A study on differences in emotional intelligence among normal and differently abled adolescents

Rimjhim Rajbhar and UV Kiran

Abstract

The adolescents have to be encouraged to be unique and person with similarities and differences. This might be due to the fact that in some cases, the handicapped adolescent does not have many chances to interact with other adolescents outside the home which makes adolescents even more important. In the present study multistage random sampling technique was adopted and a sample of 60 adolescents was selected from the identified schools of the selected ward. The sample was selected by identifying institutions working for disabled. Lucknow city was purposively selected to conduct the research. They were tested individually for emotional intelligence with the help of Emotional Intelligence Scale develop by of Arun K.S. and Shruti.

Keywords: Emotional intelligence, adolescent, normal children, differently able

Introduction

Adolescence is a transitional phase of growth and development between childhood and adulthood. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19. This age range falls within WHO’s definition of young people, which refers to individuals between ages 10 and 24. The concept of adolescence and the term teenagers seem to have originated within Western culture. The transitional period as described by Kaplan (2004) varies by society and culture. Americans expect adolescents to achieve autonomy, identity, and independence due to a shared individualistic culture. The term adolescence is commonly understood to define the period of life between childhood and adulthood (Kaplan, 2004). This time frame, however, not only describes a very diverse reality, but adolescence varies considerably across cultures, over time, and within individuals. Researchers have produced a substantial body of work on the biological and psychological changes that occur during adolescence, as well as the family, peer, and cultural influences that shape adolescents’ lives in important ways. This evidence as well as the evidence-based practice of health care practitioners and others who work with adolescents can guide current and future efforts to promote healthy behaviour and also to prevent risky behaviour that are prevalent during this stage of development.

Adolescence has long been recognized as a period of heightened risk-taking and, accordingly, a stage that requires special oversight from adults. Nevertheless, expectations regarding this period and views of how adolescents should be treated have varied. A common subject of social commentary is that young people today begin adolescence too early and leave it too late. The decline in the age of onset of menarche for girls from approximately age 17 in 1830 to just under age 13 by the middle of the twentieth century (Susman et al., 2010) as well as the challenges of achieving financial independence both support the idea of a protracted adolescence. This idea that adolescents undergo a protracted period of development is not unique to modern times, however, as early as 1563 an English statute decreed that all craftsmen should complete an apprenticeship of at least 7 years because “until a man grows into 23 years, he for the most part, though not always, is wild, without judgment and not of sufficient experience to govern himself” (Hibbert, 1987).

Emotional intelligence can be defined as 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 behaviour. Emotional intelligence also reflects abilities to join intelligence, empathy and emotions to enhance thought and understanding of
interpersonal dynamics. However, substantial disagreement exists regarding the definition of EI, with respect to both terminology and operationalization. Currently, there are three main models of EI:
1. Ability model
2. Mixed model (usually subsumed under trait EI)
3. Trait model

Different models of EI have led to the development of various instruments for the assessment of the construct. While some of these measures may overlap, most researchers agree that they tap different constructs. Specific ability models address the ways in which emotions facilitate thought and understanding. For example, emotions may interact with thinking and allow people to be better decision makers. A person who is more responsive emotionally to crucial issues will attend to the more crucial aspects of his or her life. Aspects of emotional facilitation factor are to also know how to include or exclude emotions from thought depending on context and situation. This is also related to emotional reasoning and understanding in response to the people, environment, and circumstances one encounters in his or her day to day life.

Emotional intelligence (EI) or emotional quotient (EQ) is the capacity of individuals to recognize their own, and other people's emotions, to discriminate between different feelings and label them appropriately, and to use emotional information to guide thinking and behaviour. Although the term first appeared in a 1964 paper by Michael Beldoch, it gained popularity in the 1995 book by that title, written by the author, psychologist, and science journalist Daniel Goleman. Since this time Goleman's 1995 theory has been criticized within the scientific community.

Regarding life success, from an ability perspective, school children and adolescents who score high on EI (using the MEIS) are rated by their peers as less aggressive and more prosocial are seen as more empathic and are less likely to engage in tobacco and alcohol consumption Trinidad, Unger, Chou and Anderson Johnson, 2004.

**Objective**

- Emotional intelligence among adolescents is influenced by various factors, if tested among normal children.
- The differently abled children face various obstacles in their life hence their emotional intelligence will be different from normal children.
- The present study hence was taken up to determine the difference in emotional intelligence among normal and orthopedically disabled adolescents.

**Review of Literature**

Mayer & Salovey, 1997 [5] (Jensen) has Measured Emotional Intelligence in response to the excitement over Emotional Intelligence (EI), several measures of EI have been developed. The measures vary in their definition of emotional intelligence as well as their format. The biggest distinction related to the definition of EI is between self-report measures (Emotional Quotient Inventory [EQ-i], Emotional and Social Competence Inventory [ESCI]), which are strongly related to traditional personality measures, versus the only non-self-report measure, the Mayer, Salovey, Caruso Emotional Intelligence Test (MSCEIT). MSCEIT scores are based on performance on a variety of tasks that require various forms of emotional intelligence. Correct answers are based on experts decisions or alternatively on popular consensus. While the MSCEIT has several deficits, it is the only measure developed thus far that sufficiently distinguishes itself from traditional personality measures. These personality measures have a long history of being useful in predicting a variety of performance outcomes overlapping those predicted by self-report measures of EI.

Ghosh, D. (2015) [2] explored gender differences on emotional intelligence among tribal and non-tribal adolescent school students of Tripura. Her study showed significant differences between tribal and non-tribal students on overall emotional intelligence. Further she revealed gender difference on emotional intelligence among school students. Another study conducted by Anjali, (2015) on the effect of gender, community culture and type of school on emotional maturity of tribal and non-tribal pre-adolescents in Gandhari area of the Nizamabad District in Telangana state and found that on the measure of emotional maturity non-tribal performed better than tribal community.

Bar-On (1997) of one that Emotional intelligence (EI) is not a single construct, but rather several constructs that measure different individual traits or abilities. As research on EI has progressed, many researchers have identified two distinct models of EI: ability EI and trait EI. This distinction is important to the discussion of EI because trait EI correlates highly with personality traits. Ability EI has been found to correlate with coping skills and emotional regulation; however ability EI and trait EI are only minimally related concepts, as they tend to be only slightly correlated with each other. The recent researches have revealed that the contribution of intelligence quotient to the success in life is not more than 10 %. Although high intelligence quotient is not a guarantee of success, prestige or a happy life, academic skills are still prioritised at our universities and in our culture; development of social and emotional skills which have an important role in our daily lives are ignored Being successful at only technical European Scientific Journal specializations (business administration, engineering, education, art etc.) is not enough for students. Universities should improve all students socially, intellectually and emotionally so that the The findings of the study showed emotional intelligence differences between two components of normal and differently abled adolescents. The study revealed that a highly significant difference was found with regard to factor “2” (understanding motivation) a high achievement drive together with the tendency to be optimistic and take initiative graduates could be better prepared for achieving success. In this context, there is need. A the activities to be organized for improving social and emotional skills, in other words emotional intelligence. The emerge of emotional intelligence concept can be based on the study governed by Spearman and Thorndike in 1920s by claiming that social skill is an important element intelligence and describing social intelligence. Later on in 1983, Gardner put forward the theory of Multiple Intelligences in this book called “Frames of Mind; The Theory of Multiple Intelligences” (Gardner 1995). This theory defines seven different types of intelligence that can be used by individuals to analyse the world with minimum seven different types of intelligence (Gardner 2005). explained that intelligence has several intelligences such as musical, kinaesthetic, natural, self and visual intelligences, in addition to the cognitive skills such as mathematical reasoning, verbal abilities and concluded with multiple intelligence theory that other aspects of intelligence have also impact on the processes of adaptation to life and achieving success. The concept of emotional intelligence was described as the ability of a person to cope with one’s emotions. Then, the book titled “Emotional
Intelligence” and published in 1995 by Goleman attracted considerable attention. Although human behaviour and performance focus on rational behaviour, our thoughts, actions and conclusions are the emotional side of our nature. Emotional Intelligence is a combination of both intrapersonal intelligence (introvert intelligence) and interpersonal skills. Emotional intelligence is a system that has a cognitive and emotional aspect and that adjusts, organizes the emotions. Emotional intelligence is the ability of recognizing and controlling one’s own feelings and feelings of others. Emotional intelligence, primarily, ensures that individuals understand and manage their feelings as well as giving opportunity of understanding feelings of others, sympathizing, increasing motivation and improving the feeling of self-confidence. It is an expression connected with a focus on attention from the aspect of human skills. It is described as overlapping of emotions and intelligence or briefly as emotions using intelligence. Emotional intelligence combines emotions and intelligence. Defined emotional intelligence as “the ability to monitor one’s own and other’s emotions to discriminate among them and to use this information to guide one’s thinking and actions”. The definition of Salovey and Mayer (1997) [5] focuses on four abilities: perception, use, understanding and management of emotions. Perception of emotions is the ability of discovering and perceiving emotions in faces, pictures and cultural works. Use of emotions is the ability to use emotions for facilitating cognitive activities such as thinking and problem solving. Understanding emotions is the ability to comprehend the language of emotions and to understand the complex relationships between emotions. Management of emotions means the ability of managing own emotions and others’ emotions. (Salovey and Grewal 2005: 281) [1]. Especially, the abilities of knowing oneself (self-consciousness), self-management, motivation, empathy, social skills and communication skills are determinative for emotional intelligence. “Self-consciousness” explained as one’s deeper understanding of own emotions, powers, weaknesses, needs and awareness of self-existence whereas “self-management” is the liberation from being slave of one’s emotions, namely directing the emotions as desired; “motivation” is going beyond expectations and not losing the feeling of success even in hard times; “empathy” is the ability to understand emotions and needs of others and thus putting oneself into other’s shoes; “social skill” is the ability to establish relationships with other individuals and to ensure sustainability of such relationships, creating and managing a team and “communication skill” is the ability of expressing yourself clearly and entirely as well as listening to the others attentively and fully, accurately understanding what they say.

Methodology
Research Design
The research design followed in the present study is cross-sectional design “Cross-sectional studies, (also known as cross-sectional analysis), a class of research method involve observations all of a population, or a representative subject. The emotional intelligence of normal and different abled adolescent was analysed using Emotional Intelligence Scale.

Locale of the study
Lucknow city was purposively selected to conduct the study as it is convenient for the researcher to conduct the research study was conduct in Lucknow city.

Sampling Procedure
The normal school going and different abled adolescents belonging to various categories were selected to assess and compare their emotional intelligence.

Selection of the respondents
a) Normal Adolescent “Multistage random sampling technique was adopted and a sample of 60 adolescents was selected from the identified schools of the selected ward.”

b) Orthopaedical disabled the sample was selected by identifying institutions working for disabled. A sample 60 orthopaedical adolescents were be selected from the population.

Sample size
The derived sample size of 120 respondents were equally divided into experimental and control group.

Tool and Techniques
To carry out the present study following tools were used - A self-made schedule to collect the general information of the respondents.

Methods of the data collection
The data was collected through a self-structured questionnaire and emotional intelligence scale was applied on the normal and differently abled adolescents. The sample was identified and permission was sought from them to conduct the study on normal and different abled adolescents. The information of different abled adolescents was taken from Shakuntala University and EIS was administered on them. Normal adolescents were identified and the data was collected through EIS .While collecting the data, efforts were made to maintain accuracy, precision, and relevance of the answer. The data was then coded, scored, tabulated and analysed by using relevant statistical procedure.

Data Analysis
Relevant statistical techniques were adopted and the data was analysed using PAS software.

Result and Discussion

<table>
<thead>
<tr>
<th>Factor</th>
<th>Emotional intelligence</th>
<th>Normal adolescent</th>
<th>Orthopedically disable</th>
<th>t-test</th>
<th>P(sig.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Understanding emotion</td>
<td>2.50±0.79</td>
<td>2.56±0.90</td>
<td>0.42</td>
<td>0.23</td>
</tr>
<tr>
<td>2</td>
<td>Understanding motivation</td>
<td>6.38±1.18</td>
<td>5.83±1.19</td>
<td>2.53</td>
<td>0.34</td>
</tr>
<tr>
<td>3</td>
<td>Empathy</td>
<td>7.41±1.15</td>
<td>7.56±1.65</td>
<td>0.57</td>
<td>0.005</td>
</tr>
<tr>
<td>4</td>
<td>Handling relation</td>
<td>22.98±3.35</td>
<td>22.75±2.82</td>
<td>0.41</td>
<td>0.11</td>
</tr>
<tr>
<td>5</td>
<td>Total</td>
<td>39.28±5.47</td>
<td>38.71±5.06</td>
<td>0.58</td>
<td>0.56</td>
</tr>
</tbody>
</table>
To see the significant difference in emotional intelligence of normal and orthopedically disabled adolescents, t-test was used and presented in Table 1 the emotional intelligence of adolescents was assessed considering the factors as explained in methodology (3.6).

The factor ‘1’ (An individual’s capacity to identify emotions in one’s and other’s physical states, feelings, and thoughts.). The mean scores of the normal and different abled (2.50 and 2.56) adolescents tend towards low score i.e. below 5, describing both of their emotional intelligence and significant difference were observed in the area between both the groups. Highly significant difference was found with regard factor ‘2’ in adolescents emotional intelligence scale describes the an high achievement drive together with the tendency to be optimistic and take initiative of adolescents. The mean scores clearly describes that the emotional intelligence of normal adolescent (6.38) describing the nature of children sometimes have a tendency to be optimistic and take initiative. Whereas the different abled adolescents (5.83) have less motivation. The factor ‘3’ which describes empathy, the emotional intelligence of normal adolescents with a mean score of (7.41) indicating higher score description to understand their perspectives, develop others, leverage diversity, read the mood of a group, discern political realities and a tendency to take an interest in others, whereas the different abled adolescents show a dual characters of sometime being ability to identify oneself mentally with others and to understand. No significant difference was found with regard factor ‘4’ to be able to manage and handle relation with others in better way. The mean score of the normal adolescents (22.98) tend towards high score describing handling relations.

The findings of the study showed emotional intelligence differences between two components of normal and differently abled adolescents. The study revealed that a highly significant difference was found with regard to factor “2” (understanding motivation) a high achievement drive together with the tendency to be optimistic and take initiative. No significant difference was found with regard to factor “4” (handling relations) to be able to manage and handle relation with others in better way. The mean score of the normal adolescents tend towards high score describing handling of relations.

**Conclusion**

The term adolescence is commonly understood to define the period of life between childhood and adulthood (Kaplan, 2004). This time frame, however, not only describes a very diverse reality, but adolescence varies considerably across cultures, over time, and within individuals. Emotional intelligence (EI) or emotional quotient (EQ) is the capacity of individuals to recognize their own, and other people's emotions, to discriminate between different feelings and label them appropriately, and to use emotional information to guide thinking and behaviour.

Physical health problems encountered during adolescence can affect the development of the body, if not treated. There are few anatomic regions, such as spine, knee and ankle, in adolescents which can get orthopedic problems such as Osgood-Schlatter disease, and Slipped Capital Femoral Epiphysis.

Osgood-Schlatter disease is caused due to injury or overuse of the knee which causes swelling and pain in the area below the knee, above the shin bone. The patellar tendon and the soft tissues surrounding it gets inflamed, because of the constant pulling of the area where the tendon joins the below knee. Usually, adolescents who participate in sports actively and are athletic, such as football, basketball, soccer, ballet and gymastics, tend to get the Osgood-Schlatter disease. Boys of age eleven to fifteen and girls of age eight to thirteen are at greater risk. The reason why adolescents get this problem is that their bones grow faster when compared to the tendons and muscles in this age and because of this the muscles and tendons stretch and become tight.

There is difference between normal and differently Abled adolescent because of some tendeness mostly sports childrens have these problems because of more rubbing of tissues and muscles due which they become weak and destroyed easily and cause pain and swelling in respective area. Due which they faces some problems in their daily life and as a result of that they feel shy and does not perform well in comparison to normal adolescent and they become less interactive with society and as a result of that their EQ level decreases consistently.

The findings of the study showed emotional intelligence differences between two components of normal and
differently abled adolescents. The study revealed that a highly significant difference was found with regard to factor “2” (understanding motivation) a high achievement drive together with the tendency to be optimistic and take initiative. There is significant difference between EQ of normal students and orthopaedic students.

References
7. https://www.mentalhelp.net/articles/an-introduction-to-adolescent-development/