are looking at the maximum performance at any given time. Petrides and Furnham (2000) suggest that "it is the type of measurement rather than the theory per se that determines the nature of the model" (p.314). Recent research shows that self-reported empathy is correlated just minimally with MSCEIT. Looking at the subscales, overall self-reported empathy is correlated minimally with perception of emotion, understanding of emotion, but moderately with management of emotion (Mayer, Caruso, & Salovey, 2002). These findings lead to believe that self-reported empathy and ability measure of emotional intelligence (especially, MSCEIT) could be incorporated in clinical psychology research and practice. Overall, it is observed that ability model of emotional intelligence is to some extent related to many existing concepts utilized in clinical psychology but there are new scopes for research on ability model of emotional intelligence.

Mayer, Salovey, and Caruso (2002) argue that MSCEIT is applicable in psychodiagnostics where a clinical psychologist can assess patient's level of ability to identify, understand, use, and manage emotions. The test also could assist in deciding when to terminate the therapy and assess the effectiveness of the therapy. I think this

proposition is particularly applicable in the areas of mood disorder (unipolar depression and bipolar disorder), anxiety disorder (posttraumatic stress, obsessive-compulsive, panic, phobic, and generalized anxiety disorders), and impulsive control disorder. In a recent study conducted by Brackett and Mayer (2003), emotional intelligence as assessed by the MSCEIT was significantly correlated with lower social deviance (e.g., number of physical fights, times vandalized something) and this correlation remained statistically significant even after controlling for Big Five and verbal SAT (scholastic aptitude test) scores among college students. Clinical psychologists should take this finding seriously for further scientific inquiry in adolescents with conduct disorder.

Recent Research on Emotional Intelligence in Clinical Health Psychology

Trinidad, Unger, Chou, and Johnson (2004) found that emotional intelligence was a protective factor for smoking risk factors in adolescents. In another study, Trinidad and Johnson (2002) reported that emotional intelligence was negatively significantly correlated with tobacco use (ever smoked cigarette, ever smoked whole cigarette, number of days smoked in last 30 days, smoking at least once a day, and smoking at least once every week) and alcohol use (number of days drink 2+ alcoholic in last 30 days, drunk alcohol in last 7 days).

Emotional intelligence as assessed by the MSCEIT was found to be significantly higher among gifted high school students than non-gifted high school students (Zeidner, Shani-Zinovich, Matthews, & Roberts, 2005). Level of self-reported emotional intelligence as assessed by Schutte Emotional Intelligence Scale (SEIS; Schutte et al., 1998) was found to be significantly increased as an effect of writing about positive emotional experiences among Indian military personnel (Thingujam, 2007b).

It may be noted that the SEIS was developed to measure Salovey and Mayer's (1990) original model of emotional intelligence that comprises of three abilities, that is, appraisal and expression of emotion, regulation of emotion, and utilization of emotion.

Self-reported low emotional intelligence (SEIS) was a significant predictor of both drug-related problems and alcohol-related problems (Riley & Schutte, 2006). In this study, drug-related problems are the problems related to social, medical, legal, and job. Alcohol-related problems included in the study are the problems, such as loss of friendship or job as a result of drinking. So, it is observed that research on emotional intelligence has already started in clinical health psychology but more work is required.

In future clinical research on emotional intelligence, incorporating ability measure of emotional intelligence and alexithymia might provide new insight in understanding mental and physical health problems, which are correlated with alexithymia. Preventive research program can employ measures of perceived emotional intelligence such as, SEIS but psycho-diagnostics services can include MSCEIT as well as TAS for more detail information about the patients whether it is at the beginning or the end of the therapy.

Are psychometrically sound test available to measure emotional intelligence across the Western and Eastern cultures?

The MSCEIT is one of the most frequently employed tests of emotional intelligence in the Western countries. The test has sufficient internal consistency reliabilities at the branch levels and full scale, that is, $>.70$ (Mayer, Salovey, Caruso, & Sitarenios, 2003). There are some evidences for convergent, divergent, and incremental validity of this test. Emotional intelligence measured by MSCEIT is discriminable from Five-Factor model of personality by showing either insignificant or significant correlation with low and moderate sizes (Barchard, 2003; Brackett & Mayer,

2003; Brackett, Mayer, & Warner, 2004; Lopes, Salovey, & Straus, 2003). MSCEIT is significantly related to both cognitive ability in terms of verbal and performance IQ (Rosete & Ciarrochi, 2006) and indices of cognitive ability as measured by verbal SAT (Brackett & Mayer, 2003; Brackett, Mayer, & Warner, 2004). These findings provide evidence for convergent validity since emotional intelligence is conceptualized as a type of intelligence. Emotional intelligence as assessed by MSCEIT is considered to be different from other self-report measures of emotional intelligence (SEIS & EQ-i by Bar-On, 1997)) as the correlations are either low or moderate (Brackett & Mayer, 2003; O'Connor, Jr. & Little, 2003).

In Eastern countries, there are no similar psychometrically sound ability measures of emotional intelligence. Moreover, MSCEIT can't be used in Eastern countries without developing separate culture-specific scoring key. The scoring key of MSCEIT is predominantly decided by the Westerners whose culture is predominantly individualistic. There are several similarities and differences across the Western and Eastern cultures in antecedent events of emotion (emotions are produced by antecedent events), appraisal of emotion ("a series of checks with respect to a set of dimensions such as positive or negative valence, causation by someone else or the self, blameworthiness, outcome uncertainty, controllability, and modifiability"), emotional behaviour, and regulation of emotion (voluntary enhancement and inhibitory control) (see, Mesquita & Frijda, 1992). It may be noted here that these four areas of emotion are closely embedded in the conceptualization of ability model of emotional intelligence (Mayer & Salovey, 1997). Gohm (2004) and Thingujam (2002; 2004) have expressed the need to explore the conceptualization and measurement of emotional intelligence in non-western cultures.

Looking closely at the first component of the MSCEIT (perception of emotions), one finds that all the photographs depicting different emotions on the face of different people are among the non-Asian people, so less familiarity of the faces might be a problem for the Asians in trying to find out the most appropriate emotional expression (say, different intensity of anger, sadness, happiness, fear, disgust, & excitement) decided predominantly by the Westerners. In the second component of the MSCEIT (emotional facilitation of thinking), it is observed that the respondent has to find out the most suitable mood for a social event, problem solving situation, and so on. This might be influenced by the socio-cultural set-up. In the third component of the MSCEIT (understanding emotions), one requires very strong emotional vocabulary to respond to the several test items. So, measurement of this component of emotional intelligence might be done much more fairly if the test is translated into a local language. In the four component of the MSCEIT (regulation of emotion), the emotional scenario reflects typical American society hence many of the Indian respondents might find it difficult to put himself/ herself in the emotional scenario for finding the most appropriate approach to regulate emotions. Besides, many Western names such as Andrew and Jane are used to represent the characters in the emotional scenario.

Conclusion

Ability model of emotional intelligence is conceptually related to many existing concepts that are well-studied in psychology including clinical psychology but there are substantial differences either at the conceptual level or measurement technique. The MSCEIT could be used in clinical research and practice in the Western culture but it is important to modify the test for use in Eastern culture. Alternatively, a totally new ability measure of emotional intelligence could

be developed for use in the Eastern culture. Overall, it makes sense to talk about ability model of emotional intelligence in clinical psychology in the Western culture and it is believed that the ability model is a promising candidate in the Eastern culture too.

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