

EMOTIONAL INTELLIGENCE AND RESILIENCE

Karla Vasquez

Eastern New Mexico University, USA

E-mail: Michael.Shaughnessy@enmu.edu

ABSTRACT

The following paper explores the concepts of emotional intelligence (EI) and resilience. There is some disagreement and debate about the meaning and definition of both constructs. EI as a construct refers to a person's ability to recognize their own emotions as well as the emotions of others. Resilience refers to a person's ability to resist the negative consequences related to stressful and traumatic events. Despite the differences in how the constructs are defined, there is general agreement that there is a direct relationship between EI and resilience. Generally speaking, researchers and academics agree that higher levels of EI help individuals to develop greater resilience. By the same token, there is general agreement that lower levels of EI lead to an individual's diminished ability to develop resilience. There are certain individuals who seem able to endure stressful life events or traumatic circumstances without permanent debilitation. On the other hand, there are individuals who suffer seemingly less stressful events or smaller moments of trauma, but are greatly damaged by these incidents. The questions of how individuals develop EI and resilience and why certain individuals are more resilient than others are dynamic and complex.

Keywords: *emotional intelligence, resilience, stress, trauma*

INTRODUCTION

There has been a great deal of interest in both emotional intelligence (EI) and resilience. Both constructs have been researched extensively. The interest in these concepts is easy to understand. Most people have wondered why certain people are able to navigate social situations with apparent ease. By the same token, many people have asked themselves why following traumatic life events certain individuals seem to respond well while others struggle to overcome any level of adversity. Researchers too have wondered which characteristics come together to form a more resilient individual. Researchers have also tasked themselves with

attempting to define EI and have attempted to explain the consequences of both high and low levels of EI. The following paper does not attempt to answer these questions, but is a review of some of the research that has been done in these areas. There is generally great overlap between EI and resilience. The findings of a small selection of research articles is explored, but the author does not claim any expertise. Rather, the connections between EI and resilience are discussed as well as the difficulties in attempting to make definitive declarations.

It is important to first define both EI and resilience prior to beginning a discussion about the effects one has on the other. Emotions are the cornerstone of human experience and have countless purposes; ranging from helping in the building of social relationships to alerting an individual to potential perils. EI is said to encompass four abilities, including the ability to perceive one's own feelings as well as those of others, the use of these emotions mindfully in facilitation of problem solving, the appreciation of the causes and effects of one's emotions, and the management of one's emotions effectively. For these reasons, EI is comprised of both interpersonal and intrapersonal factors, which are interconnected. For example, an ability to recognize one's own emotional states helps in developing an awareness of others' emotional states. Research has demonstrated that people with high EI are more effective at managing stress, exhibit higher rates of positive health behaviors, are more psychologically and physically healthy, and have a higher quality of life (Grant, Kinman, & Alexander, 2014).

EI is a complex concept and can be difficult to define in measurable ways. There has been much debate about both the definition of EI as well as how to measure it. Different traditions define EI differently, with the more traditional considering EI as a broad ability equivalent to numerical ability or verbal ability, except the content domain is emotions instead of numbers or words. A more contemporary definition of EI is a wide-ranging collection of personality traits, which allow for emotionally intelligent behavior. Commonly, EI is explained using a four branch hierarchical model. The four branches are arranged hierarchically from the simple processing of information to complex reasoning processes. The first is emotion perception, which refers to the ability to accurately perceive the emotional content we receive from our external environments, such as body language, facial expressions, tone or artistic expression. The second is the emotional facilitation of thought, which refers to one's ability to use our emotions in problem solving. The third is emotional understanding, which refers to one's understanding of emotions, including how they change over time, the causes and consequences of emotions and how emotions form complex experiences. The last is emotional regulation, which refers to one's ability to regulate one's emotions, including the down-regulation of negative emotions and the up-regulation of positive emotions (Elfenbein & MacCann, 2017). Higher EI scores have been

associated with higher levels of reported life satisfaction as well as less perceived stress (Frajo-Apor, Pardeller, Kemmler, & Hofer, 2016).

A broad definition of EI is the ability to continue to motivate oneself in spite of facing frustrations. Additionally, EI is the controlling of impulses, the delaying of gratification, the regulating of one's moods, the keeping of distress from clouding one's ability to think, the ability to empathize and to hope. EI is also associated with enhanced decision-making and judgement. Additionally, EI allows for greater flexibility, maintenance of enthusiasm, optimism, confidence, trust and cooperation (Kinman & Grant, 2011).

When speaking in psychological terms, resilience is used to refer to one's ability to resist deleterious effects on physical and mental health, generally caused by life stress (Leaver, Yang, Siddarth, Vlasova, Krause, St. Cyr, Narr, & Lavretsky, 2018). Resilience as a construct attempts to explain an individual's environmental and inherent protective and risk factors (McCrimmon, Matchullis, & Altomare, 2016). Resilience is also used to refer to successful adaptations in the face of adversity and risk factors (McCrimmon, Matchullis, & Altomare, 2016). In more simple terms, resilience can be thought of as recovery capacity and EI can be thought of as emotional capacity (Bulathwatta, Witruk, & Reschke, 2017).

The phenomenon of certain individuals being able to easily recover following negative risk factors and circumstances is both common and familiar (Frajo-Apor, Pardeller, Kemmler, & Hofer, 2016). By the same token, there are individuals who appear especially vulnerable to these adverse events (Frajo-Apor, Pardeller, Kemmler, & Hofer, 2016). Individuals who demonstrate positive outcomes in spite of adversity or traumatic experiences, can be described as resilient. Common risk factors for poor outcomes include the following: chronic exposure to violence, low socioeconomic status, and traumatic life events like divorce. Protective factors include: access to services and supports, supportive and close relationships, and higher cognitive abilities (McCrimmon, Matchullis, & Altomare, 2016).

Resilience has also been associated with better physical and mental health outcomes and is thought to protect against developing mental disorders. Research has demonstrated that psychological resilience plays an important part in developing one's life satisfaction. Resilience has also been associated with increased levels of life satisfaction (Kong, Wang, Hu, & Liu, 2015). The nature of psychological resilience is dynamic and multidimensional, and can be thought of as one's ability to recover following adversity as well as the ability to maintain one's psychological health in the face of traumatic events (deTerte, Stephens, Huddleston, 2014).

Certain dynamic factors have been identified as being important to the development of psychological resilience. These factors are adaptive coping, optimism, adaptive health practices, emotional competence and social supports.

Optimism is one's belief that good things will happen. Optimism is dependent on the particular situation at hand, but can also be learned. Optimism is linked to good psychological well-being, improved physical health, and adaptive coping strategies in spite of adverse or traumatic events (deTerte, Stephens, Huddleston, 2014).

Adaptive health practices have consistently been linked to higher levels of mental and physical health. By the same token, non-adaptive health practices are associated with pathogenic consequences to adverse or traumatic events. Adaptive health practices include regular exercise, rest, good nutrition, relaxation, smoking abstinence and the appropriate use of alcohol. A healthy social support system has also consistently been shown to improve psychological and physical well-being, protects from cognitive decline and is thought to be a protective factor against depression. Social support typically, comes from family members, friends and colleagues and helps to shield people from stress (deTerte, Stephens, Huddleston, 2014).

Traumatic events are defined by the DSM-5 as experiences that cause emotional, physical or psychological harm or distress. There are many kinds of traumatic events, including but not limited to: accidents, natural disasters, rape, childhood abuse, criminal victimization and domestic violence. There are also many different types of stressors which can traumatize individuals, such as financial difficulties, marital problems, job loss, serious illness of family members and the death of loved ones (American Psychiatric Association (APA), 2013).

Traumatic events affect individuals in different ways and one's reaction to trauma differs from person to person. Trauma can be defined as a stressful event, presenting extraordinary challenges to an individual's adaptation and coping. Trauma encompasses wide-ranging events, but the common thread connecting different types of trauma is that an individual's coping capacities are overwhelmed. Traumatic events can range from a set of circumstances, multiple events or a single event, which is experienced by an individual as emotionally or physically harmful and has lasting adverse effects on one's emotional, social, physical, or spiritual wellbeing (Bulathwatta, Witruk, & Reschke, 2017).

There are many factors which affect an individual's resilience capacity. Research has identified seven factors, which are associated with one's capacity for resilience. The first, is the locus of control, or one's sense of self-determination and self-efficacy. The second is the disclosure of the traumatic experiences to one's significant others. The third is one's sense of self and sense of group identity. The fourth is one's perceived social and personal resources that can be used in coping with traumatic events. The fifth is pro-social or altruistic behaviors. The sixth is one's ability to find meaning in both the traumatic experience and in life after the event. The seventh is one's social interactions and sense of connection with a significant community (Bulathwatta, Witruk, & Reschke, 2017).

Many individuals who are affected by traumatic events show various emotional disturbances, which result in dramatic life changes. Some of the most prevalent symptoms seen following traumatic events are sleeplessness, loss of appetite, mood and behavioral changes and emptiness of facial expressions. Emotional intelligence plays a role in the development of coping strategies, but there is still some debate about its exact role. Generally speaking, there is consensus amongst researchers that disadvantaged or vulnerable individuals are more likely to have emotional difficulties following a stressful experience (Bulathwatta, Witruk, & Reschke, 2017).

Resilience is thought to be a key factor in coping with traumatic experiences and has been called emotional elasticity. Most individuals are exposed to at least one traumatic event during the course of their lives, but not everyone copes with these experiences in the same way. Following a traumatic experience, some individuals experience acute distress and are unable to recover, while others suffer for shorter periods of time and seemingly less intensely. It seems that resilience plays a key role in determining emotional stability following traumatic events. As outlined above, the question of how emotional intelligence and resilience help in the development of coping strategies is a complicated one (Bulathwatta, Witruk, & Reschke, 2017).

Resilience is also considered a protective factor, enhancing one's stress-management ability and promoting well-being. The question of which social competencies can predict resilience is still debated. As previously discussed, the concept of resilience refers to one's capacity for dealing with environmental difficulties, demands and pressures without being subject to negative effects. Resilience has commonly been examined as a protective factor that is thought to help children experiencing major stress to bounce back. Resilience is thought to protect adults who experience traumatic events, including war and terrorism. It is also thought that temperament and other aspects of resilience have strong genetic components. Research, however, also suggests environmental factors, which include attachment style in childhood and the quality of one's peer and family relationships as strong predictors of stress resilience later in life. Research also points towards resilience acting as a buffer to the negative effects of work stress. Resilience may then also explain why some people who experience high levels of work-related stress thrive and gain an improved ability to manage challenging situations in the future. In this way, resilience is not only a protective factor, but also aids people in adapting positively to high-stress situations and enhance their growth throughout the course of their professional career (Kinman & Grant, 2011).

Amongst the EI factors, which are thought to be important predictors of psychological well-being and resilience is reflective ability (Kinman & Grant, 2011). Reflective practice is thought to be a key factor in developing emotional

intelligence (Grant, Kinman, & Alexander, 2014). Reflective abilities include insight into one's emotional reactions, the impact of those reactions on one's self and others, and how emotional reactions impact the decision-making process (Grant, Kinman, & Alexander, 2014). EI is also thought to supplement cognitive intelligence, because it aids in empathy, motivation, self-appraisal, self-regulation, and social skills (Abraham, 2004). Individuals who are able to reflect on their thoughts and beliefs are also better able to consider the positions of others (Kinman & Grant, 2011). These individuals are also able to use their reflective abilities towards more effective communication with other people (Kinman & Grant, 2011). People with strong reflective abilities are much more likely to be resilient to the effects of stress and are less distressed overall (Kinman & Grant, 2011).

There is much research done, which suggests the experience of failure has drastic psychological and emotional consequences (Johnson, Panagioti, Bass, Ramsey, & Harrison, 2017). Research suggests that perceptions of failure increase one's feelings of sadness, frustration and defeat. Research also indicates that these feelings of failure also have a negative impact on cognitive functioning and reduces accuracy of memory recall. It is, however, important to note that not all individuals experience these distressing responses to failure. As discussed beforehand, there are factors that enable people to withstand these stressors. Research indicates that certain psychological factors provide a buffer between failure and emotional distress. These psychological factors include higher self-esteem, lower levels of perfectionism, and positive attributional styles (Johnson et al., 2017).

One's perception of social competence is also strongly linked with resilience to stress. Social competence plays a strong role in the achievement and maintenance of social networks with family, friends and colleagues. There is a great deal of research, which supports the idea that social support is an extremely effective buffer against the negative effects of stress. Another EI factor which predicts for resilience is empathy. Empathy encompasses one's ability to feel concern for others, take the perspective of others, and to feel empathetic distress. Empathetic concern includes compassion, sympathy and feelings of warmth for other people. These empathetic feelings appear to improve one's stress resilience. Empathetic distress, refers to feelings of discomfort and anxiety at witnessing another's negative experiences. In contrast, the feelings of empathetic distress are thought to diminish one's stress resilience. For these reasons, the enhancement of interpersonal and intrapersonal competencies are believed to foster resilience (Kinman & Grant, 2011).

Throughout the United States, children are exposed to violence during childhood. Many children in America are at risk for exposure to violence and the many negative consequences that go with it. While this is certainly true, it should

be noted that many children are able to function successfully as adults following these adverse and traumatic event. Childhood exposure to violence has serious and lasting consequences. Adults who experienced adverse and violent events in childhood have higher rates of depressive disorders, anxiety symptoms, and increased risk for suicide. Unsurprisingly, many children exhibit emotional, social and behavioral difficulties following exposure to violence. However, there is a substantial portion of these children who demonstrate remarkably resilient functioning. One of the protective factors that comes up repeatedly in research on childhood violence is social support. The establishment of safe and nurturing relationships with adults following adverse events is critical to a child's brain development and their behavioral, social, emotional and intellectual abilities. A strong social support network has reliably been linked with reduced feelings of loneliness and fewer adjustment problems. Social supports also play an important role in recovering from mental health problems and the maintenance of self-esteem. The quality of social relationships is more important than the quantity of them. Individuals with a history of violence seem to experience a lower quality of these relationships. Although exposure to violence may be linked to lower quality social relationships, EI is shown to facilitate improved social relationships. The improvement of social relationships may be due to the higher social competence that is associated with EI. In addition to higher quality social relationships, EI is also associated with resilience following adverse life events. Many researchers attribute greater coping capacities to higher levels of EI. Throughout the research, EI is linked with resilient functioning processes like prosocial skills and social networks. There are a multitude of variables with differing levels of importance, which are associated with either enhancing or diminishing resilience following traumatic or adverse events. What seems to hold true in much of the research is that the protective factors of high levels of EI and high quality social supports seem to be linked with resilience in people who have experienced adversity (Howell & Miller-Graff, 2014).

SUMMARY AND CONCLUSIONS

In conclusion, EI and resilience have significant effects on each other. The exact relationship between the two constructs is difficult to pin down. However, there has been an abundant amount of research done on the relationship between the two. There is definite agreement that EI plays a crucial role in the development of resilience. There are differences in how these constructs are measured and various different ideas as to the exact effects. Most researchers are in agreement that higher levels of EI generally makes an individual more resilient to stress and thus better able to respond to adversity. People who are more attuned to their

emotions and the emotions of others are generally better able to make higher quality social relationships. These relationships are thought of as a protective factor against the deleterious effects of stressful situations. There is also a great deal of debate surrounding how much of EI and resilience is determined by genetics and how much is determined by environment. Some researchers point out that certain qualities such as optimism can be learned. Although particular qualities and social competencies can be learned, most researchers also agree that there are genetic components which determine how these qualities are expressed. Although there are no definitive answers to these questions, one can't help but wonder how much control an individual has when considering the development of EI and resilience. A major question still left unaddressed is whether or not all individuals can develop EI and resilience. It is unclear whether or not certain individuals lack the capacity to improve EI and resilience. What does seem to hold true, is that individuals with higher levels of EI also have higher levels of social competence, which tends to enhance resilience. For these reasons, people with high levels of EI also tend to demonstrate higher levels of resilience. Although the exact measurements and precise effects EI and resilience have on each other is difficult to define, the research clearly demonstrates there is a definite relationship between these two constructs. Generally speaking, when EI is high, so too is resilience. By the same token when EI is low, so too is resilience.

REFERENCES

- 1) Abraham, R. (2004). Emotional competence as antecedent to performance: A contingency framework. *Genetic, Social, and General Psychology Monographs*, 130(2), 117-143.
- 2) American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5* (5th). Washington, DC: American Psychiatric Association.
- 3) Bulathwatta, A.D.N., Witruk, E., & Reschke. (2017). Effect of emotional intelligence and resilience on trauma coping among university students. *Health Psychology Report*, 5(1), 12-19.
- 4) deTerte, I., Stephens, C., & Huddleston, L. (2014). The development of a three-part model of psychological resilience. *Stress and Health*, 30, 416-424.
- 5) Elfenbein, H.A., & MacCann, C. (2017). A closer look at ability emotional intelligence (EI): What are its component parts, and how do they relate to each other? *Social and Personality Psychology Compass*, 11(7), 1-13.

- 6) Frajo-Apor, B., Pardeller, S., Kemmler, G., & Hofer, A. (2016). Emotional intelligence and resilience in mental health professionals caring for patients with serious mental illness. *Psychology, Health & Medicine, 21*(6), 755-761.
- 7) Grant, L., Kinman, G., & Alexander, K. (2014). What's all this talk about emotion? Developing emotional intelligence in social work students. *Social Work Education, 33*(7), 874-889.
- 8) Howell, K. H., & Miller-Graff, L. E. (2014). Protective factors associated with resilient functioning in young adulthood after childhood exposure to violence. *Child Abuse & Neglect, 38*, 1985-1994.
- 9) Kinman, G. & Grant, L. (2011). Exploring stress resilience in trainee social workers: The role of emotional and social competencies. *British Journal of Social Work, 41*, 261-275.
- 10) Kong, F., Wang, X., Hu, S., & Liu, J. (2015). Neural correlates of psychological resilience and their relationship to life satisfaction in a sample of healthy young adults. *NeuroImage, 123*, 165-172.
- 11) Johnson, J., Panagioti, M., Bass, J., Ramsey, L., & Harrison, R. (2017). Resilience to emotional distress in response to failure, error or mistakes: A systematic review. *Clinical Psychology Review, 52*, 19-42.
- 12) Leaver, A.M., Yang, H., Siddarth, P., Vlasova, R.M., Krause, B., St. Cyr, N., Narr, K.L., & Lavretsky, H. (2018). Resilience and amygdala function in older healthy and depressed adults. *Journal of Affective Disorders, 237*, 27-34.
- 13) McCrimmon, A.W., Matchullis, R.L., & Altomare, A.A. (2016). Resilience and emotional intelligence in children with high-functioning autism spectrum disorder. *Developmental Neurorehabilitation, 19*(3), 154-161.