

## **Impact of Psychological Intervention of Emotional Intelligence and Hopefulness on Emotional Intelligence, Hopelessness, Self-Esteem and Suicidal Ideation Among Adolescents**

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### **Abstract**

According to Shneidman (1973) suicide is the human act of self-inflicted, self-intentioned cessation.

**Objectives:** To determine the impact of Psychological Intervention of Emotional Intelligence and Hopefulness on Emotional Intelligence, Hopelessness, Self-esteem and Suicidal Ideation.

**Methods:** The study was conducted in three phases. The 1st phase included the administration of questionnaires on Emotional Intelligence, Hopelessness, Self-esteem and Suicidal Ideation on 80 adolescents using Emotional Intelligence Scale by Hyde, Pethe, and Dhar (2002), Beck's Hopelessness Scale by Beck (1974), Rosenberg Self-Esteem Scale by Rosenberg (1965), Suicidal Ideation Scale by Sisodia and Bhatnagar (2011). The 2nd phase included the psychological intervention program on Emotional Intelligence and Hopefulness to the intervention group (n=40) for three weeks. The 3rd phase included the post assessment of the group.

**Results:** Adolescents of the intervention group showed improvement in their level of emotional intelligence and their level of hopelessness was reduced after the psychological intervention program. There was no difference among the adolescents with regard to self-esteem and suicidal ideation.

**Conclusion:** The above findings highlight that the post-assessment has to be carried out after a longer period of time following the intervention program to allow the participants to internalize the concepts and skills. The intervention program can be

used in educational institutions to increase adolescents' emotional intelligence, self-esteem and reduce hopelessness and suicidal ideation.

## Introduction

Human life is important because it is sacred as it comes from the act of creation. **The safe-guarding of human life is the definitive value, a pillar of ethics and the basis of all morality and its the duty of each individual to make the best use of life.** Suicide is the tragic and untimely loss of human life, all the more devastating and perplexing because it is a conscious volitional act. Death is a tragedy and suicide, the ultimate tragedy. There is no one reason why a person commits suicide. For many, it is a response to loss, separation and despair. For some it represents relief from a helpless existence and a hopeless future. For some it may be an impulsive act or a revenge for rejection. Suicide can be a response to disordered thinking, a toxic static or cognitive distortion. Suicide is the result of a complex interaction of biological, genetic, psychological, social, cultural and environmental factors. **According to Shneidman (1973) suicide is the human act of self-inflicted, self-intentioned cessation.** Durkheim (1951) has suggested four categories of suicide. They are Egoistic suicide, Altruistic suicide, Anomic suicide and Fatalistic suicide.

## Suicidal Ideation

Suicidal ideators are defined as individuals who admit the thought or contemplation of suicide, specifically the thoughts of wishing to terminate one's life. The ideation may or may not involve actual planning or mental rehearsal of a suicidal act. Suicidal ideation is often called "thoughts of suicide," suicide ideation is when someone is thinking about suicide.

Hopelessness plays a key role in Beck's model, alongside the so called negative triad of negative thoughts about oneself, others, and the future (Beck, Brown, Berchick, Stewart, & Steer, 1990). What distinguishes the suicidal person is the belief that the situation is hopeless, so that the person ultimately views suicidal behavior as the only possible solution. Research has supported the central role of hopelessness as a risk factor for completed suicide among adults (Beck, Steer, Kovacs & Garrison, 1985; G. K. Brown, Beck, Steer & Grisham, 2000).

## Suicidal Ideation among Asian Adolescents:

Suicide is a major issue of concern among adolescents worldwide. Given the large population of Asia, suicidal deaths in Asia account for more than 60 percent of the world's total number of suicides (WHO Mortality database, 2008). According to the recent statistics (Hendin, et al 2008), suicide is one of the leading causes of death among adolescents but not among older people, although the elderly are the age group with the highest suicide rate in most Asian countries.

According to the police records from India (National Crime Records Bureau, 2006), the suicide rates for youths in 2006 was 10.5 (per 100,000) and the rate for the total population in the country remained around the same rate from 1996 to 2006. However, these government data may be subject to considerable underestimation owing to inaccurate population counts with registration systems varying in efficiency (especially in rural areas). In addition, inaccuracy is likely because people are often unwilling to bear the social and legal consequences associated with suicide (Hendin et al., 2008).

### **Emotional intelligence**

Emotional intelligence (EI) is the ability to identify, use, understand, and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict. It is the ability to monitor one's own and other people's emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior.

### **Self esteem**

Rosenberg (1996) and social-learning theorists defined self-esteem as a personal worth or worthiness. **Branden in 1969 defined self-esteem as the experience of being competent to cope with the basic challenges of life and being worthy of happiness.** According to Branden (1987, 1990) self-esteem is the sum of self-confidence (a feeling of personal capacity) and self-respect (a feeling of personal worth).

### **Methods**

**Participants:** The sample was selected from the 11th standard students studying in a coeducation school from the city of Mangalore, Karnataka. The sampling was obtained through the convenience sampling method. The sample was then randomly assigned to the experimental group using the odd and even numbers. The sample size was 80 of which 40 comprised the intervention group and 40 the control group with equal representation of gender.

### **Tools for assessment**

The tools used were Emotional Intelligence Scale by Hyde, Pethe, and Dhar (2002); Beck's Hopelessness Scale by Beck (1974); The Rosenberg Self-Esteem Scale by Rosenberg (1965); Suicidal Ideation Scale by Sisodia and Bhatnagar (2011). Emotional Intelligence Scale is a 25 item scale. The scale measures self-awareness, empathy, self motivation, emotional stability, managing relations, integrity, self development, value orientation, commitment and altruistic behavior. The Beck's Hopelessness Scale is a 20-item true-false self report questionnaire designed to assess negative attitudes about the future. The purpose of completing the questionnaire is to

determine the likelihood that a particular person will attempt suicide. Rosenberg Self-Esteem Scale is a 10 item Guttman scale. It was originally designed to measure the self esteem of high school students. Since its development, the scale has been used with a number of other groups including adults with a variety of occupations. Suicidal Ideation Scale was developed by using Likert technique with an aim to measure suicidal ideation which has 25 statements which includes 21 positive statements and 4 negative statements.

### **Scoring**

Emotional Intelligence Scale is scored 5 for strongly agree, 4 for agree, 3 for neutral, 2 for disagree and 1 for strongly disagree. Beck's Hopelessness Scale rates the patient's potential for suicide as one of four possible results. A score of 3 or lower means there is a minimal risk of suicide. A score between 4 and 8 indicates a mild risk. Scores that range from 9 to 14 indicate a moderate chance of suicide, while scores of 15 or higher show a severe risk of suicide. The Rosenberg Self-Esteem Scale has 10 items, each with 4 response categories namely, strongly agree, agree, strongly disagree and disagree. Items 1, 3, 4, 7, 8 and 10 get a negative scoring of 4, 3, 2, and 1. Items 2, 5, 6, and 9 get a direct scoring of 1, 2, 3, and 4. The score ranges from a minimum of 10 to a maximum of 40. Higher the score, higher the self esteem. Suicidal Ideation Scale has 25 statements which includes 21 positive statements and 4 negative statements. Each statement has five options for response, which are strongly agree (SA), agree (A), uncertain (U), disagree (D) and strongly disagree (SD). Scoring for the positive statements are 5 for strongly agree, 4 for agree, 3 for undecided, 2 for disagree and 1 for strongly disagree and for negative statements, 1 for strongly agree, 2 for agree, 3 for undecided, 4 for disagree and 5 for strongly disagree. The higher the score more is the suicidal ideation.

### **Procedure:**

The pre-assessment questionnaires were administered to the adolescents after obtaining informed consent, following which the intervention was started. The intervention consisted of 9 modules namely, goal setting and introduction to intervention program on Emotional Intelligence, Self-awareness, Self-management, Social-awareness, Relationship management, Conclusion on Emotional Intelligence, Hopefulness, hopefulness with various successful and inspiring videos and evaluation. Each module comprised of 45 minutes sessions and was conducted over a three week period. The concepts and skills taught in the sessions were enhanced with the help of homework assignments. Post assessment was conducted after a week period.

### **Data Analysis**

The results were analyzed using Statistical Package for Social Sciences (SPSS Version 20). Analysis of Covariance (ANCOVA) was done on post-test measures

keeping the pre-test as covariance to find out the effect of the psychological intervention program on the dependent variables in the intervention group in comparison with control group. The paired t-test was used to find the significance of the difference between means of pre-intervention and post-intervention scores on the dependent variables of the adolescents in the intervention and non-intervention group.

## RESULTS

### Comparison of Intervention and Control Group on the Dependent Variable

**Table 1 (a) Mean and Standard Deviation of Hopelessness at pre-and post-interventions**

| Groups       | N  | Pre Intervention score |       | Post intervention score |       |
|--------------|----|------------------------|-------|-------------------------|-------|
|              |    | Mean                   | SD    | Mean                    | SD    |
| Intervention | 40 | 6.350                  | 3.400 | 5.225                   | 2.974 |
| Control      | 40 | 6.300                  | 2.289 | 6.600                   | 2.405 |

**Table 1 (b) ANCOVA between the Intervention and Control Group on Hopelessness**

| Sources of Variance | Sum of squares | Df | Mean square | F        |
|---------------------|----------------|----|-------------|----------|
| Corrected Model     | 189.398        | 3  | 63.133      | 11.452   |
| Intercept           | 125.632        | 1  | 125.632     | 22.788   |
| Control group       | 25.507         | 1  | 25.507      | 4.627*** |
| Hopelessness        | 100.469        | 1  | 100.469     | 18.224   |
| Error               | 418.989        | 76 | 5.513       |          |
| Total               | 3405.000       | 80 |             |          |
| Corrected Total     | 608.388        | 79 |             |          |

Parameter Estimate:

| Group        | B    | t value  |
|--------------|------|----------|
| Control      | .302 | 1.841    |
| Intervention | .240 | 1.214*** |

$p < .001^{***}$

From Table 1 (b), it is observed that there is a significant difference between the intervention and the control groups on hopelessness. This shows that there is a significant effect of the intervention on hopelessness ( $F(1, 76) = 4.63, p < .001$ ).

There is no significant difference between the intervention and the control groups on Emotional Intelligence, Self-esteem and Suicidal Ideation.

**Table 2 ‘t’ value for Pre and Post scores on Emotional Intelligence, Hopelessness, Self-esteem and Suicidal Ideation of the Intervention Group (N=40)**

| Variables              | Mean    |         | SD       |          | Mean Difference | t value |
|------------------------|---------|---------|----------|----------|-----------------|---------|
|                        | Pre     | Post    | Pre      | Post     |                 |         |
| Emotional Intelligence | 1.1925  | 1.2695  | 7.34041  | 10.02877 | -0.077          | .010**  |
| Hopelessness           | 6.3500  | 5.2250  | 3.40098  | 2.97414  | 1.125           | .015*   |
| Self-esteem            | 27.9250 | 28.2750 | 3.12465  | 3.51544  | -.350           | .559    |
| Suicidal Ideation      | 55.2750 | 54.0000 | 13.17338 | 13.72439 | 1.275           | .664    |

$p < .01^{**}$

$p < .05^{*}$

From Table 2, it is observed that there is a significant difference in emotional intelligence and hopelessness among the intervention group. The increase in emotional intelligence and decrease in hopelessness are significant ( $p < 0.01$  and  $p < 0.05$  respectively.) for the intervention group.

## Discussion

The present study used an intervention program on emotional intelligence and hopefulness to increase the level of emotional intelligence and self-esteem and decrease the level of hopelessness and suicidal ideation among adolescents for the intervention group. The comparison of the intervention and control group was done using ANCOVA and it was found that there was a significant difference in hopelessness (Table 1 (b)) whereas there was no significant difference in emotional intelligence, self-esteem and suicidal ideation for the group. The adolescents who participated in the intervention program showed a decrease in hopelessness. According to Ali, Bahare, Ahmad and Gholamreza (2013) Cognitive-Behavioral Therapy (CBT) is an effective method in reducing suicidal ideation and hopelessness in the depressed adolescents with previous suicidal attempts.

Brown et al (2005) have found that cognitive therapy reduced the rate of repeated suicide attempts by 50 percent during a year of follow-up. A previous suicide attempt is among the strongest predictors of subsequent suicide, and cognitive therapy helps

suicide attempters consider alternative actions when thoughts of self-harm arise.

Specific kinds of psychotherapy may be helpful for specific groups of people. Dialectical behavior therapy reduced suicide attempts by half, compared with other kinds of therapy, in people with borderline personality disorder which is a serious disorder of emotion regulation (Linehan et al 2006). This shows that psychotherapy and intervention programs will help the adolescents to increase hopefulness.

Wittouck, Van-Autreuve, Portzky and Heeringen (2014) found that there was no significant effect of the intervention on the outcome measures such as maladaptive grief reactions, depression, suicidal ideation, and hopelessness. They observed that the CBT-based psycho-educational intervention has no significant effect on the development of complicated grief reactions, depression, and suicide risk factors among suicide survivors.

The participants in the present study showed a decrease in hopelessness following the intervention program on emotional intelligence and hopefulness. The intervention program on hopefulness was an experiential one involving videos of individuals who conquered life with various obstacles in their life, self-analysis of oneself, exercises to prioritize the goals that are specific, measurable, action oriented, realistic and time bound, mindfulness based awareness. That process has evidently led to the reduction in the level of hopelessness. Thus, it is possible that psychologically based intervention program can decrease the level of hopelessness.

There was no significant difference between the intervention and control groups on emotional intelligence, self-esteem and suicidal ideation among adolescents. The most important factor which predisposes young people to suicide is depression, although protective factors such as self-esteem, emotional adaptation and social support may reduce the probability of suicidal ideation and suicide attempts. Aradilla-Herrero, Tomás-Sábado, and Gómez-Benito (2014) found that depression and emotional attention are significant predictors of suicidal ideation. Moreover, suicide risk showed a significant negative association with self-esteem and with emotional clarity and repair.

Emotional intelligence (EI) plays an important role on the suicidal behavior of adolescents. It was found that EI is a protective factor for both suicidal ideation and attempts. The protective effect of emotional intelligence is driven by differences in strategic EI like having the ability to understand and manage emotions but not on experiential EI such as having the ability to perceive emotions and integrate them into thoughts (Cha & Nock 2009). The sample selected for the study did not show marked suicidal ideation and thus the intervention program on emotional intelligence did not have any effect on the adolescents.

Self-esteem can play an important role in suicidal tendencies among adolescents. Low self-esteem was related to higher levels of depression, hopelessness, suicidal ideation, and an increased likelihood of having previously attempted suicide. Moreover, self-esteem also plays a role in the understanding of suicidal ideation beyond depression and hopelessness. (Overholser, Adams, Lehnert & Brinkman, 1995). Adolescents who

had made suicide attempts had significant lower self-esteem than other adolescents (Fergusson & Lynskey, 1995), and adolescents who had experienced suicidal ideation had significantly lower self-esteem than other adolescents (Marcenko, Fishman, & Friedman, 1999; Simons & Murphy, 1985).

The participants of the study scored high on self-esteem and did not show marked suicidal ideation. The observation of the investigator was that the participants were calm and serene when they answered the questionnaire and were spontaneous in their response.

Analysis of paired t-test comparing the pre- and post-intervention scores (Table 2) on the emotional intelligence, hopelessness, self-esteem and suicidal ideation for the intervention group reveals that there is a significant difference in Emotional Intelligence and Hopelessness ( $p < .010$  and  $.015$  respectively). The intervention program has helped the intervention group to increase their emotional intelligence and decrease hopelessness. Kuo, Gallo, and Eaton (2004) found that hopelessness predicted suicidal thoughts, suicide attempts, and completed suicide over a 13-year follow-up interval. Hopelessness was a reliable predictor of completed suicide among psychiatric patients followed for 10 and 20 years (Beck, Brown, & Steer, 1989; Brown, Beck, Steer, & Grisham, 2000). Thus hopelessness is one of the predictors of suicide.

Moayedi, HajiAlizadeh, Khakrah and Hosseini (2014) found that the overall Emotional Intelligence score was significantly lower among patients of the suicide group compared to the control group. Emotional Intelligence was significantly lower in participants who attempted suicide. The presence and severity of suicidal ideation in adolescents with affective disorders has been related to low self-esteem (Brent et al., 1986). Low self-esteem is also implicated in suicide attempts made by adolescents (Kienhorst et al., 1990). Furthermore, negative self-evaluations were associated with increased suicidal tendencies, number of suicidal gestures, seriousness of suicidal

intent, and medical lethality of the attempt by the adolescent psychiatric inpatients (Robbins & Alessi, 1985). Thus, self-esteem deficits appear to be directly related to suicidal tendencies, including both suicidal ideation and suicide attempts in adolescents.

The post-test was conducted within a week after the intervention program. Hence the intervention program might not have shown immediate impact on the group. A follow up study after a month might be helpful to study the effect of the program. Moreover, most of the participants in the study did not exhibit hopelessness and suicidal ideation which is revealed in their individual scores, where most of them have scored low in Beck's Hopelessness Scale and average in Suicidal Ideation questionnaire. Similarly a vast majority of the participants have scored high on emotional intelligence and self-esteem and there was no much scope to improve their emotional intelligence and self-esteem which could be measured using the questionnaires.



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