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EMOTIONAL INTELLIGENCE AS A DETERMINANAT OF TRAUMA EXPERIENCE PROCESS

Abstract

Istraživanje kao polaznu tačku ima zajedničku fiziološku osnovu traumatskog pamčenja i emocionalne inteligencije, pri čemu oboje svoju fiziološku osnovu imaju u hipotalamičkim strukturama. Istraživanje je za cilj imalo ispitati u kojoj mjeri emocionalna inteligencija determinira procesuiranje traumatskog iskustva. Istraživanje je provedeno na 275 veterana rata koji su registrirani RVI. Istraživanje je obavljeno Sarwey metodom, i ima korelacijski karakter. Glavni korišteni statistički metod je hijerarhijska regresijska analiza. Rezultati istraživanja ukazuju na postojanje značajnog uticaja subskala emocionalne inteligencije na procesuiranje traumatskog iskustva ali samo u okvirima interakcije ovih subskala sa drugim značajnim prediktorskim varijablama kao što su stepen invalidnosti, trenutni problemi i poteškoće te stepen traumatskog iskustva. Kao značajan se čini pokazatelj razliučitog uticaja pojedinačnih subskala emocionalne inteligencije pri čemu subskala kontrole emocija pokazuje značajan pozitivan efekat na procesuiranje traume dok je sa subskalom izražavanje emocija obrnut slučaj što je ozbiljna prijetnja jedinstvenosti konstrukta emocionalne inteligencije kao generalnog faktora.

Introduction

Base of the PTSD, as shown by various researches, is a series of changes, which as trauma experience consequences, appear mainly as limb defaults. One of the main changes appears in locus ceruleus, structure which regulates kateholam, a brain secretion, into two supstances: adrenalin and noradrenalin. Secreting of kateholamin leaves an extraordinary intensive track on memory. In case of PTSD this system becomes hyperactive.

Locus ceruleus is closely connected to amigdal, and changes appear on the path connecting limb system with hypophysis regulating releasing of CRF, stress hormone, which later affects an intensified secreting of hormones in limb system. Intensified quantity of hormone CRF brings to exaggerated reactions. At the same time there appeares an intensified secretion of endorfin, which brings to repeated exposition to trauma, numbing of certain emotions, e.g. Ahedonia, general emotional apathy, emotion of being detached from life, etc.

Neurological research has shown that emotional intelligence is closely connected to the limb system. (Golleman, 1995) Further, research of EQ has shown that there is a close connection between EQ and personality structure. (Mayer & Geher, 1996) One research has also shown that EQ is connected to the issue of satisfaction of life (Martinez, 1998) and to depressive symptoms and reactions (Martinez, 1997).

Since above mentioned researches refer to possible connection of EQ and trauma experience processing, our aim is to examine to what extent EQ and personality structure determine trauma experience processing.

Therefore, in our research we will examine emotional intelligence as a mediator and moderator of posttrauma adjustment, all this with an interactive approach.

The research aims at examining what role and importance emotional intelligence has when facing concrete trauma events and in adjustment of military war invalids as people whose trauma experience left permanent consequences concerning physical and mental health.

Many researches have shown that capability of rational thinking and analyzing of trauma experience are important factors in its process. This study does not explicitly indicate existing of a connection between processing and emotional intelligence, but such a connection is easy to hint, because emotional intelligence also includes capability of expressing and contolling emotions.

Research goal

In accordance with the mentioned interest sphere we will find the following:

When facing concrete trauma events what share EQ has as a moderator in explaining longterm posttrauma adjustment variables?

As an indicator of a longterm posttrauma adjustment the following criteria variables are included: posttrauma stress reactions, general psychosocial functioning, general satisfaction with life, negative life style and actively spending spare time.

Respondents and method

The research included 256 respondents, all military war invalids. It was done in the town of Zenica during December 2002. All military war invalids included in the research are registered citizens of the municipality of Zenica. There are about 1100 military war invalids registered in the area, which means that the research included about 25% of total number of this population. All of the respondents are male. An average age of respondents is 36. The respondents are military war invalids, and an average degree of disability is 47, 35% (SD=22, 35). According to their education there are six categories: four years of primary school (1, 5%), completed primary education (15, 3%), completed vocational school (22, 5%), completed grammar school (52%), completed college (6, 9%) and completed faculty (1, 8%).

Research results and discussion

Goal of this research was aimed at examining role of emotional intelligence as a moderator of trauma experience processing.

According to the results it is noticable that a lot of factors have impact on trauma experience processing.

The most important respective components are surely number of trauma war experience and especially current problems and troubles. The importance of number of trauma experience is clear from the concept of posttrauma adjustment itself, where it is emphasized that number and intensity of trauma experience greatly determines manner and speed of processing, as well as intensity of possible symptoms. (Kulka et al., 1990)

The current problems and troubles as an important processing predictor are clear from the concept of passing through trauma experience as perceived and interpreted by other

important factors, bearing in mind that our respondents defended their homeland and in return got absolute lack of care of the society for their problems. (Bat- Zion & Levy- Ahiff, 1993)

In predicting trauma experience process on our sample, an important contribution of variable, current problems and troubles, is clear when we consider the importance of social support and concept of perciving trauma experience as a cognitive concept «it happened to me because I am worthless», acknowledged through lack of care of the society.

Because of an important effect of lack of care for military war invalids, our respondents, all of the other results should be taken with suspicion.

Stress facing subscales, especially emotional subscale of directed behaviour, which as a rule correlates higly positive with a low degree of trauma experience process, have appeared as an important repsective predictor of trauma experience process. On the contrary, emotional subscale of directed behaviour shows an important positive correlation with a high degree of trauma experience process.

There is an interesting fact that degree of trauma experience process grows with war trauma invalidity (positive result). It is possible to explain it, on one side with better social care of respondents with invalidity higher degree, and, on the other side with the fact that this group is more inclined to the task of directed behaviour when facing stress situation, which is a possible consequence of more urgent need for action and conflict resolution in terms of less self-reliance of respective individuals, as well as eventual correlation with more positive life perception as a frequent cognitive style of individuals whose life was or is considerably handicapped (e.g. those ill with malignancy often start living their life to the full after the diagnosis is made, they pay attention to every single moment of their life, etc).

Emotional intelligence subscales as respective variables did not appear as un important predictor of trauma experience processing, except a managing emotion subscale in terms of supporting the processing and expressing emotion subscale which is correlated highly positive with trauma degree.

However, if we compare the other criteria variables, we can see that beside growing of degree of posttrauma stress reaction on scale IES by the respondents with high score on the

expressing emotion subscale, at the same time, degree of general psyhosocial functioning grows too (score on scale GSI and SCL-90, falls).

Such a relation could be explained through teoretical construct of expressing emotion subscale which represents capability of expressing, showing personal emotions which in this context would mean expressing emotions concerning trauma event, which finally helps trauma experience processing (Ehlers & Steil, 1995). If our conclusion is correct and research results lead to it, than scale IES is not a good discriminator degree of posttrauma stress reaction for category of respondents with high results on the expressing emotion subscale, and we should follow the results of general psyhosocial functioning.

As important predictors of posttrauma stress reactions IES - total score, the following interactions appeared: managing emotion subscale and current problems and troubles (r=-.854), perceiving emotion subscale and current problems and troubles (r=1.529) and expressing emotion subscale and invalidity degree (r=.944). From the mentioned results it is evident that there is a positive effect of managing emotion subscale on trauma experience processing.

As important predictors of posttrauma stress reactions IES – intrusions, the following interactions appeared: perceiving emotion subscale and current problems and troubles (r=1.028) and expressing emotion subscale and invalidity degree (r=1.064).

As important predictors of posttrauma stress reactions IES – avoiding, the following interactions appeared: perceiving emotion subscale and current problems and troubles (r=1.798), managing emotion subscale and current problems and troubles (r=-1.021) and perciving emotion subscale and number of war trauma events (r=-1.178).

There is a positive effect of managing emotion subscale, it is also noticable comparing to criteria variables: general satisfaction with life (growing), negative life style (falling) and spending time actively (growing).

Effects of the subscales, expressing emotions and perceiving emotions, are disputable in context of general life conditions of our respondents. On one side, it is possible to presuppose that the respondents who have better score on the expressing emotion subscale show more tendency for

verbalization of own problems and troubles, expressing in this way, their unsatisfaction and general emotional condition, while generally observing, they mostly went through the trauma experience processing which could be approved by a degree of their general psychosocial functioning (SCL - 90 scale).

However, it is evident that they show higher degree of using supstances, which refutes this conclusion, and than the only logical conclusion imposes possibility that their raised capability of expressing emotions leads to position where their expressing of emotions does not make desired effect (empathy, sympathy), and in this way they find confirmation of cognitive construct of thier own absence of value and insignificance appearing as a consequence of trauma experience.

The result indicating a negative effect of perceiving emotion subscale on degree of trauma experience processing could lead to the conclusion thah the respondents with higher degree on this subscale succeed in processing of trauma experience less effectively because they better recognize negative emotions, lack of empathy and lack of emotional support. In a whole context of trauma experience, lack of concern of social institutions and cognitive constructs following trauma experience, goes through substantiating of a negative attitude of oneself and other people, as well as loss of selfconfidence and selfrespect which returns them in the vicious circle of postponed trauma experience processing.

Conclusion

On the basis of the shown results it is evident that making explicite conclusions is very difficult and only partially justified. We can see that there are a lot of variables included in trauma experience processing itself. It is also evident that except respective variables, their interactions have a significant part, in our case interactions with emotional intelligence.

Research results show us that it is unreasonable to view emotional intelligence as a unique concept, in interaction with trauma experience itself, because different subscales act in a differet way in these subscales in relation to prediction of degree and direction of trauma experience processing.

We can also emphasize that support of important institutions of the society is very significant for trauma experience processing. In case of our respondents it appeared as a lack of concern of the institutions in our country for everyday worries and problems of individuals who mostly sacrificed themselves in establishing of this society.

In relation to the problem and goal of our research we can make the following conclusions:

Emotional intelligence, in relation to its subscales presents a significant statistical determinant of trauma experience processing.

This predictive significance is present only in the form of interactions of respective results of subscales with variables: number of war trauma events, current problems and troubles and invalidity degree, in which process interaction with variable - current problems and troubles, is the most important for all criteria variables.

Respective emotional intelligence subscales have neither equal significance nor prediction direction in relation fronting each other or in relation towards different criteria of variables, in which process, it is noticable, that in interactions a managing emotion subscale has a predictive significance in the direction of supporting trauma experience processing, while for the other subscales a reversed direction is valid in interactions, that is, in interactions they inhibit trauma experience processing.

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Summary

A starting point of a research is a joint physiological base of trauma memory and emotional intelligence, in which process, both issues have their physiological base in hypothalamus structure. The research aims at examining an impact of emotional intelligence on trauma experience processing. The research was conducted on 275 war veterans, registered in the Combatants' Association. It has been conducted by Sarwey metod and has correlative characteristics. The main statistics metod is hierarchial regression analyse. Research results indicate existing of an important impact of emotional intelligence subscale on trauma experience processing, but only in the case of interaction of these subscale with other important predictor variables such as: degree of disability, current problems and troubles, as well as degree of trauma experience. It is important that respective emotional intelligence subscales have different impact, e.g. emotion control subscale has a positive impact on trauma processing, while emotion expression subscale has a negative impact, which seriously threatens uniqueness of emotional intelligence construct as a general factor.