



# Emotional intelligence moderates perceived stress and suicidal ideation among depressed adolescent inpatients



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## ABSTRACT

Because it remains one of the third leading causes of death among adolescents around the world, suicide is a major public health concern. This study was designed in response to this concern by examining the relationships among perceived stress, emotional intelligence, and suicidal ideation and to test the moderating role of emotional intelligence in the relationship between perceived stress and suicidal ideation. A sample of depressed adolescents ( $n = 202$ ) was recruited from five hospitals in Tehran, Iran, and then asked to complete measures of patient health, suicidal ideation, perceived stress, and emotional intelligence. Structural Equation Modeling showed that depressed adolescent in-patients with high levels of perceived stress and low levels of emotional intelligence were more likely to report suicidal ideation. Multi-group analysis indicated that depressed in-patients high in both perceived stress and emotional intelligence had less suicidal ideation than others. The findings support the notion that perceived stress acts as a vulnerability factor that increase suicidal ideation among depressed in-patients. Suicidal history moderated the relationship between emotional intelligence and suicidal ideation. These findings also highlight the importance of emotional intelligence as a buffer in the relationship between perceived stress and suicidal ideation.

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## 1. Introduction

Suicide contributes annually to 1.4% of the total burden of mental and physical diseases, and is the third leading cause of death around the world in people ages 15–24 (World Health Organization, 2012). It is highly unlikely that someone would commit suicide without any prior ideation (Abdollahi, Talib, Yaacob, & Ismail, 2015). Therefore, an understanding of suicidal ideation, and the variables related to suicidal ideation, is important in preventing suicide among depressed in-patients.

The number of completed suicide attempts in Iran is reported in numerous previous studies conducted in various Iranian cities. The most recent data available reports the national rate of suicide as roughly 5.7 suicides for every 100,000 Iranian males, and 3.1 suicides for every 100,000 Iranian females (Malakouti et al., 2009). Most of the studies done on suicide in Iran have focused on the rates of completed suicidal attempts (Malakouti et al., 2009; Mofidi, Ghazinour, Salander-Renberg, & Richter, 2008; Shooshtary et al., 2008), although only one Iranian study examined the mediating role of emotional intelligence in the links between brooding, reflective rumination, and suicidal ideation

among depressed inpatients (Abdollahi et al., 2015). It is essential that we increase our understanding of the moderating function of emotional intelligence on the relationship between perceived stress and suicidal ideation to help prevent future suicide attempts among depressed adolescents. Therefore, this study aims to address this research gap by examining the moderating role of emotional intelligence on the proposed model.

One of the greatest risk factors for suicidal ideation is stress, a known trigger of suicide attempts (Abdollahi et al., 2015). The transactional theory of stress posits that the effect of psychological appraisal is more important than actual stressors (Lazarus & Folkman, 1984). As stipulated by this theory, there are differences in everyone's reactions to the same stressors, and these differences influence both the level of appraisal and the ability to cope with the problems (e.g. when a person experiences feelings of guilt, upset, irritation, anger, and worthlessness undergoing stressful conditions, it may effect on stress perception, thinking process, and stress management, and may lead to suicidal ideation). Given the effect of perceived stress on suicidal ideation (Zhang, Wang, Xia, Liu, & Jung, 2012), it is essential to understand the relationship between perceived stress and suicidal ideation in depressed adolescents. Identifying the variables related to suicidal ideation and understanding the roles in suicidal ideation play a central role to prevent suicide.

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Emotional intelligence is an important factor that facilitates positive outcomes for individuals by providing the ability to adapt successfully to stressful environments (Ciarrochi, Deane, & Anderson, 2002). For example, one study found that emotional intelligence acted as a buffer in the relationship between childhood sexual abuse and suicidal ideation and attempts (Cha & Nock, 2009). Individuals with high emotional intelligence can perceive and understand the emotions of others, and manage and harness their own emotions in adaptive ways compared to those with low emotional intelligence (Mayer & Salovey, 1993). Individuals with a strong ability to regulate, tolerate, perceive, and manage their emotions are more probably to decrease their vulnerability toward suicidality than individuals with a poor ability to regulate, tolerate, perceive, and manage their emotions (Law, Khazem, & Anestis, 2015). They have a tendency to maintain a positive mood as well as they are good at managing other's emotions that may protect them from stress and to have a more social support which contributes to better adaptation (Ciarrochi et al., 2002). On the other side, individual with emotion dysregulation are more likely to experience suicidal ideation. Since affective vulnerabilities such as emotional reactivity, intensity, and reactivity are risk factors that increase the probability of suicidal ideation and suicide (Abdollahi et al., 2015). Therefore, the ability to understand, control, and manage emotions and the coping methods an individual uses in response to negative emotions are more likely to increase or decrease the experience of suicidal ideation. Even though researchers have dedicated considerable attention toward identifying factors associated with suicidal ideation (Abdollahi et al., 2015), there is a need to clarity in the suicide literature regarding the role of emotional intelligence's effect on suicidal ideation. Attempts to do so can help place protective factor into a clearer context by clarifying the impact of emotional intelligence on suicidal ideation.

Regardless of several studies concerning to the relationship between stress and suicidal ideation (Abdollahi et al., 2015; Grover et al., 2009; Thompson et al., 2012; Zhang et al., 2012), no study, to our best knowledge, has tested the moderating effect of emotional intelligence between stress and suicidal ideation. Past studies only studied the linear association between stress and suicidal ideation, without considering the variable influencing the association (Thompson et al., 2012; Zhang et al., 2012). Additionally, limited studies have been conducted on suicidal ideation in Iran, and the findings from such studies increase the generalizability of the findings and improve the suicidal ideation's theories.

### 1.1. Hypotheses

Building upon past studies (Abdollahi & Talib, 2015; Zhang et al., 2012), we hypothesized (a) perceived stress would positively predict suicidal ideation, and emotional intelligence would negatively predict suicidal ideation, (b) emotional intelligence would moderate the relationship between perceived stress and suicidal ideation, and (c) history of suicidal behavior and gender would moderate the relationships between emotional intelligence and perceived stress with suicidal ideation among depressed adolescent inpatients.

## 2. Methods

### 2.1. Participants

In this study, the sample size is based on the proposed data analysis technique of Structural Equation Modeling. Kline (2005) suggested that 100 sample size is a small sample size, and the sample size larger than 200 is considered as a suitable sample size for Structural Equation Modeling analysis. Participants included 202 inpatients (105 girls, 97 boys) between the ages of 13 and 18-years-old ( $M = 16.28$ ,  $SD = 2.58$ ) from five public hospitals in Tehran (103 from two mental hospitals and 99 from three regular hospitals) were recruited to participate in this study. A collection of data began on September 18, 2012 and

finished on November 10, 2012. The categorization of participants' depression were made based on the total score on Patient Health Questionnaire (Spitzer, Kroenke, Williams, & Group, 1999). Ten participants were categorized as minimal depression group (PHQ = 1–4), twelve participants were categorized as mild depression group (PHQ = 5–9), seventy-eight participants were categorized as moderate depression group (PHQ = 10–14), one hundred and twenty-four participants were categorized as moderately severe depression group (PHQ = 15–19), and eighteen participants were categorized as severe depression group (PHQ = 20–27). The mean hospitalization length was 65 days ranged from 15 to 90 days. In terms of marital status, 90% of participants were single and 10% of participants were married. On religion, 91% ( $n = 184$ ) of participants considered themselves Muslim. In terms of suicidal attempt history, 47% ( $n = 95$ ) of participants reported a suicide attempt history.

### 2.2. Measures

*Patient Health Questionnaire* (Spitzer, Kroenke, Williams, & Group, 1999) is comprised of nine items that evaluate the presence of depressive symptoms on a scale from 0 (*Not at all*) to 3 (*Nearly every day*). In this study, the mean score was 16.0 ( $SD: 6.0$ ), with a range of 4 to 27. A previous study done by university students reported the PHQ as having an acceptable reliability ( $\alpha: 0.81$ ) (Surrence, Miranda, Marroquín, & Chan, 2009). Based on the current sample, the convergent validity (AVE) for Patient Health Questionnaire was 0.66, and the Construct Reliability (CR) for Patient Health Questionnaire was 0.72.

*Perceived Stress Scale* (Cohen, Kamarck, & Mermelstein, 1983) is comprised of 10 items that assess the degree of stressful conditions over the previous month on a scale from 0 (*never*) to 4 (*very often*). The PSS-10 is widely used in Iranian samples and has high internal consistency ( $\alpha = 0.85$ ) (Abdollahi, Abu Talib, Yaacob, & Ismail, 2014; Abdollahi, Talib, Yaacob, & Ismail, 2014). In this study, the mean score was 21.14 ( $SD: 5.12$ ), with a range of 0–40. The mean stress perceived by the suicide attempt history group was higher ( $M = 26.43$ ,  $SD = 4.23$ ) than the mean stress perceived by the no suicide attempt history group ( $M = 20.31$ ,  $SD = 6.12$ ). Based on the current sample, the convergent validity (AVE) for Perceived Stress Scale was 0.73, and the Construct Reliability (CR) for Perceived Stress Scale was 0.79.

*Assessing Emotions Scale* (Schutte et al., 1998) is comprised of 33 items that evaluate emotional intelligence ability on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The AES measures how effectively respondents normally perceive and understand the emotions of others, and how effectively they regulate and harness their own emotions. A previous study showed that the AES had good internal consistency ( $\alpha = 0.87$ ) and validity (Schutte & Malouff, 2011; Schutte et al., 1998). Schutte et al. (1998) recommended using total scores on the 33-item scale. In this study, the mean score was 53.11 ( $SD: 11.12$ ), with a range of 33–165. The obtained mean for suicide attempt history group in emotional intelligence was lower ( $M = 46.17$ ,  $SD = 9.13$ ) than the obtained mean for no suicide attempt history group ( $M = 59.11$ ,  $SD = 10.12$ ). Based on the current sample, the convergent validity (AVE) for Assessing Emotions Scale was 0.60, and the Construct Reliability (CR) for Suicidal Ideation Questionnaire was 0.73.

*Suicidal Ideation Questionnaire* (Reynolds, 1991) is comprised of 30 questions that assess the occurrence of suicidal ideation on a scale from 0 (*Never had the thought*) to 6 (*Had the thought almost every day*). The total score is from 0 to 180, with a higher score showing higher levels of suicidal ideation. Earlier studies showed that this questionnaire had good internal consistency ( $\alpha = 0.94$ ) and adequate construct validity (Pinto, Whisman, & McCoy, 1997; Reynolds, 1986). In this study, the mean score was  $M = 87.14$  ( $SD: 15.12$ ), with a range of 23–152. The obtained mean for suicide attempt history group in suicidal ideation was higher ( $M = 96.23$ ,  $SD = 6.23$ ) than the obtained mean for no suicide attempt history group ( $M = 81.34$ ,  $SD = 10.12$ ). Based on the current sample, the convergent validity (AVE) for Suicidal Ideation

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