

SHORT REPORT

**INVESTIGATING THE RELATIONSHIP BETWEEN POST-TRAUMATIC STRESS DISORDER (PTSD) SYMPTOMS AND EMOTIONAL INTELLIGENCE AMONG ADOLESCENT REFUGEES FROM THE MIDDLE EAST**

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**Abstract**

**Objective:** The objective of this study was to establish the relationship between symptoms of PTSD and various scores of emotional intelligence scales. This study employed a cross-sectional research design. Participants were recruited from the local community health centre in Dearborn, Michigan, USA. The Child Posttraumatic Stress Reaction Index (CPTS-RI) measured the presence of PTSD symptoms and the Adolescents Multifactor Emotional Intelligence Scale (AMEIS) measured emotional intelligence. **Results:** The findings suggest an inverse relationship between PTSD severity and emotional intelligence. The PTSD score was negatively correlated with all AMEIS subscales. Two significant negative correlations were found in the tasks of using emotion and understanding emotion. **Conclusion:** Findings suggest that individuals with severe PTSD symptoms appear to lack the abilities to understand and use emotions. These findings might be useful in identifying factors that may contribute to decreasing the severity of PTSD symptoms of these children. Implications of the findings were discussed, and recommendations for future research are presented. *ASEAN Journal of Psychiatry, Vol. 15 (2), July – December 2014: 220-224.*

**Keywords:** PTSD, Emotional Intelligence, Refugee, Adolescents, Middle East

**Introduction**

The study of emotional intelligence (EI) is relatively new, having been studied empirically only during the 1990s [1]. Professionals have approached this subject from different perspectives. These include some significant findings from mental health research [2-4]. For example, EI has been found useful in psychological intervention strategies at school [5] and low EI has been linked to behavioral problems such as bullying [3]. EI has also been found to negatively and significantly correlate with depression and maladaptive coping styles among adolescents [4]. In light of correlation between some psychological problems and EI, and the utility of EI in psychological intervention, an

examination of PTSD symptoms and their relationship to EI seems appropriate. The impact of war on children's mental health is devastating. Many have suffered from various form of mental disorders and most of them are diagnosed with PTSD. A majority of adolescents exposed to violence during the Gulf War subsequently suffered PTSD and often depression and anxiety [6-8].

This study was a preliminary investigation of the relationship between EI and PTSD among refugee children and adolescents from the Middle East following war exposure in their native countries. The objective of this study was to identify the relationships between emotional intelligence and the severity of PTSD among the refugee children.

## Methods

There were 30 participants who agreed to participate in this study. Although the number was small, it is a sufficient number for correlational research on a clinical population [9]. Non-probability sampling was used in this study in which participants were recruited based on their voluntary participations and availability during the recruitment process. Their ages were between 7-17 years, 17 males and 13 females. Twenty-three participants were originally from Iraq, five from Lebanon, and two from Palestine. The average period of residency in the United States at the time of the interviews was five years nine months, with a range of 2-12 years. More than half of the participants were recruited from the Arab Community Center for Economic and Social Services Clinic (ACCESS), Dearborn, Michigan. These participants were previously diagnosed with PTSD by clinical psychologists and received regular psychological treatment at the clinics. The remainder of the participants were recruited through the researcher's personal contact with community leaders. The majority of children in the latter group had been identified by their parents as needing counseling but had refused to seek help from ACCESS, perhaps due to a lack of understanding of local services available.

## Measures

*The Child Posttraumatic Stress Reaction Index (CPTS-RI)*: Measuring the presence and the severity of PTSD symptoms, the CPTS-RI is a 20-item scale used in direct, semi-structured interviews with children and adolescents [10]. CPTS-RI items include DSM-IV PTSD symptoms from each of three main subscales, the DSM-IV Criterion B of re-experiencing trauma, Criterion C of symptoms of numbing and avoidance of affect and Criterion D for physiological arousal, including jumpiness, sleep difficulty, problems in giving attention, and impulsivity control [11]. The CPTS-RI has been used to assess specific posttraumatic stress symptoms after exposure to violence [12]. The revised CPTS-RI includes a 5-point Likert frequency rating scale ranging from "none" (0) to "most

of the time" (4). Inter-rater reliability of this instrument was 0.94, and interim agreement when the scale's co-authors and their colleagues studied children exposed to a sniper attack was a Cohen kappa of 0.878 [12]. In this study, CPTS-RI was administered individually as a semi-structured instrument to each participant. The validity and reliability of CPTS-RI has been established in many previous studies [13]. *Adolescents Multifactor Emotional Intelligence Scale (AMEIS)* [14]: The AMEIS consists of seven separate subtests that measure four emotional intelligence branches: (1) identifying emotions, (2) using emotions, (3) understanding emotions, and (4) managing emotions. The validity and reliability of this self-report instrument has been elaborated in previous literature [15].

Following approval by the review boards of Union Institute & University and the Wayne County Department of Education, participants and their parents were contacted to complete a consent form. After the consent form was signed by parents and participants, an appointment date was decided. Data collection and clinical interviews followed. Participants selected the setting to complete the study. The majority of interviews were administered at the ACCESS clinic. Several were completed at the participant's residence. During the interviews, participants could ask any question regarding the study. The researcher was careful to ensure the comfort of each participant. Approximately 2 hours were required to complete the research instruments.

## Results

In this study 20% of males were diagnosed as having "mild" symptoms, 30% were diagnosed as severely traumatized, and 6.6% were diagnosed as having "very severe" PTSD symptoms. Among female children, none were classified as having "mild" symptoms; however, 13.3% of female children were classified as "moderately" traumatized, 26.6% were diagnosed as having "severe" PTSD symptoms and 3.3% reportedly having "very severe" PTSD symptoms.

**Table 1. Basic Demographic Information of Participants**

Variable	<i>n</i>	%
<b>Age (y)</b>		
12	8	26.7
13	2	6.7
14	6	20
15	7	23.3
16	1	3.3
17	6	20
<b>Gender</b>		
Female	13	43.3
Male	17	56.7
<b>Country of origin</b>		
Iraq	23	76.7
Lebanon	5	16.7
Palestine	2	6.7

Pearson correlation analysis (*r*) showed that PTSD scores correlated significantly with emotional intelligence,  $r = -0.32$ ,  $n = 30$ ,  $p < 0.05$ . A negative correlation was found between PTSD severity symptoms and global emotional intelligence. This negative correlation indicated that participants who scored higher on the PTSD measure tended to score lower on the emotional intelligence measure. PTSD scores negatively correlated with scores on all emotional intelligence subscales. Two significant correlations were found. PTSD correlated significantly with using emotion,  $r(30) = -.037$ ,  $p < 0.05$  and understanding emotion tasks,  $r(30) = -0.36$ ,  $p < 0.05$ . The correlations of PTSD with identifying emotion and managing emotion tasks were not significant.

## Discussion

PTSD correlated negatively and significantly with emotional intelligence score. Thus children with PTSD tend to have lower emotional intelligence, a finding consistent with previous studies [2]. There are two implications of this finding. First, effective therapy may be needed to enhance emotional intelligence; for example, training in identifying, using, and managing emotion. As noted by Goleman [16], adults and children can increase their emotional intelligence. It is possible that increasing emotional intelligence among patients may lead to a reduction in PTSD symptoms, a promising subject for future research.

Significant correlations were found between the severity of PTSD symptoms and two branches of emotional intelligence: understanding emotion and using emotion. This finding suggests that as symptoms of PTSD increase, the ability to understand and to use emotion decreases, a finding consistent with previous research on emotional intelligence and other mental illness [4]. Individuals with severe PTSD symptoms appear to lack the abilities to understand and to use emotions. Individuals with severe PTSD symptoms cannot use emotions to express their feelings, resulting in trauma that is suppressed. These persons may lack the ability to understand emotions and their meaning and may fail to separate one feeling from another. These findings are probably a reflection of Criterion C5 and C6 DSM-IV PTSD diagnosis, in which PTSD individuals commonly experience feelings of detachment or estrangement from others (C5) and have disability in warm and loving feelings [17]. Also, some PTSD individuals report feeling emotionally numb. This is probably due to these children experiencing multiple traumatic experiences due to war in their countries of origin. These deficiencies should be addressed in therapy to decrease the severity of PTSD.

Correlational research design does not allow inference of causal relations between variables. Therefore, from these analyses it is too early to conclude that low emotional intelligence is a risk factor for PTSD or that low emotional intelligence limits individual ability to handle trauma. Also, the sample size of the participants was relatively small. Thirty

children is the minimum number for correlational research design considering the participants were drawn from clinical populations.

Emotional intelligence is a relatively new construct and has received a lot of attention from academicians, psychologists and educators. At the present, there is no empirical investigation specifically addressing the relationship between emotional intelligence and posttraumatic stress disorder. This study is an effort to establish a relationship between these two variables. As an exploratory study, there are venues for improvement and new development. The following paragraphs briefly discuss a few recommendations and directions for future research.

A more comprehensive study should be conducted to include other types of predominant mental illness among children such as ADHD, oppositional and conduct disorder, and separation anxiety disorder. It is hoped that by investigating different types of childhood mental disorders in relationship to their emotional intelligence, further understanding of children's emotional aspects will be gained. Also a longitudinal study should be conducted to establish causality of these variables. In such a study, the developmental aspect of emotional intelligence would be included to examine whether low emotional intelligence is a risk factor for PTSD or limits individual ability to handle trauma. It is also recommended that a study of adults from the same population be conducted. Finally, it is recommended that a study should be conducted to compare emotional intelligence between two groups of participants, war victims and a control group. By investigating these two groups in relation to their emotional intelligence, the influence of trauma on their EI can be investigated. As assimilation and integration of refugee children is of crucial interest for host countries such as the United States, it is hoped the findings presented here will spur more effective treatment for this population in future.

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