Examining the role of trait emotional intelligence on psychiatric symptom clusters in the context of lifetime trauma

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\begin{abstract}
Objective: This article examines the role of socio-demographic variables, lifetime trauma and trait emotional intelligence (EI) as predictors of trauma-related symptom clusters (depression, anxiety, and somatization).


Results: Socio-demographic variables, lifetime trauma and trait EI significantly related to all outcomes, but trait EI had the largest impact. Trait EI was negatively related to the measures of psychological distress, with standardized coefficients ranging between $-0.39$ to $-0.67$. Combined, the three groups of variables explained between 28 and up to 50\% of the variance in the outcomes.

Conclusions: These results suggest that trait EI is valuable in the prevention and treatment of depression, anxiety, and somatization symptom clusters among individuals exposed to trauma, in particular among individuals with low income and education.
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1. Introduction

Exposure to potentially traumatic events (PTEs) in childhood and adulthood are strong determinants of negative psychological sequelae over the life course (Brewin, Andrews, & Valentine, 2000; McLaughlin et al., 2010). Similarly, socio-demographic factors, such as low socio-economic status (SES), are associated with higher rates of mood and anxiety disorders (Hardaway, Strerrett-Hong, Larkby, et al., 2016; Shmool et al., 2015; Zijlema, Klijns, Stolk, et al., 2015). Considerable attention has been given to factors that mitigate the negative effects of PTEs, including trait emotional intelligence (EI), which is associated with better psychological outcomes in the context of trauma (Espinosa & Rudenstine, 2018; Kao & Chen, 2016). However, there are few studies examining the role of trait EI and lifetime trauma on psychological wellbeing, and specifically trauma-related sequelae, in adulthood among clinical samples (Espinosa & Rudenstine, 2018). As there is no prior empirical basis for this work, we consider this study an exploratory approach to understand how socio-demographic variables, lifetime trauma, and trait EI uniquely contribute to depression, anxiety, and somatization symptom clusters in adulthood.

1.1. Trait emotional intelligence

Emotional intelligence (EI) denotes a person’s understanding, regulating and use of emotions (Petrides & Furnham, 2003). Trait EI is defined as a lower level personality construct concerned with individuals' emotional perceptions of themselves and their emotional abilities, and is measured via self-report questionnaires (Petrides, 2011; Petrides, Pita, & Kokkinaki, 2007). Research considering the continuity of trait EI has indicated that trait EI gains partial stability between 10 and 11 years of age, and reaches full stability in adolescence (Keefer, Holden, & Parker, 2013). However, recent studies suggest trait EI, can be enhanced through targeted interventions (McIlvain, Miller, Lawhead, Barbosa-Leiker, & Anderson, 2015; Nelis et al., 2011; Nelis, Quoidbach, Mikolajczak, & Hansenne, 2009; Rutledge & Petrides, 2012). Moreover, trait EI has been demonstrated to serve as a protective factor against psychopathology in both adolescent and adult populations (Brackett, Rivers, & Salovey, 2011; Costa, Soensens, Guiliandolo, Cuzzocrea, & Lacran, 2015; Gugliandolo, Costa, Cuzzocrea, Lacran, & Petrides, 2015; Jaffee, Simonet, Tett, S prowess, & Davis, 2015; Kahn, Ermer, Salovey, & Kiehl, 2016; Petrides et al., 2016; Simha-Alpern, 2007; Zeidner, Matthews, & Roberts, 2012). Studies have also shown that trait EI may act as a buffer against the deleterious effects of trauma as well as protect against everyday psychological distress (Akerjordet &
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3.1. blocks of variables would explain a moderate to large proportion of the questionnaires on a computer as part of the standard intake process and clinic. All clients at The Psychological Center complete a battery of

3.1.1. Participants are seeking individual and/or group psychotherapy at the}

3.1.2. Hevey, 2014; McLaughlin et al., 2010; Teicher & Samson, 2016). Spe-

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3.2.1. Life course exposure to potentially traumatic events (PTEs)

3.2. Early life trauma, such as child maltreatment, often results in long-

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3.2.3. The present study

3.2. In this study, we examined the influence of socio-demographic variables, lifetime trauma, and trait EI on depression, anxiety, and somatization symptoms in a sample of adult patients of a mental health clinic. Based on the research highlighted above, we hypothesized that (i) childhood and adult trauma would be significant risk factors of psychological well-being above that of socio-demographic variables (i.e., age, sex, income, education) and (ii) trait EI would significantly relate to psychological well-being above socio-demographic factors and trauma risk factors. In combination, we hypothesized that all three blocks of variables would explain a moderate to large proportion of the variation in psychological well-being.

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3.3.2. Method

3.3.2.1. Sample and procedures

3.3.2.2. The present study

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