

# Emotional-social intelligence among adolescents in Jamaica

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Emotional-social intelligence (ESI), also known as emotional intelligence, refers to the 'interrelated emotional and social competencies, skills and facilitators that determine how effectively we understand and express ourselves, understand others and relate with them, and cope with daily demands' (Bar-On, 2006). ESI is multifaceted, consisting of four dimensions: the intrapersonal; interpersonal; stress-management; and adaptability.

- **The intrapersonal dimension** refers to the competencies of self-awareness, self-acceptance and assertiveness. This dimension relates to the individual's ability to identify, understand, accept and express their emotions. The interpersonal dimension encompasses the competencies of empathy, social responsibility and interpersonal skills.
- **The interpersonal dimension** involves the ability to accurately assess and understand the emotions of others, to have mutually satisfying relationships and be able to co-operate within a social group.
- **The stress-management dimension** refers to the capacity for effective stress tolerance as well as the ability to manage and regulate one's impulses. In essence, stress-management deals with effective emotional regulation.
- **The adaptability dimension** refers to competencies associated with intrapersonal and interpersonal problem-solving, as well as the ability to be flexible and adapt feelings and thinking to new situations, while being grounded in reality. The adaptability dimension assesses the individual's reality awareness, problem-solving ability as well as flexible thinking in everyday situations.

## Why is emotional-social intelligence (ESI) important?

Having good ESI is essential, as ESI tends to act in a protective manner against participation in risky or deviant behaviours. Low emotional social intelligence has been found to be associated with sexual offending (Moriarty, Stough, Tidmarsh, Eger and Dennison, 2001), substance abuse (Kun and Demetrovics, 2010), internet misuse, gambling (Parker, Taylor, Eastabrook, Schell and Wood, 2008) and participation in risky sexual behaviours (Lando-King, McMorris, Sieving and Pettingell, 2010).

Adolescence is the period of heightened experimentation and risk-taking, in which health risk behaviours are more likely to occur. In Jamaica, there has been a net decline in the overall spread of HIV/AIDS, but over the past decade there has not been a significant fall among the youth population. This limited success has occurred despite numerous government interventions and educational campaigns, as these campaigns were not based on key psychological

characteristics of the adolescent population. It is therefore imperative to understand the ESI of adolescents as the foundation for creating effective evidence-based public health interventions.

## Assessing young people's ESI in Jamaica

Students from government secondary schools in Kingston were randomly selected to participate in an ESI assessment. The sample consisted of 500 students (250 males and 250 females) between the ages of 13 and 18 years. A culturally amended version of the Bar-On Emotional Quotient Inventory: Youth Version was utilised to assess the students' ESI. The sex risk scale from the Adolescent Risk Inventory was also employed to measure their risky sexual behaviours. The findings listed below are a subset of a larger research (Longman-Mills, 2011).

- 39.8 per cent of the adolescents reported that they were often sad (had bad days);
- 87.8 per cent reported that they had trouble sharing their feelings with others;
- 40.6 per cent reported that they tend to get angry easily;
- 58.6 per cent reported that they were sexually active, with more than a half of these students (50.9 per cent) reporting inconsistent condom use;
- students with good interpersonal skills were found to participate in less risky sexual practices; and
- students with good interpersonal and adaptability skills had better grades.

## The 'average' Jamaican adolescent

Overall, the 'average' Jamaican adolescent, as could probably be expected worldwide, was found to have effective intrapersonal and adaptability functioning (having self-awareness, also tending to be realistic, flexible and able to find positive ways to deal with life's daily demands), but with less-honed interpersonal and stress-management skills.

By working with the grain of personality features typically present in adolescence, customised, effective interventions can be developed. As a means of reducing health risk behaviours, it would be beneficial to implement school-based, targeted interventions (as recommended by UNAIDS and others) aimed at improving adolescents' interpersonal and stress-management skills.

### Endnote

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