

Alienation and Emotional Intelligence of Adolescents with Internalising Symptoms

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Present investigation has assessed the levels of alienation and emotional intelligence of adolescents with internalizing symptoms. Multi-dimensional Assessment of Personality (form-t) test was used as screening tool in the first phase. Total 510 adolescents in the age group of 14-18 years studying in various schools of Varanasi were screened for internalizing symptoms. Those who scored above the cut-off point were identified as the "affected group" having internalizing symptoms showing more than 6 symptoms, the sample showing 4-5 symptoms as "moderate group", sample showing 1-2 symptoms as "mild group" and adolescents without internalizing symptoms were identified as "normal group". Student Alienation Scale and Mangal Emotional Intelligence Inventory were then administered on all the four groups each having 15 subjects for the final study. The result obtained from ANOVA revealed that the affected group is significantly alienated and emotionally immature in awareness and management compared to their comparative normal group.

Keywords: Alienation, Emotional Intelligence, Internalizing Symptoms

'Adolescence' in human life is a stage when rapid change takes place. Bower (1982) opined that children with emotional problems may manifest behaviour patterns like, inability to learn without adequate explanation, inability to build or maintain satisfactory interpersonal relation, immature types of behaviour, general pervasive mood of happiness or depression etc. A type of emotional and behavioral problem that is often misunderstood and frequently overlooked is internalizing disorders (Merrell, 2001). Internalizing disorders are common in adolescents. It is considered to be constituted of over controlled behaviours, denoting that the individual suffering from the symptoms often attempts to maintain a maladaptive high level of control of his or her emotions, behaviours and thought processes. The term internalizing indicates that problems like depression, loneliness, guilt-feeling, anxiety, social withdrawal, suicidal behaviour etc. are developed and maintained to a great extent within the individual.

Hodges, Boivin, Vitaro, and Bukowski (1999) observed symptoms such as being worried and fearful, working alone, or appearing sad or close to tears to be common internalizing symptoms among the adolescents who are deprived of close friends and victimized by being bullied from peers. It has been observed that incidents of parental hostility, rejection and neglect are more frequent than acceptance, love and trust in the history of adolescents with behaviour problem (Scott, Scott, & McCobe, 1991). Marchand and Hock (2003) identified avoidance behaviour of parents to be as significant predictors of children's internalizing behaviours. Muris, Merckelbach, Moulart, and Gadet (2000) argued that the more frequently children reported anxiety disorder, the more often they reported emotional problems. Both anxiety and depression can lead to other serious problem such as an elevated risk of suicide and self harm (Lewinson, Rohde, & Seeley, 1994), and, if they attempt self-medication, they may

expose themselves at an increased risk of substance misuse (Kushner, Sher, & Beitman, 1990).

In the recent years emotions are increasingly being viewed as signals that provide information, direct attention and facilitate attainment of goals and are seen as organizing processes that enable people to think and behave adaptively. Knowing one's emotions, managing emotions, motivating oneself, persistence and social deftness are the key components of emotional intelligence (EI). The EI involves the ability to monitor one's own and other's emotions, to discriminate among them, and to use the information to guide one's thinking and actions (Mayer & Salovey, 1993). So, emotional intelligence refers to an ability to recognize the meaning of emotions and their relationships to solve problems on the basis of them (Mayer, Caruso, & Salovey, 2000). Conversely, emotional dysregulation (for instance, the inability to manage hostile or negative emotion) can lead to work and relationship difficulties and is associated with clinical problems such as anxiety and mood disorders (Gross, 1998).

Alienation usually refers to describe a social state in which conditions of normlessness or the breakdown of social rules is identifiable. The phenomena of alienation are slow and systematic at the affective level. Psychologists observe that alienation grows as soon as the feeling of significant others in comparison to one's own feelings of insignificance emerge. Alienation as a psycho social phenomenon is growing among students of almost all levels of educational institutions. It has been reported that the outcome of alienated behaviour is so serious and harmful that it not only obstruct the growth of the institution but damages the personality of the individual also. Wilkerson, Protinsky, Maxwell, and Lentner (1982) investigated the relationship between ego identity and alienation and

concluded that when scores on the ego identity increase; there was a moderate decrease in alienation. The result implies that young people who have successfully resolved the Eriksonian crises and conflicts will feel a sense of mastery over their environment and control of their destiny.

Available literature suggests that many adolescents who are in need of psychiatric assessment do not receive appropriate help as their problems remain unnoticed or unrecognized by adults including teachers and their parents. It is important to detect and then resolve their problems which may lead to other serious problems, such as, suicide, substance abuse, alcoholism and other severe emotional disorders. Present study is aimed to detect adolescents having internalizing symptoms and examine the level of alienation and emotional intelligence

Objectives:

1. To screen out adolescents with high internalizing symptoms on the basis of crucial personality dimensions and designates the clinical and non clinical sample into four categories, i.e., affected, moderate, mild and normal.

2. To explore various dimensions of alienation and emotional intelligence of the adolescent with internalizing symptoms.

Hypotheses:

1. Adolescents with internalizing symptoms will report of low emotional intelligence compared to their normal counterparts.

2. Adolescents with internalizing symptoms will report of high alienation compared to their normal counterparts.

Method

Sample:

The initial sample was comprised of 510 students (both males and females) studying in various schools of Varanasi. The age

range of the subjects was 14-18 yrs studying in IX to XII standards. The screening tool i.e., Multi-dimensional Assessment of Personality (form-t) test was administered to select the adolescents with internalizing symptoms. The final target sample selected out of the group and divided into four sub groups each having 15 students ie, affected, moderate, mild and normal.

Tools:

Multi-dimensional Assessment of Personality (Form-Teenagers) (MAP, FORM-T) (PSY-COM Services, 1996). It consists of 147 items, which cover 20 normal personality dimensions. eg., adaptability, academic achievement, boldness, competition, creativity, enthusiasm, excitability, general ability, guiltprone, individualism, innovation, leadership, maturity, mental health, morality, self-control, sensitivity, self-sufficiency, social warmth and tension. Each item has three choices.

Student Alienation Scale (SAS) (Sharma, 1988). It contains 54 items and measures the alienation tendency of student

in five areas:-powerlessness, isolation, self-estrangement, meaninglessness and normlessness.

Mangal Emotional Intelligence Inventory (MEII) (Mangal & Mangal, 2004). It consists of 100 items in four areas i.e. intra-personal awareness (own emotions), inter-personal awareness (others emotions), intra-personal management (own emotions) and inter-personal management (others emotions). Twenty five items each for the four areas are to be answered as 'Yes' or 'No'.

Procedure:

Sample was screened out on the basis of low scores in adaptability, boldness, enthusiasm, maturity, mental health, morality, self-control, self-sufficiency, social-warmth and high scores in guilt prone, individualism, sensitivity and tension of MAP(form-t). Subjects projecting symptoms 6+, 4-5, 1-2 and 0 were defined as affected, moderate, mild and normal respectively. SAS and MEII were administered on these groups

Results

Table 1 Mean, SD and F-values of affected, moderate, mild and normal adolescents on various dimensions of emotional intelligence.

| Dimensions | | Affected N=15 | Moderate N=15 | Mild N=15 | Normal N=15 | F |
|---------------------------|------|------------------|------------------|--------------|----------------|---------|
| Intra-personal awareness | Mean | 15.34 | 20.06 | 65.66 | 72.83 | 31.25** |
| | SD | 21.38 | 16.37 | 23.80 | 20.78 | |
| Inter-personal awareness | Mean | 19.12 | 31.76 | 70.26 | 82.03 | 40.47** |
| | SD | 17.99 | 24.51 | 15.05 | 13.86 | |
| Intra-personal management | Mean | 20.87 | 29.16 | 54.33 | 77.27 | 22.46** |
| | SD | 24.97 | 21.16 | 19.14 | 17.52 | |
| Inter-personal management | Mean | 18.30 | 29.63 | 62.06 | 77.90 | 25.13** |
| | SD | 16.27 | 26.74 | 21.65 | 19.67 | |
| Total | Mean | 11.61 | 21.37 | 68.11 | 83.89 | 70.48** |
| | SD | 17.24 | 18.36 | 14.00 | 14.93 | |

$p < .01^{**}$

Table 1 shows the mean scores and SDs of emotional intelligence of adolescents of each group. Highly significant F values reveal that means of emotional intelligence scores of the affected adolescents as well as moderate and mild adolescents are distinctly

low in all the subscales such as intra-personal awareness (own emotions), inter-personal awareness (others emotions), intra-personal management (own emotions) and inter-personal management (others emotions), compared to their normal counterparts. First

hypothesis thus stands accepted. The mean scores ranging from M 11.66 to M 20.87 for the affected group are showing significantly low mean scores compared to moderate, mild and normal groups for all the dimensions of emotional intelligence. Moderate group is

showing significantly low emotional intelligence than mild and normal groups in all the dimensions (Table 2). The mild group however is showing significantly low interpersonal management and total emotional intelligence than normal group.

Table 2: Summary mean differences for Duncan’s post hoc test of affected, moderate, mild and normal groups for emotional intelligence.

| Dimensions | Affected/ moderate | Affected/ Mild | Affected/ normal | Moderate/ mild | Moderate/ normal | mild normal |
|------------------------------|-----------------------|-------------------|---------------------|-------------------|---------------------|----------------|
| | (mean differences) | | | | | |
| Intra-personal awareness | 4.27 | 50.32 ** | 57.49** | 45.60** | 52.77** | 7.17 |
| Inter-personal awareness | 12.64 | 51.14** | 62.91** | 38.50** | 50.27** | 11.77 |
| Intra-personal management | 8.29 | 33.46** | 56.40** | 25.17** | 48.11** | 22.94** |
| Inter-personal management | 11.33 | 43.76** | 59.60** | 32.43** | 48.27** | 15.84 |
| Total emotional intelligence | 9.76 | 56.50** | 72.28** | 46.74** | 62.52** | 15.78** |

**p <.01

Table 3: Mean, SD and F-values of affected, moderate, mild and normal adolescents on different dimensions of alienation.

| Dimensions | | Affected N=15 | Moderate N=15 | Mild N=15 | Normal N=15 | F |
|-------------------|------|------------------|------------------|--------------|----------------|---------|
| Powerlessness | Mean | 74.31 | 70.30 | 37.36 | 22.51 | 19.35** |
| | SD | 18.85 | 22.08 | 24.97 | 22.59 | |
| Isolation | Mean | 63.98 | 33.67 | 28.86 | 20.59 | 6.22** |
| | SD | 35.75 | 26.28 | 29.18 | 25.25 | |
| Self estrangement | Mean | 76.50 | 57.20 | 31.30 | 19.85 | 19.52** |
| | SD | 25.83 | 21.00 | 20.76 | 21.54 | |
| Meaninglessness | Mean | 43.50 | 21.79 | 13.18 | 14.13 | 8.37** |
| | SD | 28.33 | 16.64 | 11.62 | 15.23 | |
| Normlessness | Mean | 41.61 | 31.65 | 13.44 | 11.41 | 7.80** |
| | SD | 25.96 | 26.33 | 8.75 | 13.75 | |
| Total | Mean | 68.05 | 38.23 | 15.84 | 9.02 | 29.85** |
| | SD | 26.23 | 22.45 | 14.21 | 6.30 | |

**p <.01

Table 4: Summary table of mean differences for Duncan’s post hoc test of affected, moderate, mild and normal groups for alienation.

| Dimensions | Affected/ moderate | Affected/ Mild | Affected/ normal | Moderate/ mild | Moderate/ normal | mild normal |
|-------------------|-----------------------|-------------------|---------------------|-------------------|---------------------|----------------|
| | (mean differences) | | | | | |
| Powerlessness | 4.01 | 36.95** | 51.08** | 32.94** | 47.79** | 14.85 |
| Isolation | 30.31** | 35.12** | 43.39** | 4.81 | 13.08 | 8.27 |
| Self estrangement | 19.30 | 45.20** | 56.65** | 25.90** | 37.35** | 11.45 |
| Meaninglessness | 21.71** | 30.32** | 29.37** | 8.61 | 7.66 | 0.95 |
| Normlessness | 9.96 | 28.17** | 30.20** | 18.21 | 20.24 | 2.03 |
| Total alienation | 29.82** | 52.21** | 59.03** | 22.39** | 29.21** | 6.82 |

p<.01**

Table 3 shows that affected, moderate and mild adolescents have reported higher mean scores in the areas of powerlessness, isolation, self-estrangement, meaninglessness and normlessness as well as total alienation scores indicating highly alienated behaviour as compared to their normal counterparts bringing corroboration to second hypothesis. The mean scores ranging from M 41.61 to M 74.31 for the affected group are showing significantly high alienation compared to moderate, mild and normal groups for all the sub areas assessed. The moderate group however is showing significantly high powerlessness, self estrangement and total alienation scores compared to mild and normal groups (Table 4). Adolescents with mild internalizing symptoms however are not showing significant difference between means in any of the alienation sub areas measured by the scale.

Discussion

The results revealed that out of the clinically screened internalized adolescents, the affected and moderate groups are having significantly low emotional intelligence and high alienation scores as compared to their normal counterparts. Mild group of internalized adolescents however are not significantly different from normals though Merrell (2001) suggests that the term "internalizing" indicates that these problems are developed, maintained, experienced, and exhibited largely within the individual. It is frequently underreported mostly because they are often difficult to observe directly and as a result they have sometimes been described as a secret illness (Reynolds, 1992).

Very high alienation refers to the state of individual being non-involved and apathetic, feeling isolated, bewildered, and without hope. It is understood that outcome of alienated behaviour is so serious & harmful that it damages the personality of the

individual. It has been observed that when scores on the ego identity scale increases a moderate decrease in alienation is reported simultaneously (Wilkerson et al., 1982). Studies have established that social anxiety and depression are related to social isolation (Nangle, Erdley, Newman, Mason, & Carpenter, 2003; Boivin, Hymel, & Bukowski, 1995). According to problem behaviour theory, adolescents who engage in problem behaviours, such as, substance use may tend towards psychosocial unconventionality and thus may be more likely to experience alienation and impaired social functioning (Jessor, 1991; Jessor & Jessor, 1977). Further, impaired social functioning may substantially worsen outcomes associated with psychiatric illness (Greene, Biederman, Faraone, Ouellette, Penn, & Griffine, 1996). Present investigation has reported that affected adolescents are significantly higher in powerlessness, isolation, self-estrangement, meaninglessness & normlessness as well as total alienation score than the normal adolescents. Studies indicate that an inability to cope with the curriculum for which the adolescent fails to achieve personal understanding leads to normlessness, which in turn leads to isolation in the classroom, a further lack of success, feelings of powerlessness and ultimately to alienation (Carlson, 1995). Feelings of powerlessness and hopelessness are again common indicators of depression.

Emotions influence the process of perception and reactions towards life which in turn determines how content and successful a person may be considered. Anyone can achieve emotional intelligence by attaining his goals and managing negative emotions. If unmanaged, negative emotions take control of life. Goleman (1995) suggests that concept of EI helps us to understand why people with high IQ's don't always do as well in life as those with more modest intellectual ability. Deficits in emotional intelligence can create serious problems in our relationship

and influence our physical health. Similarly if children misidentify their own feelings or those of others, they are likely to generate maladaptive solutions to a problem, regardless of their intellectual capabilities. With regard to emotional intelligence, in the area of intra-personal awareness and inter personal awareness the affected adolescents were reported to be significantly lower than the normal adolescents. Same results were found in the area of intra-personal management and inter-personal management, where affected adolescents reported significantly lower capacity as compared to normal adolescents. Inability to manage negative emotions can lead to work and relationship difficulties and is associated with clinical problems such as, anxiety and mood disorders (Gross, 1998). In support of the present result studies have indicated that children with emotional problems may manifest behaviour patterns like inability to build or maintain satisfactory interpersonal relation (Bower, 1992), psychosocial difficulties such as impaired personal relationships (Puig-Antich, Kaufman, Ryan, Williamson, Dahl, Lukens, Todak, Ambrosini, Rabinovich, & Nelson, 1993; Flament, Cohen, Choquet, Jeammet, & Ledoux, 2001), inability to identify emotional states (Zeman, Shipman, & Suveg, 2002), difficulty in interacting with peers or problems with expressing their wishes and needs to others (Achenbach, 1997).

Literature validates this finding. And also reveals that the level of alienation and emotional intelligence are the contributory factors for developing internalizing symptoms. Concluding comment thus may be drawn that adolescent with internalizing symptoms showing high alienated behaviour and low emotional intelligence are affected in their overall personality and their day to day functioning is also interfered.

It is very important to identify and recognize those who develop such symptoms

at its initial stage and identify such characteristics which possibly trigger them and provide them appropriate help in the right direction. This attempt serves to handle or resolve the problems of such adolescents in an effort to find values and goals to guide their life. The study thus derives a conclusion that the children who have developed internalizing symptoms are required to introduce psychological intervention for their depth in understanding, growth and overall health.

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