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Examining the role of trait emotional intelligence on psychiatric symptom clusters in the context of lifetime trauma

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ABSTRACT

Objective: This article examines the role of socio-demographic variables, lifetime trauma and trait emotional intelligence (EI) as predictors of trauma-related symptom clusters (depression, anxiety, and somatization).
Method: 202 adults receiving seeking psychological services at a community-based mental health clinic completed self-report questionnaires.
Results: Socio-demographic variables, lifetime trauma and trait EI significantly related to all outcomes, but trait EI had the largest impact. Trait EI was negatively related to the measures of psychological distress, with standardized coefficients ranging between −0.39 to −0.67. Combined, the three groups of variables explained between 28 and up to 50% of the variance in the outcomes.
Conclusions: These results suggest that trait EI is valuable in the prevention and treatment of depression, anxiety, and somatization symptom clusters among individuals exposed to trauma, in particular among individuals with low income and education.

1. Introduction

Exposure to potentially traumatic events (PTEs) in childhood and adulthood are strong determinants of negative psychological sequelea over the life course (Brewin, Andrews, & Valentine, 2000; McLaughlin et al., 2010). Similarly, socio-demographic factors, such as low socio-economic status (SES), are associated with higher rates of mood and anxiety disorders (Hardaway, Strerrett-Hong, Larkby, et al., 2016; Shmool et al., 2015; Zijlema, Klijs, Stolk, et al., 2015). Considerable attention has been given to factors that mitigate the negative effects of PTEs, including trait emotional intelligence (EI), which is associated with better psychological outcomes in the context of trauma (Espinosa & Rudenstine, 2018; Kao & Chen, 2016). However, there are few studies examining the role of trait EI and lifetime trauma on psychological wellbeing, and specifically trauma-related sequelea, in adulthood among clinical samples (Espinosa & Rudenstine, 2018). As there is no prior empirical basis for this work, we consider this study an exploratory approach to understand how socio-demographic variables, lifetime trauma, and trait EI uniquely contribute to depression, anxiety, and somatization symptom clusters in adulthood.

1.1. Trait emotional intelligence

Emotional intelligence (EI) denotes a person's understanding, regulating and use of emotions (Petrides & Furnham, 2003). Trait EI is defined as a lower level personality construct concerned with individuals' emotional perceptions of themselves and their emotional abilities, and is measured via self-report questionnaires (Petrides, 2011; Petrides, Pita, & Kokkinaki, 2007). Research considering the continuity of trait EI has indicated that trait EI gains partial stability between 10 and 11 years of age, and reaches full stability in adolescence (Keefer, Holden, & Parker, 2013). However, recent studies suggest trait EI, can be enhanced through targeted interventions (McIlvain, Miller, Lawhead, Barbosa-Leiker, & Anderson, 2015; Nelis et al., 2011; Nelis, Quoidbach, Mikolajczak, & Hansenne, 2009; Ruttledge & Petrides, 2012). Moreover, trait EI has been demonstrated to serve as a protective factor against psychopathology in both adolescent and adult populations (Brackett, Rivers, & Salovey, 2011; Costa, Soenens, Guiliandolo, Cuzzocrea, & Lacran, 2015; Gugliandolo, Costa, Cuzzocrea, Lacran, & Petrides, 2015; Jaffee, Simonet, Tett, Swopes, & Davis, 2015; Kahn, Ermer, Salovey, & Kiehl, 2016; Petrides et al., 2016; Simha-Alpern, 2007; Zeidner, Matthews, & Roberts, 2012). Studies have also shown that trait EI may act as a buffer against the deleterious effects of trauma as well as protect against everyday psychological distress (Akerjordet &

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Severinsson, 2007; Kwako, Szanton, Saligan, & Gill, 2011; McElroy & Hevey, 2014; Petrides et al., 2016). Accordingly, the role of interventions that foster trait EI in mitigating psychological distress is potentially large.

1.2. Life course exposure to potentially traumatic events (PTEs)

Early life trauma, such as child maltreatment, often results in long-term negative sequelae over the life course including: neurological changes, somatoform symptoms, emotional dysregulation, interpersonal problems, behavior problems, and psychiatric disorders (i.e. depression, anxiety, posttraumatic stress disorder, somatization) (Briere & Spinazzola, 2005; Ford, Chapman, Mack, & Pearson, 2006; Kwako et al., 2011; Marusak, Martin, Etkin, & Thomason, 2015; McElroy & Hevey, 2014; McLaughlin et al., 2010; Teicher & Samson, 2016). Specifically, prior research conducted has consistently found that exposure to multiple adverse childhood events is significantly associated with more deleterious mental and physical health outcomes (Burke, Hellman, Scott, Weems, & Carrion, 2011; Dube, Williamson, Thompson, Felitti, & Anda, 2004).

Experiencing PTEs in adulthood is similarly associated with increased risk for psychopathology (Brewin et al., 2000). National epidemiological studies have found that 50%–90% of adults in the United States report exposure to at least one PTE (Collins et al., 2010). Adults living in urban environments, specifically, are not only more likely to experience repeated traumatic events, but they are also at greater risk to develop trauma related symptoms, including symptoms related to depression, anxiety, and somatization, (Collins et al., 2010; Felitti et al., 1998; Galea et al., 2007; Switzer et al., 1999).

Although studies assessing the effects of trauma and trait EI on general psychological well-being in adulthood exist, most examine these relations in isolation. Accordingly, no studies have examined how psychological well-being relates to socio-demographic factors, trauma, and trait EI in combination, with the goal of identifying the unique contribution of each factor in explaining psychological well-being. Given the mutability of trait EI, examining the differential contribution of socio-demographic factors, lifetime trauma, and trait EI on trauma-related sequelea has the potential to inform prevention and treatment for victims of trauma.

1.3. The present study

In this study, we examined the influence of socio-demographic variables, lifetime trauma, and trait EI on depression, anxiety, and somatization symptoms in a sample of adult patients of a mental health clinic. Based on the research highlighted above, we hypothesized that (i) childhood and adult trauma would be significant risk factors of psychological well-being above that of socio-demographic variables (i.e., age, sex, income, education) and (ii) trait EI would significantly relate to psychological well-being above socio-demographic factors and trauma risk factors. In combination, we hypothesized that all three blocks of variables would explain a moderate to large proportion of the variation in psychological well-being.

2. Method

2.1. Sample and procedures

Participants for the study are clients at The Psychological Center, a community-based mental health clinic in Harlem, New York City. Participants are seeking individual and/or group psychotherapy at the clinic. All clients at The Psychological Center complete a battery of questionnaires on a computer as part of the standard intake process and prior to receiving ongoing psychological services; clients can leave blank any question they choose to not answer. Clients may also decline to provide consent to have their deidentified data included in research publications at no risk to themselves and/or risk of losing services. Out of a pool of 212 clients currently seen at the time this study took place, ten declined to provide consent, yielding a sample size of 202 individuals. The average respondent was 30.48 years old (SD = 10.50). In addition, the sample was 62.4% female, 59.6% with annual household incomes below $40,000 and 68.8% with a 4-year college degree or less.

2.2. Measures

2.2.1. Adverse childhood events (ACE) mini

The ACE-Mini is a 10-question self-report measure developed as part of the Adverse Childhood Experiences Study (Felitti et al., 1998). The questions assess adverse experiences that one may be exposed to from 0 to 18 years old from adults (parents or other) who live in the home. The ACE Mini has been found to have good reliability and validity (Dube et al., 2004). Internal consistency for this measure in our sample was adequate ($\alpha = 0.70$). Participants reported an average of 3.13 (SD = 2.23) ACE score, which is higher than what has been documented in the United States (Sacks, Murphey, & Moore, 2014).

2.2.2. Lifetime events checklist-5 (LEC-5)

The LEC-5 is a 17-item self-report measure of PTEs that either one experiences directly (e.g., happened to me) or indirectly (e.g., witnessed, learned about it). Scores range from 0 to 17, where higher values indicate greater trauma exposure. Given the high degree of trauma in this study population, only incidents that were endorsed on the LEC-5 as “happened to me” or “witnessed” were included in these analyses. The LEC-5 has been shown to have adequate psychometric properties (Gray, Litz, Hsu, & Lombardo, 2004). Internal consistency for the relevant incidents included in our measure was adequate ($\alpha = 0.70$). On average participants reported 4.15 PTEs (SD = 3.16), which is higher than findings from population-level studies suggesting adults on average are exposed to 3 PTEs (Benjet et al., 2016).

2.2.3. Brief symptom inventory (BSI)

The BSI is a 53-item self-report measure of psychological distress (Derogatis, 1993). Questions assess psychological distress in the past week as indicated on a five-point numerical scale (0 = *not at all*; 4 = *extremely*). In addition to a global score of psychological distress, the BSI produces scores for 9 symptom clusters. For this study, we focused on somatization, anxiety and depression as these are the symptom cluster subscales that are highly related to trauma (Seng, D'Andrea, & Ford, 2014). The scale is widely used to assess psychological distress and psychiatric disorders and has good internal reliability (an average of 0.70 for the scales) and test-retest reliability (range from 0.68–0.91). In this study, the Cronbach's alpha estimates for the global BSI scale and for all 9 BSI subscales ranged between 0.72 and 0.97, indicating adequate internal consistency. Clients endorsed average psychological distress scores of 9.64 (SD = 6.26), 7.08 (SD = 5.40), and 5.44 (SD = 5.40) for depression, anxiety and somatization, respectively. These mean scores are lower than outpatient psychiatric patients and higher than adult non-patient normed scores (Derogatis, 1993).

2.2.4. Trait emotional intelligence questionnaire-short form (TEIQue-SF)

The TEIQue-SF is a 30-item self-report measure of trait emotional intelligence that yields a global trait EI score. The TEIQue-SF is a well-respected and widely used instrument for trait EI and offers broad coverage of the construct as a whole (Cooper & Petrides, 2010; Petrides, Stough, Saklofske, & Parker, 2009). In this study, the internal consistency of the global trait EI score measured by Cronbach's alpha was 0.91. Participants on average had global trait EI sum scores of 128.25 (SD = 27.99), which is equivalent to an average score of 4.28 on a 7-point Likert scale.