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Psychological and physical well-being of Lithuanian youth:
Relation to emotional intelligence

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ABSTRACT

Objective: The objective of this article is to unveil the ways in which the emotional intelligence (EI) of a young person is linked with subjective assessment of physical state, depressiveness, anxiety, and psychological well-being, as well as to determine whether these factors are reliable predictors of EI constituents.

Materials and methods: The study was conducted using an original EI test (EI-DARL-V1/V2), which consisted of a traditional 73-item questionnaire; tasks of emotional, social and interpersonal situations; and identification of emotions in facial expressions (pictures). Questionnaire items were multiplexed into 5 subscales using multi-step factor analysis. Special questionnaires were devised and presented to participants together with the EI questionnaire in order to assess subjective assessment of physical and mental health, depressiveness, anxiety, and psychological well-being. There were 1430 participants from various regions of Lithuania who participated in the study. The age of participants varied from 17 to 27 years. *Results:* Established inverse linear correlation showed that those participants who experienced certain somatic symptoms or unpleasant psychological states had lower EI; a particularly strong correlation was observed between poor subjective assessment of health and understanding and control of one's own emotions. Depressed and anxious participants possessed poorer understanding and ability to regulate emotions of others as well as their own. Also, these participants performed worse when resolving emotional, social, and interpersonal situations. A direct relationship between EI and psychological well-being was established according to three EI indexes i.e. (a) understanding of own emotions; (b) understanding of emotions of other people; (c) control of emotions of others: As perception of psychological well-being increased, participants were able to understand emotions of others better and demonstrated even better ability to understand and control their own emotions. The study failed to determine whether emotion recognition from non-verbal signs (face pictures) was related to at least one of the previously mentioned indexes.

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Conclusions: The study revealed that factors such as subjective assessment of physical and mental health, depressiveness, anxiety, and psychological well-being were reliable predictors of certain EI indexes.

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1. Introduction

Scientists have been interested in the global construct of emotional intelligence (EI) for three decades, but even today there is no accepted unanimous model of EI. However, the following fundamental dimensions of EI are observed at the intersection of various viewpoints: the ability to understand one's own emotions and those of other people, and the ability to use this understanding to control one's own and other people's emotions and behavior, as well as to resolve emotion-related social situations [1,2]. Many scientists regard each of the mentioned areas as developing since early childhood rather than being genetically predetermined. For example, the ability to perceive basic emotions reflected in a face develops before the ability to recognize feigned emotional expressions [1]. Therefore, as abilities in one area develop and grow (e.g., perception of emotions), abilities in other areas are also developing and getting stronger (e.g., control of emotions).

When the construct of EI was introduced, two viewpoints quickly emerged. The first, originated by Mayer and Salovey, is considered a classical viewpoint that regards EI as a set of abilities that suppose a new form of intelligence [1]. Scientists belonging to this classical movement consider EI as intelligence that operates using emotional information [3]. It should be noted that cognitive treatment of EI developed from theory to empiricism. The second, more recent movement views EI as a dimension of a personality attributable to traits describing emotions of a person [4]. This latter approach to EI, contrary to the classical perspective, was developed conversely; that is, data obtained in the empirical research was theorized. The Bar-on model is one of the most prominent representations of this approach [5]. This model views EI as all non-cognitive abilities, knowledge, and competencies that allow a person to successfully handle various life situations. The dispute between scientists over the nature of EI is still active [6–8], but efforts to combine these two approaches emerge through the development of new EI models [9], and such models have both a theoretical and practical significance.

Since there are no convincing data that give priority to one EI approach, a discussion of theoretical personality-based and cognitive EI approaches and related methodologies were integrated in this study. Thus, in the present study, EI is defined as both internal (when individuals are capable of understanding and controlling their own emotions) and external (when individuals are capable of understanding and controlling emotions of other people) (see Fig. 1).

Recently, an increasing number of interdisciplinary studies have been conducted on psychological health, good physical state, and high-quality interpersonal relationships within the context of cognitive and emotional processes [10]. The

relationship between emotional and cognitive information processing and dysfunctional thinking has been explored. Dysfunctional thinking is defined as excessive concentration on negative feelings, as well as the causes and effects of such feelings. Dysfunctional thinking is a way of responding to a problem that encompasses continuously repeating and passive concentration on stress symptoms as well as possible causes and effects of such symptoms [11]. Concentration on problems, a depressive state, and other components of negative personal experiences determines poor adjustment and dysfunctional consequences [12].

Results of various studies show that individuals with higher EI are of better psychological health [13,14], are more physically active [15], and are more satisfied with their lives [16]. The importance of EI on the quality of psychological health becomes evident as early as adolescence: Teens with higher EI employ more pro-active strategies rather than avoidant strategies, which often cause harm to mental health [17]. EI also reduces the probability of negative mood dominance [18]. EI is negatively related with levels of stress and depressive moods [16,19,20].

Various studies have shown that individuals who are able to restore their emotional balance faster are distinguished by better emotional adaptation, stronger psychological health, and lower levels of depressiveness [21]. Conversely, depressive individuals are distinguished by selective emotional attention for negative emotional stimuli like angry faces, depressive or ill-mood comments, or negative partner responses [22]. On the other hand, not all authors agree that selective emotional attention is directly related to depressive moods. Balluerka et al. demonstrated that such correlation is not linear [23]. Low levels of emotional attention limit the scope of emotional control processes, whereas high levels of emotional attention activate personality processes directed toward oneself, which facilitates rather than reduces expression of negative moods [24].

Studies show that levels of EI may be related to expressions of behavior that damage individual's health. Brackett et al. have determined that the inability to analyze one's own emotions and use this information to create mental stability is related with negative outcomes like drug use and antisocial behavior [25]. Low EI is also associated with alcohol addiction, deviant behavior, and poor interpersonal relationships [26]. Humphrey et al. maintain that EI may be regarded as an important factor in preventing mental health problems and encouraging adjustment and well-being [27]. A study performed by Brown and Schutte revealed that low EI levels significantly correlated with feelings of cognitive, physical, and social fatigue [28]. Individuals with higher EI experienced less subjective stress, were in better physical health, and less often experienced mental burnout in jobs that required great tension [29].

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