RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND POST-TRAUMATIC STRESS

Khatuna Martskvishvili

Abstract

The goal of the present study is to investigate the relationship between emotional intelligence (EI) and post-traumatic stress disorder (PTSD) on the sample of Georgian internally displaced persons (IDPs) (as a group who has experienced potentially traumatic events). A total of 200 internally displaced persons (100 men and 100 women) were administered with (1) Trait Emotional Intelligence Questionnaire (TEIQue) (Petrides, 2009) along with (2) The Impact of Events Scale – Revised (IES-R) (Weiss & Marmar, 1997) and (3) A short questionnaire assessing socio-demographic characteristics, the nature of the trauma and post-war changes in their life. The results of the study show that the trait EI global score is predictor for PTSD. The trait EI self-control factor has predictive value for PTSD. Trait EI facets, specifically self-esteem and emotion regulation, are also PTSD predictors. The results show also that PTSD symptoms are effected by the character and nature of the trauma, in particular, people who experienced the death of close relatives or family members reported more PTSD symptoms then those who did not have such experience, but the level of trauma exposure (the number of days spent in a conflict zone) was not correlated with the severity of the post-traumatic stress. Traumatic events had a greater impact on women than on men, and affected older people more than youths. There were no significant differences in post-traumatic stress scores between IDPs living in collective centers and those residing in the so-called new settlements. The implications

of these findings for using the trait emotional intelligence as a predictor for individuals who may experience traumatic stress and for working out the recommendations for developing emotional intelligence and coping training modules and psychological service projects for IDPs are discussed.

Key words: Trait Emotional Intelligence, Post-Traumatic Stress Disorder, Internally Displaced Persons.

Introduction

The Russian-Georgian conflict of August 2008 forced some 27,000 people to flee their homes in various parts of Georgia, swelling the number of IDPs – estimated at some 223,000 by that time – who were uprooted by the conflicts in South Ossetia and Abkhazia in the early 1990s.[1] The IDPs were exposed to potentially traumatic events (horrors of war, the loss of property and deaths of relatives). In fact, finding refuge in a foreign country and being displaced in one's own country are quite different stressful experiences and the accompanying demands and challenges are also different. Although there are estimated 26 million IDPs around the world, a rather small number of studies have been carried out so far to examine their problems (meaning those displaced within their own country), in contrast to thousands of studies about refugees (those who fled their country and sought shelter in another one). Only a few studies have addressed mental health problems of IDPs and analyzed mechanisms of coping with trauma, but they left out the role of emotional intelligence as a personality factor in dealing with trauma.

Many traumatic events (wars, natural disasters, car and air accidents) happen every day all over the world. In clinical psychology it is very important to identify the factors that can help a person to cope with trauma effectively. Generally speaking, it is not easy to define a traumatic event, because what is traumatic for one person won't necessarily traumatize another. In spite of this, however, it is possible to identify a potentially traumatizing situation, which DSM-IV defines as an experience that causes physical, emotional

---

[1] The United Nations High Commissioner for Refugees, 2009, www.unhcr.org.

or psychological distress and harm. It is an event that is perceived and felt as a threat to one's safety or to the stability of one's world. The range of symptoms includes re-experiencing, avoidance and hyper-arousal. These symptoms are quite normal at the initial stage of coping with trauma – it is a normal reaction to abnormal and emotionally challenging events and individuals usually cope with them in different ways. Sometimes people lack coping resources and, therefore, have difficulty dealing with a traumatic situation – and a post-traumatic stress disorder develops as a result. How effectively an individual copes with trauma depends on various factors. These factors include personal and situational variables: specifics of a traumatic situation, personality traits and life experiences of the affected individual and related traumas, cognitive ability (McFarlane,1992; Heszen-Niejodek, 1997; Parkes, 1986; Rentoul and Ravenscroft, 1993; Regehr, Hill & Glancy 2000). Unfortunately, research results regarding these factors are incoherent, as they did not suggest a direct link between post-traumatic stress disorder and a particular personal characteristic. It is still unclear which personal traits determine a person's resilience to traumatic stress disorder. If we take into account the nature of a traumatic event, which is overwhelmed with emotional information, it sounds logical to assume that emotion regulation, emotion expression and emotion management are essential for processing the emotional information. Perception, expression, understanding and the ability to manage one's own or others' emotions form what is called Emotional Intelligence. Merging these aspects into a single unified structure is a major result of the last decades of research (Bar-On, 2006; Goleman, 1995,1998; Mayer & Salovey, 1997; Petrides & Furnham, 2000, 2001). So, if we consider that EI is a constellation of these aspects (emotion regulation, emotion expression), it would be reasonable to assume that just these aspects of EI could help individuals to deal with traumatic experiences.

According to available literature on traumatic stress, specifics of a traumatic event are very important for coping with trauma and may determine the outcome. Coping strategies vary depending on the particular situation. Furthermore, each stage of a stressful situation requires a different coping strategy – the strategy that is appropriate at the initial stage of a traumatic event may be unsuitable for the next stage (Lazarus & Folkman, 1984, 1985, 1986). If we

consider internal displacement as a specific traumatic situation, we can assume that its characteristics can influence the coping process and, consequently, its outcome (the severity of post-traumatic stress). The current research examines two characteristics of a stressful situation: trauma exposure – the number of days spent in a war zone – and trauma specifics (death of close relatives or family members).

Thus, summarizing the above considerations, it can be concluded that the main goal of the present study is to identify the personal factors that help a person to cope with trauma effectively and determines his/her resilience to the post-traumatic stress disorder. More precisely, the present paper attempts to identify the function and role of the trait emotional intelligence in coping with trauma and explore the relationship between the trait emotional intelligence and post-traumatic stress on the sample of internally displaced persons[2] as a group of people with potentially traumatic experiences.

The specific predictions of the study:

▸ If there is a correlation between trait EI and PTSD, participants with higher trait EI scores should be less likely to experience PTSD symptoms;

▸ Different trait EI components should have different predictive values for PTSD;

▸ There should be gender and age differences;

▸ If there is a correlation between the nature of a traumatic situation and PTSD, (a) a high level of trauma exposure (the number of days spent in a conflict zone) should cause a high level of PTSD and (b) trauma specifics (death of family members) should influence the trauma coping process, and, consequently, its outcome.

THE CONCEPT OF EMOTIONAL INTELLIGENCE

The concept of emotional intelligence has become increasingly popular in the last decade, following the publication of Daniel Goleman's best-seller "Emotional Intelligence: Why It Can Matter More Than IQ". Emotional intelligence is usually defined as a dispositional characteristic or the ability

---

[2] These people became internally displaced after the Georgia-Russia conflict in 2008.

to understand, accurately perceive, express, and regulate emotions (Mayer & Salovey, 1997).

There are three main models of emotional intelligence nowadays *(*Emmerling, Shanwal & Mandal, 2008):

1. The Ability-Based model – Salovey's and Mayer's concept of emotional intelligence defines it within the confines of the standard criteria for a new intelligence. They define emotional intelligence as "the ability to perceive emotions, integrate emotions to facilitate thought, understand emotions and to regulate emotions to promote personal growth". Emotional intelligence is the ability to recognize the meanings of emotion and their relationships as a basis for reasoning and problem solving. It is a person's capability to perceive emotions, assimilate emotion-related feelings, understand the information contained in those emotions, and manage them (Mayer & Salovey, 1997).

2. The Emotional Competencies model (Goleman, 1998) includes a number of interpersonal and emotional competencies (Hay Group, 2005), some of which derive from the leadership competence model. According to this model, EI is not an inherent talent but an acquired competence that needs to be worked on and can be developed to achieve outstanding performance. In fact, Goleman believes that emotional intelligence is one of the most important predictors of success in the workplace. The model claims that individuals are born with a general emotional intelligence that determines their potential for learning emotional competencies.

3. Trait Emotional Intelligence models – (a) Trait Emotional Intelligence model (Petrides & Furnham, 2001, 2007) and (b) Emotional-Social Intelligence model (Bar-On, 2006).

a) According the Emotional-Social Intelligence model, emotional intelligence and cognitive intelligence equally contribute to a person's general intelligence, which then indicates a person's potential for success in life. Emotional intelligence is defined as the ability to understand oneself and others, to communicate with others, to adapt and to cope with the immediate surroundings, and to deal with environmental demands successfully.

b) Trait EI model focuses on the personality framework. This model defines emotional intelligence as "a constellation of emotion-related self-perceptions and dispositions located at the lower levels of hierarchical personality taxonomies" (Petrides & Furnham, 2001). An alternative version of this

concept is a trait emotional self-efficacy. This is a constellation of behavioral dispositions and self-perceptions concerning one's ability to recognize, process, and utilize emotion-laden information. The definition underlines self-perceived abilities and behavioral tendencies which are measured through self-report. The conceptualization of emotional intelligence as a personal trait separates it from human cognitive ability taxonomy.

The concept of emotional Intelligence has been used for a number of purposes, such as job selection, diagnosis, and evaluation; most of the studies are focused on emotional intelligence as a factor which plays important role in professional and academic success and in social relationships. A number of studies have been conducted in the last five years to examine emotional intelligence as a predictor variable, which can help predict how vulnerable individuals are to cope mental disorders. These studies showed that individuals with higher levels of emotional intelligence have fewer mental health problems. They are able to deal with stress easily and successfully cope with environmental challenges, changes and demands. Individuals with lower levels of emotional intelligence are less resilient to mental disorders (see, e.g., Downey et al, 2008; Hansen, Lloyd & Stough, 2009; Leible & Snell, 2004; Martinez-Pons, 1997; Nolindin, 2006; Schutte et al., 1998; Summerfeldt, Kloosterman, Antony & Parker, 2006; Tsausis & Nikolau, 2005). Patients exhibit lower emotional intelligence compared to non-clinical groups. Unfortunately, the research produced inconclusive data regarding these factors. Different components of emotional intelligence may be involved in different mental health problems and it is still not clear which component of emotional intelligence contributes to the development of trauma symptoms.

POST-TRAUMATIC STRESS

According to DSM-IV, an essential feature of post-traumatic stress disorder is the development of symptoms following exposure to an extreme traumatic stressor. DSM-IV defines a traumatic event as an experience that causes physical, emotional, and psychological distress or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's

world. The range of symptoms includes: (1) re-experiencing, (2) avoidance and (3) hyper-arousal. Almost everyone experiences at least some of these symptoms as a result of a traumatic event.

(1) Re-experiencing – individuals relive the traumatic event or events in some way or another and may have repeated upsetting memories of the event. Sometimes, these memories may resurface unexpectedly, for no apparent reason, while at other times they may be triggered by a traumatic reminder. These memories can cause both emotional and physical reaction. Sometimes they seem so real that it feels like the event is happening again. This phenomenon is called a "flashback". Re-experiencing the event may cause intense feelings of fear, helplessness, and horror similar to the feelings the person had when the event actually took place. Re-experiencing consists of the following components:

- Intrusive, upsetting memories of the event;
- Flashbacks (acting or feeling as if the event was happening again);
- Nightmares (either of the event or of other frightening things);
- Feelings of intense distress when reminded of the trauma;
- Intense physical reaction to the reminders of the event (e.g., rapid heartbeat and breathing, nausea, muscle tension, sweating).

(2) Avoidance and numbing symptoms – individuals who suffer from PTSD tend to avoid places, people, or other things that remind them of a traumatic event and can trigger painful memories of what they went through. They may avoid going near places where the trauma occurred or seeing/hearing stories about similar events. They may avoid other sights, sounds, smells, or people that are reminders of the traumatic event. Some people find that they try to distract themselves as a way to avoid thinking about their traumatic experiences.

Numbing symptoms are another way to avoid psychological trauma. Individuals with PTSD may find it difficult to be in touch with their feelings or express emotions toward other people. For example, they may feel emotionally "numb" and "detached". They may be less interested in activities they once enjoyed. Some people forget, or are unable to talk about, important parts of the event. Some think that they will have a shortened life span or will not reach personal goals such as having a career or family.

Avoidance and numbing includes several indicators:
- Avoiding activities, places, thoughts, or feelings that remind of the trauma;
- Inability to remember important aspects of the trauma;
- Loss of interest in activities and life in general;
- Feeling detached and emotionally numb;
- Sense of a limited future (individual doesn't expect to live a normal life span, get married, have a career).

(3) Hyper-arousal symptoms – individuals are hyper-sensitive to normal life experiences. People with PTSD may feel constantly alert after the traumatic event. This is known as increased emotional arousal, and it can cause difficulty sleeping, outbursts of anger or irritability, and difficulty concentrating. They may find that they are constantly "on guard" and on the lookout for signs of danger. They may also find that they get startled:
- Difficulty falling or staying asleep;
- Irritability or outbursts of anger;
- Difficulty concentrating;
- Hyper vigilance (constantly "on guard");
- Feeling jumpy and easily startled.

There are also some other common symptoms of post-traumatic stress disorder, including: anger, guilt, shame or self-blame, substance abuse, depression and hopelessness, suicidal thoughts and feelings, feeling estranged and excluded, feelings of mistrust and betrayal, headaches, stomach problems, chest pain, etc.

Post-traumatic stress disorder and emotional intelligence

Among all available scientific literature there is only one published study about the relationship between (Stough et al. 2009) emotional intelligence and post-traumatic stress disorder. The study investigates whether emotional intelligence can predict how individuals respond to traumatic experiences. A random sample of 414 students participated in the study (Hunt & Evans 2004), which applied Nottingham Emotional Intelligence Scale (NEIS) for measuring emotional intelligence. The NEIS is a single-factor scale which can assess only the global score of emotional intelligence,

not the scores for separate EI components. The selection criteria for the sampling of respondents did not include the experience of a traumatic event, though 298 respondents claimed to have had such an experience. The study demonstrated a link between EI and trauma. In other words, there was a clear correlation between emotional intelligence and trauma-related symptoms – those with higher EI tended to have fewer symptoms. But the study fell short of establishing which component of emotional intelligence is involved in the development of trauma symptoms. It is the present study that gives answer to this question.

METHOD

Participants and procedure

Altogether, 200 internally displaced persons (average age=38.15, SD=14.70) volunteered to participate in the study: 100 women and 100 men.

Education of the participants: 38.0% of participants had secondary education, 8% had incomplete secondary education, 33.0% with higher education, 16.5% with vocational education and 4.5% of them are students.

Employment status: A large proportion of the participants (90%) were unemployed. Of those who were employed 3.5% were employed in the state sector, 3.0% were employed in the private sector, 2.5% were employed in academic institutions, 1.0% were in the armed forces.

Marital status of the participants: A majority of the participants were married (61.5%) or single (30.0%). Small proportions of the participants were divorced (5.5%), widowed (3.0%).

Residence of the participants: 50% were residents of IDP Collective Centers (mostly dilapidated old buildings) and 50% of participants lived in so called New IDP Settlements (small houses or cottages provided by the government). The participants came from different Georgian villages.

The questionnaires were handed out to every IDP at their place of residence, along with standard instructions on how to fill them out.

Measures

Emotional intelligence

Theoretical framework. The theoretical framework for the study is the Trait Emotional Intelligence model. According to this model, emotional intelligence is "a constellation of emotion-related self-perceptions located at the lower levels of personality" (Petrides & Furnham, 2001). An alternative definition of the term is trait emotional self-efficacy.

Instrument. Trait Emotional Intelligence Questionnaire (TEIQue v 1.5) (Petrides, 2009). It is a self-report questionnaire designed to measure 15 facets of emotional intelligence, four factors and trait EI global score.[3] In this study we used the Georgian version of the Trait Emotional Intelligence Questionnaire (G-TEIQue) (Martskvishvili, Mestvirishvili, Arutinov, 2011), which broadly replicates the factor structure of the British TEIQue. It also comprises 15 primary facets, and four higher order factors: emotionality, sociability, self-control, and well-being. It has appropriate psychometric properties and proved efficient and relevant in numerous studies.

A short questionniare assessing socio-demographic characteristics, trauma exposure and spcecifics and post-war life changes

The questionnaire was divided into following sections:
- ‣ Demographic information – gender, age, education, employment status;
- ‣ Post-war life changes – health and economic status, relationship quality, etc.;
- ‣ Health – self-perception of psychical health conditions;
- ‣ Economic status – self-perception of the current, past and future economic conditions;
- ‣ Characteristics/nature of stressful situations;
- ‣ Trauma exposure (number of days spent in a conflict zone);
- ‣ Trauma specifics (death of family members).

---

[3] A detailed description of the factors and subscales is provided in the Appendix.

Trauma influence and post-traumatic stress symptoms

Theoretical/clinical approach. Criteria were based on the diagnostic and statistical manual of mental disorders (4th ed.), (DSM-IV R).

Instrument. The measurement of post-traumatic symptoms is: The Impact of Event Scale – Revised (IES-R) (Weiss & Marmar, 1997). The IES was originally developed by Horowitz, Wilner, and Alvarez (1979) as a standardized scale to measure PTSD using three main diagnostic criteria. The original version of the scale (which did not assess hyper-arousal) has been validated by numerous studies and has appropriate scale characteristics. It is a self-report measure designed to assess current subjective distress for any specific life event. IES-R has three sub-scales (Horowitz, Wilner, & Alvarez, 1979):

1) Avoidance – efforts to avoid talking, thinking and having feelings about the traumatic event and evade any reminders of the event ("I tried not to think about it");

2) Intrusion – unpleasant images, thoughts about trauma, reliving the traumatic experience, "flashbacks" ("I thought about it when I did not mean to");

3) Hyper-arousal – physical reaction of the body as if the danger was still present ("I had trouble falling asleep").

The internal consistencies for the questionnaire for our sample are as follows: (1) Avoidance (8 items; α = .74); (2) Intrusion (8 items; α = .74); (3) Hyper-arousal (6 items; α = .83); (4) Global PTSD index (3 scales; α = .84).

RESULTS

Correlation between EI and PTSD

The correlation analysis (Pearson R) showed that there is a correlation between global EI score, trait EI factors, facets and PTSD variables (Table N1).

Table N. Correlation between PTSD and G-TEIQue variables

	Avoidance	Intrusion	Hyper-arousal	PTSD
Self-esteem	.086	.021	-.004	.036
Emotion expression	-.146[*]	-.103	-.140[*]	-.148[*]
Motivation	.055	.047	-.011	.033
Emotion regulation	-.067	-.333[**]	-.395[**]	-.317[**]
Trait happiness	-.057	-.212[**]	-.196[**]	-.184[**]
Empathy	-.045	.011	-.053	-.032
Social awareness	-.048	-.003	-.012	-.023
Impulsiveness (low)	-.033	.007	-.075	-.039
Emotion perception	.018	.022	-.031	.002
Stress management	-.044	-.238[**]	-.264[**]	-.218[**]
Emotion management	-.137	-.061	-.131	-.124
Trait optimism	-.015	-.194[**]	-.143[*]	-.141[*]
Relationships	.025	.040	-.020	.016
Adaptability	-.055	-.220[**]	-.162[*]	-.173[*]
Assertiveness	-.106	-.185[**]	-.217[**]	-.199[**]
Well-being	-.002	-.173[*]	-.152[*]	-.132
Self-control	-.061	-.237[**]	-.310[**]	-.242[**]
Emotionality	-.054	-.015	-.085	-.059
Sociability	-.123	-.111	-.158[*]	-.150[*]
Global TEI	-.065	-.160[*]	-.205[**]	-.170[*]
[**] $p \leq .01$; [*] $p \leq .05$				

Global Trait EI – standard multiple regression showed that emotional intelligence global score explains 2.9% of variability (R^2_{ADJ}=.024, $F(1,198)$=5.88, p<.05) and is a predictor for PTSD (ß = .17, p<.05).

Trait EI factors – a combination of 4 EI factors explains 8.3% of variability (R^2_{ADJ}=.065, $F(4,195)$=8.20, p<.000) and only the factor of self-esteem appears to be a predictor for PSTD (ß = -.28, p<.01).

Trait EI facets – 15 EI facets explain 21.6% of variability (R^2_{ADJ} = .152, $F(15,184)$ = 3.37, p < .001). Self-esteem (ß = .22, p<.01) and emotion regulation (ß = -.25, p<.01) are both found to be predictors for PTSD.

Gender difference in post-traumatic stress

The results of the study revealed that a traumatic event had a greater impact on women than men (Figure N1). The difference between mean scores was statistically significant for all sub-scales and for the total PTSD score.

Figure N1. Gender difference in PTSD
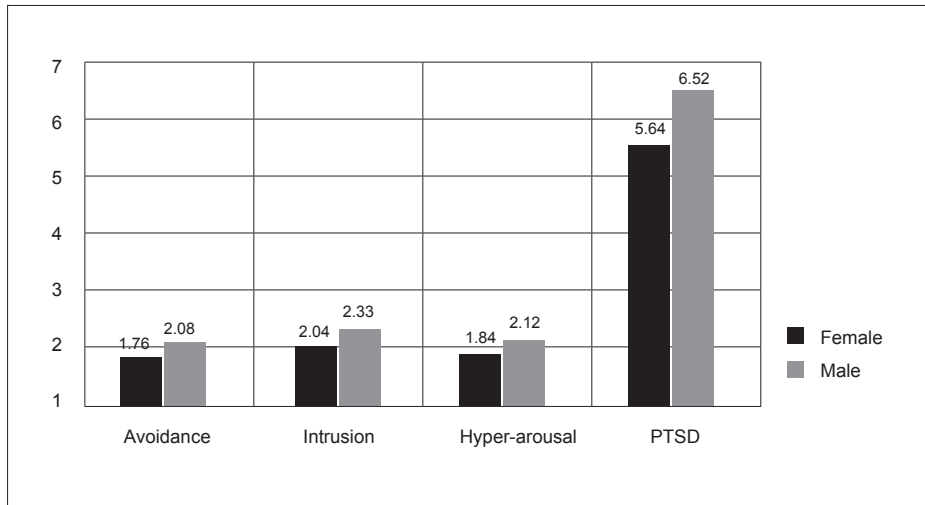
Age and PTSD

Standard multiple regression showed that age explains 3.1 % of variability and is a predictor for PTSD (R^2ADJ =.026, F(1,198)=6.33, p < .05) (ß = .17, p<.05).

Place of residence and post-traumatic stress

It should be mentioned that there was no significant difference in PTSD scores for IDPs living in collective centers and those residing in the so-called new settlements.

Correlation between trauma nature and PTSD

Trauma specifics – Individuals who experienced the death of family members reported more PTSD symptoms (M=7.19) then those without such experience (M=5.97) t= -2.47 df=198 p=0.01. The difference was statistically significant for all PTSD scales (Figure N2).

Figure N2. PTSD differences according to the trauma specifics
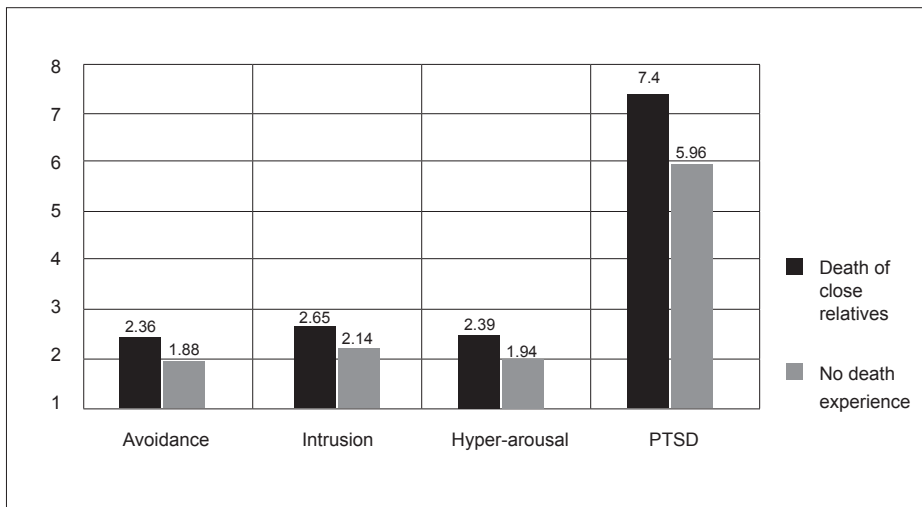
Trauma exposure – the number of days spent in a war zone.

The study results showed that the number of days spent in a war zone and in a conflict zone is not correlated with PTSD severity.

DISCUSSION

Theoretically, it is very logical and not unexpected that EI global score and trait EI facets and factors have predictive value for PTSD, if measured by EI models (Bar-On, 2006; Goleman, 1998; Mayer & Salovey 1997; Petrides & Furnham, 2001). In fact, any of these models implies to some degree that individuals with high EI can deal with environmental demands effectively and cope with emotional information easily.

Among trait EI factors, only the self-control factor has predictive value for PTSD. According to the trait EI model, it involves emotion regulation, resistance to temptations and stress management. Emotion regulation was the strongest predictor of PTSD. Theoretically, it would be logical if another factor had the highest predictive value, e.g., stress management, but this was not the case. This is likely due to the operational definition issue, as questions on the questionnaire related to stress management were formulated in a way that put emphasis on how well a person deals with pressure or workload rather than on how well a person can process emotional information with traumatic content, which is more important for dealing with trauma.

All the participants had experienced the same traumatic events, albeit with different degrees of severity. All of them lost their homes and were displaced inside their own country. If there had been participants with other, different traumatic experiences, we could have compared the results. But there were no such participants. It can be assumed, therefore, that in this case other EI facets will have predictive value, not the emotion regulation. The result again corroborates our suggestion that each EI facet should have a different predictive value for dealing with trauma. If we had been able to measure other mental disorders in the study, different trait EI variables would have had predictive value for the disorder. But the given study did not provide the opportunity to assess all those variables. So, it is a subject for future research.

As to the gender difference in PTSD, one of the possible explanations of the gender difference in PTSD is the gender stereotype in Georgian culture which requires men to "hide" their emotions and concerns, while women can openly express the symptoms they are suffering from.

Higher levels of PTSD in older people might be a result of not only past but also current circumstances, as older people usually assume greater responsibility for dealing with new stressful living conditions than younger people.

The participants who experienced the death of family members reported more PTSD symptoms then those who had no such experience, but the number of days spent in a war zone was not correlated with PTSD severity. At first glance it seems logical to assume that the more days people spend in a war or a conflict zone, the more severe the PTSD should be, as they are subjected to more traumatic events. But that indicator proved wrong. The classification of traumatic events divides them into two distinct groups: rapid and abrupt events,

often lasting a few minutes or a few hours, and systematic, repeated and lasting exposure. PTSD could develop as a response to both types of events. So, the number of traumatic experiences is not connected with PTSD severity. The study results showed that the number of days was just a formal indicator of trauma and suggested that we should choose a more relevant indicator to find out the connection with PTSD (e.g., whether a person witnessed someone's killing or was caught in crossfire, air raid or artillery bombardment). It should be also mentioned that the participants came from rural communities that have not lived in peace since the beginning of the 1990s (the start of the Georgian-Ossetian conflict).

CONCLUSIONS

The findings of the study allow us to draw the following conclusions:

(1) Trait EI is a predictor of post-traumatic stress – persons with higher EI scores are less likely to experience PTSD symptoms;

(2) Different trait emotional intelligence facets have different predictive value for post traumatic stress and emotion regulation is an essential facet for dealing with PTSD symptoms of IDPs;

(3) There are gender and age differences in post-traumatic stress – traumatic events have a greater impact on women than on men, and greater influence on older people than youths;

(4) There is a correlation between trauma specifics (the death of family members) – those who experienced the death of family members report more PTSD symptoms then those without such experience, but the level of trauma exposure (the number of days spent in a conflict zone) is not correlated with post-traumatic stress severity.

Theoretical and practical implications. Emotional intelligence is a relatively new concept and only a few studies have addressed it so far.[4] There is no literature in which components of emotional intelligence are involved in the development of post-traumatic stress disorder. That is why our assumption that EI should have a predictive value for PTSD is based on EI theories. Accordingly, if these results prove the theory, the study will have substantial theoretical value.

The study identified personal factors related to specific behaviors that are effective in dealing with trauma. They provide a basis for preparing recommendations on the development of coping strategies, EI training-modules and psychological relief projects for IDPs. The study results show that Trait EI is a predictor for coping with PTSD. This finding is important for professionals working on personnel selection for jobs and positions associated with high levels of tension and stress (military servicemen, police officers fire-fighters). It is possible to use G-TEQue in combination with other personnel selection criteria.

Limitation and delimitation. The study has several limitations, as it covers only one specific stressful situation. For this reason it is impossible to generalize

---

[4] It should be mentioned that number of studies on EI is increasing. As of 1995 the number of publications was 14, as of 2010, it has reached 13,000, Stough et al. (eds.), 2009.

the study results and apply them to other stressful situations, as there is no indication as to which component of trait EI is involved in dealing with other stressful situations. It is appropriate, however, to assume in general that individuals with higher EI are likely to cope with any type of trauma effectively. But it should be noted that examination of other traumatic situations was not the goal of the study. The second limitation is that the sampling was not clinical. If it had been, it would have made it possible to measure EI predictive value for PTSD with higher accuracy. But IDPs were chosen for the study because they represent a group of people with potentially traumatic experiences and the probability of PTSD symptoms is high among them.

Future research and recommendations. It would be useful if future research projects are focused on two priority objectives: (a) to measure the predictive value of EI and its facets for post-traumatic stress in different traumatic situations, and (b) to explore the role of EI as a predictor for other mental disorders (e.g., anxiety, depression) on the basis of a clinical sampling.

References:

1. Bar-On R., The Bar-On Model of Emotional-Social Intelligence (ESI), 2006, Psychothema, (18 supl), pp. 13-25.

2. Downey L. A., Jonhnston P. J., Hansen K. L., Schembri R., Stough C., Tuckwell V. & Schweitzer I., 2008, The Relationship Between EI and Depression in a Clinical Sample, The European Journal of Psychiatry, 10, pp. 105-116.

3. Emmerling R. J., Shanwal V. K. & Mandal M. K., (eds.), Emotional Intelligence: Theoretical and Cultural Perspectives, Nova Science Publishers, 2008.

4. Folkman S. & Lazarus R. S., If It Changes It Must Be a Process: Study of Emotion and Coping During Three Stages of a College Examination, Journal of Personality and Social Psychology, 1985, 48 (1), pp. 150-170.

5. Folkman S. & Lazarus R. S., Dunkel-Schetter C., DeLongis A. & Gruen R. J., Dynamics of a Stressful Encounter: Cognitive Appraisal, Coping, and Encounter Outcomes, Journal of Personality and Social Psychology, 1986, 50 (5), pp. 992-1003.

6. Goleman D., Emotional Intelligence: Why Can It Matter More Than IQ, New York: Bantam Books, 1995.

7. Goleman D., Working With Emotional Intelligence, New York: Bantam Books, 1998.

8. Hansen K., Lloyd J. & Stough C., Emotional Intelligence and Clinical Disorders in C. Stough et al. (eds.), Assessing Emotional Intelligence: Theory, Research and Application, The Springer Series on Human Exceptionality, 2009.

9. Hay Group McClelland Center for Research and Innovation, Emotional Competence Inventory (ECI) Technical Manual, 2005.

10. Heszen-Niejodek I., Coping Style and Its Role in Coping With Stressful Encounters, European Psychologist, 1997, 2(4), pp. 342-351.

11. Horowitz M., Wilner N. & Alvarez W., Impact of Event Scale: A Measure of Subjective Stress, Psychosomatic Medicine, 1979, 41(3), pp. 209-218.

12. Hunt N. & Evans D., Predicting Traumatic Stress Using Emotional Intelligence, Behavior Research and Therapy, 2004, 42, pp. 791-798.

13. Lazarus R. S. & Folkman S., Stress, Appraisal and Coping, New York: Springer, 1984.

14. Leible T. L. & Snell W. E. Jr., Borderline Personality Disorders and Aspects of Emotional Intelligence, Personality and Individual Differences, 2004, 37, pp. 393-404.

15. Martinez-Pons M., The Relation of Emotional Intelligence With Selected Areas of Personal Functioning. Imagination, Cognition and Personality, 1997, 17, pp. 3-13.

16. Mayer J. D. & Salovey P., What is Emotional Intelligence? In: P. Salovey & D. Sluyter (eds.), Emotional Development and Emotional Intelligence: Implications for Educators, 1997, New York: Basic Books, pp. 3-31.

17. McFarlane A. C., Avoidance and Intrusion in Post-Traumatic Stress Disorder, The Journal of Nervous and Mental Disease, 1992, 180(7), pp. 439-445.

18. Nolindin K., The Relationship Between Emotional Intelligence and Social Anxiety in a Clinical Sample, Unpublished Honors Thesis, Swinburne University of Technology, Australia, 2006.

19. Parkes K. R., Coping in Stressful Episodes: The Role of Individual Differences, Environmental Factors and Situational Characteristics, Journal of Personality and Social Psychology, 1986, 51 (6), pp. 1277-1292.

20. Petrides K. V. & Furnham A., Trait Emotional Intelligence: Psychometric Investigation With Reference to Established Trait Taxonomies, European Journal of Personality, 2001, 15, pp. 425-448.

21. Petrides K. V. & Furnham A., On the Dimensional Structure of Emotional Intelligence. Personality and Individual Differences, 2000, 29, pp. 313-320.

22. Petrides K. V., Pita R., Kokkinaki F., The Location of Trait Emotional Intelligence in Personality Factor Space, British Journal of Psychology, 2007, 98, pp. 273-289.

23. Petrides K. V., TEIQue Technical Manual, University College of London, 2009.

24. Regehr C., Hill J. & Glancy G. D., Individual Predictors of Traumatic Reactions in Firefighters, Journal of Nervous and Mental Disease, 2000, 188(6), pp. 333-339.

25. Rentoul R. & Ravenscroft T., Managing Post-Traumatic Stress in the Emergency Services, Disaster Management, 1993, 5(4), pp. 199-201.

26. Schutte N. S., Malouff J. M., Hall J. E., Haggerty D. J, Cooper J. T., Golden, C. J., et al. (1998), Development and Validation of a Measure of Emotional Intelligence. Personality and Individual Differences, 1993, 25, pp. 167-177.

27. Stough C., Saklofske D. H., Parker J. D., Assessing Emotional Intelligence: Theory, Research and Applications, The Springer Series on Human Exceptionality, 2009.

28. Summerfeldt L . J., Kloosterman P. H., Antony M. M. & Parker J. D. A., Social Anxiety, Emotional Intelligence and Interpersonal Adjustment, Journal of Psychopathology and Behavioral Assessment, 2006, 28 (1), pp. 57-68.

29. Tsaousis I. & Nikolaou I., Exploring the Relationship of Emotional Intelligence With Physical and Psychological Health Functioning, Stress and Health, 2005, 21, pp. 77-86.

30. Weiss D. & Marmar C., The Impact of Event Scale-Revised: In: J. Wilson & T. Keane (eds.), Assessing Psychological Trauma and PTSD, New York, Guildford, 1997.

Appendix   A

Sampling domain of TEIQue[5]:

Facets :	**High scorers view themselves as. . .**
1. Adaptability	. . .flexible and willing to adapt to new conditions
2. Assertiveness	. . .forthright, frank, and willing to stand up for their rights
3. Emotion expression	. . .capable of communicating their feelings to others
4. Emotion management (others)	. . .capable of influencing other people's feelings
5. Emotion perception (self and others)	. . .clear about their own and other people's feelings
6. Emotion regulation	. . .capable of controlling their emotions
7. Impulsiveness (low)	. . .reflective and less likely to give in to their urges
8. Relationships	. . .capable of maintaining fulfilling personal relationships
9. Self-esteem	. . .successful and self-confident
10. Self-motivation	. . .driven and unlikely to give up in the face of adversity
11. Social awareness	. . .accomplished networkers with superior social skills
12. Stress management	. . .capable of withstanding pressure and regulating stress
13. Trait empathy	. . .capable of taking someone else's perspective
14. Trait happiness	. . .cheerful and satisfied with their lives
15. Trait optimism	. . .confident and likely to ''look on the bright side'' of life

Factors:	
1. Well-being	. . .generalized sense of well-being, extending from past achievements to future expectations
2. Self-control	. . . a degree of control over individuals urges and desires
3. Emotionality	. . . belief of having a wide range of emotion-related skills
4. Sociability	. . . successful social relationships and social influence skills

---

[5] Interpreting sub-scale scores are extracted from: Psychometric Properties of the Trait Emotional Intelligence Questionnaire (TEIQue), (Petrides, 2009), in Stough, Saklofske, Parker, 2009 – Assessing Emotional Intelligence: Theory, Research, and Applications.