



The role of trait and ability emotional intelligence in bulimic symptoms



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ABSTRACT

Bulimia is characterized by poor affect regulation, yet the role of emotional intelligence (EI) is little understood. This study examined associations between EI and bulimic symptoms using 235 women from community and student populations. They completed measures of trait and ability EI, and the Eating Disorders Diagnostic Scale. Results showed that deficiencies in different aspects of trait EI and/or ability EI are a function of symptom type: binge eating, compensatory behaviours or weight and shape concerns. Consistent with affect regulation models, self-regulatory aspects of trait EI were related to two bulimic symptoms: binge eating and weight and shape concerns. Ability-based self-emotion management was not important, and explanatory power of lower-level EI facets (traits or abilities) was not superior to more broadly defined EI factors. Results support the conclusion that trait and ability EI may maintain subclinical levels of bulimic symptoms but have different paths.

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1. Introduction

Given both theory and evidence supporting the role of affect in bulimia (e.g., Haedt-Matt & Keel, 2011; Stice, 2001, 2002), it is not surprising that deficits in *emotion* regulation – an aspect of affect regulation referring to the automatic or controlled use of strategies to initiate, display, maintain, or modify emotional experience (Gross & Thompson, 2007) – have been documented and empirically supported (Svaldi, Griepstroh, Tuschen-Caffier, & Ehring, 2012). Individual differences in emotion regulation are dispositional tendencies toward certain functional and dysfunctional *strategies*, either conscious or unconscious, and thus assess the processes through which individuals modulate emotion across time and contexts (Aldao, Nolen-Hoeksema, & Schweizer, 2010). Whilst self-report measures such as the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004) are broad and also incorporate dimensions such as awareness, understanding, and acceptance of emotions, emotion regulation still does not fully account for all bulimic symptoms. Through using a trait emotional intelligence framework, individual differences in emotion-related dispositional variables other than self-emotion regulation can be captured (e.g., personality-based perception and expression of emotions, utilisation of emotion to facilitate creative thought, regulation of *others'* emotions).

Trait EI is conceptualized as a constellation of emotion-related self-perceptions at the lower-levels of personality hierarchies (Petrides, Pita, & Kokkinaki, 2007); it is assessed using self-report instruments and is also consistent with the subjective nature of emotional experience.

Trait EI occupies factor space at the lower levels of personality hierarchies and captures comprehensively the affective aspects of personality (Petrides, Furnham, & Mavroveli, 2007).

Whilst trait EI is associated with disordered eating behaviours (Costarelli, Demerzi, & Stamou, 2009; Swami, Begum, & Petrides, 2010; Zysberg & Rubanov, 2011), only one study has linked global trait EI to global bulimic symptoms (Markey & Vander Wal, 2007); we know little about the nature of the relationship between trait EI components and separate bulimic symptoms. The latter also applies to ability EI which is conceptualised as a cognitive emotion-related ability that is assessed via objective performance measures (Mayer & Salovey, 1997). Emotion regulation is the most psychologically-integrated of four primary abilities with development dependent on success in using abilities lower down the hierarchy: perception, utilisation and understanding of emotion. Thus, investigating the role of ability EI in bulimic symptoms would reveal whether individuals with bulimic symptoms: 1) have deficits in cognitive-based emotion regulation, self and other (cf. Brody, 2004); and 2) have deficits in other cognitive emotional skills.

This study provides a cross-sectional analysis of relationships between trait and ability EI and bulimic symptoms. There were three aims: (1) to explore whether there are different paths of association to separate bulimic symptoms – binge eating, compensatory purging behaviours, and weight and shape concerns – for trait and ability EI, the former being largely biologically based (e.g., Vernon, Petrides, Bratko, & Schermer, 2008); (2) to test whether self-emotion regulation aspects of trait and ability EI are associated with all three bulimic symptoms, consistent with affect regulation models; and (3) to assess relative concurrent explanatory utility of trait and ability EI, when assessed at three hierarchical levels and correlated with concurrent bulimic

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symptoms (Gardner & Qualter, 2010). Broader levels (e.g., global EI) are more inclusive, general and abstract (Ones & Viswesvaran, 1996), and their use provides a general theoretical understanding of criteria, but low level (i.e., narrow) facets utilise unique non-random error variance (Paunonen, Rothstein, & Jackson, 1999) and provide information about the relative influence of EI dimensions.

2. Method

2.1. Design and participants

Participants were 235 UK English speaking women aged 18–79 ($M = 36.20$ years; $SD = 11.72$). They completed questionnaires online and were recruited from the general population via newspaper adverts across the UK and snowball sampling, and from English Universities via academic mailing lists.

2.2. Measures

2.2.1. Multidimensional Emotional Intelligence Assessment (MEIA; Tett, Fox, & Wang, 2005)

The 116-item MEIA was developed using theory-driven methods to assess EI facets within the ability model (Salovey & Mayer, 1990). This is a 'purer' trait EI measure because it assesses *self-perceived personality traits* specifically targeting emotional functioning and excludes broader dimensions such as 'happiness' (cf. Petrides, Furnham, & Mavroveli, 2007). It assesses global trait EI, three broad factors and ten narrow facets (see Table 1).

2.2.2. Mayer–Salovey–Caruso Emotional Intelligence Test Version 2.0 (MSCEIT; Mayer, Salovey, & Caruso, 2002)

The MSCEIT includes 141 items. We utilised the total score to assess higher-level global ability EI, a three-factor/branch structure (Jackson, Yang, Tang & Zhang, 2010; Gardner & Qualter, 2011) to assess middle-level EI: (1) understanding emotions, (2) managing emotions, and (3) perceiving and using emotions; and eight tasks as lower level facets (Table 2). Standardized scores were used.

2.2.3. Eating Disorders Diagnostic Scale (EDDS; Stice, Telch, & Rizvi, 2000)

Bulimic symptoms were measured by summing groups of nine EDDS bulimia items to assess binge eating, purging/compensatory behaviours and weight and shape concerns. All nine items were summed to measure global bulimic symptoms.

3. Results

Descriptive statistics and reliabilities are in Table 1 and correlations between bulimic symptoms and trait and ability EI at each hierarchical level in Table 2.

3.1. Patterns of relationships

To address the first aim, patterns of significant correlations between bulimic symptoms and dimensions of trait and ability EI were examined (Table 2).

3.1.1. Higher level EI

3.1.1.1. *Trait EI.* Global trait EI was negatively correlated with binge eating and global bulimic symptoms.

3.1.1.2. *Ability EI.* Global ability EI was not correlated with any bulimia variable (i.e., separate or global bulimic symptoms).

Table 1
Descriptive statistics and reliabilities for emotional intelligence and bulimia variables.

Variable	<i>M</i>	<i>SD</i>	Reliability
<i>Bulimia</i>			
Global bulimic symptoms	7.84	6.58	.70
Binge eating	1.14	1.92	.61
Compensatory behaviours ^a	.71	2.51	.53
Weight and shape concerns	5.72	4.11	.94
<i>Higher (global) level trait EI</i>			
Total trait EI	4.21	.48	.95
<i>Middle level trait EI</i>			
Self-orientation	4.06	.58	.92
Emotional sharing	4.49	.51	.85
Other-orientation	4.15	.59	.91
<i>Lower level trait EI</i>			
Motivating emotions	4.54	.70	.83
Recognition of emotion self	4.30	.87	.90
Regulation of emotion self	3.65	.94	.89
Intuition versus reason	3.76	.78	.88
Nonverbal emotional expression	4.28	.78	.82
Empathy	4.69	.60	.79
Mood redirected attention	4.49	.77	.83
Creative thinking	3.85	.83	.85
Recognition of emotion others	4.47	.71	.88
Regulation of emotion others	4.13	.65	.82
<i>Higher (global) level ability EI</i>			
Total ability EI	103.86	14.05	.88
<i>Middle level ability EI</i>			
Emotional experiencing	101.65	15.60	.93
Understanding emotions	107.14	13.40	.64
Managing emotions	102.48	12.90	.66
<i>Lower level ability EI tasks</i>			
Faces	99.67	17.97	.88
Pictures	101.40	15.22	.86
Facilitation	101.82	13.77	.50
Sensations	104.07	13.00	.44
Changes	108.94	13.01	.50
Blends	104.04	13.45	.48
Emotion management	101.88	13.57	.39
Social management	102.07	12.18	.41

Note. Higher level EI is the broadest and represents global/one's overall level of EI; middle level EI represents broad EI factors (3 MEIA or 3 MSCEIT factors); and lower level EI represents the narrowest traits or skills (10 MEIA or 8 MSCEIT facets). Split-half reliabilities with Spearman Brown correction are reported for the ability EI middle level and higher level variables due to item heterogeneity; Cronbach's alpha calculated for lower level EI tasks due to item homogeneity (Mayer et al., 2002).

^a Dichotomized due to low reliability and severe non-normality (skewness = 3.98; kurtosis = 17.79); the two groups were coded 0 = no symptoms (scores of 0), and 1 = one or more symptoms (scores ≥ 1). This resulted in 47 and 188 individuals who did or did not engage in compensatory behaviours, respectively.

3.1.2. Middle level EI

3.1.2.1. *Trait EI.* Self-orientation was the consistently strongest trait EI factor with negative correlations with all four bulimia variables ($r_s = -.16$ to $-.32$). Emotional sharing was negatively correlated with global bulimic symptoms.

3.1.2.2. *Ability EI.* Managing emotions was negatively correlated with global bulimic symptoms, whilst understanding emotions was negatively correlated with compensatory behaviours.

3.1.3. Lower level EI

3.1.3.1. *Trait EI.* Motivating emotions, recognition of emotion in self, and regulation of emotion in self were all negatively associated with global bulimic symptoms and binge eating; recognition, and regulation of emotion in self were associated with weight and shape concerns. There was a negative correlation between nonverbal emotional

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