

Emotional intelligence, indirect self-destructiveness and gender

Inteligencja emocjonalna, autodestruktywność pośrednia a płeć/rodzaj

Division of Clinical Psychology and Psychotherapy, Department of Psychology, Jan Kochanowski University in Kielce, Kielce, Poland
Correspondence: Professor Konstantinos Tsirigotis, Division of Clinical Psychology and Psychotherapy, Department of Psychology, Jan Kochanowski University in Kielce,
ul. Krakowska 11, 25-029 Kielce, p. 321, tel.: +48 41 349 67 37, e-mail: psyche1@onet.eu

Abstract

Emotional intelligence may beneficially affect human life and psychological and social functioning, whereas indirect self-destructiveness exerts a rather adverse impact thereon. The aim of this study was to synthesise the results of research on possible relationships between emotional intelligence and indirect self-destructiveness, emotional intelligence dimensions and indirect self-destructiveness categories, as well as the gender differentiation of relationships between particular dimensions of emotional intelligence and the categories of indirect self-destructiveness. A population of 260 individuals (130 females and 130 males) aged 20–30 years (mean age of 24.5 years) was assessed using INTE, i.e. the Polish version of the Assessing Emotions Scale (AES) and the Polish version of Chronic Self-Destructiveness Scale (CS-DS). The level of emotional intelligence differentiated the intensity of indirect self-destructiveness and vice versa. Emotional intelligence and its factors showed many significant, mainly negative, correlations with indirect self-destructiveness and its categories. Relationships between particular dimensions of emotional intelligence and categories of self-destructiveness differed between women and men. One of the crucial differences was the association between the ability to recognise emotions and transgression. In general, low emotional intelligence can be said to correlate with poor psychological and social functioning, which in turn is associated with indirect self-destructiveness and its categories. It seems advisable to utilise emotional intelligence in the prophylactic and therapeutic work with those suffering from various types of disorders, especially the indirect self-destructiveness syndrome. Knowledge on the differentiation of the said relationships may help properly target prophylactic and therapeutic interventions, adjusting them to a given gender.

Keywords: emotional intelligence, dimensions of emotional intelligence, indirect self-destructiveness, categories of indirect self-destructiveness, gender

Streszczenie

Podczas gdy inteligencja emocjonalna może korzystnie wpływać na życie oraz na psychologiczne i społeczne funkcjonowanie człowieka, autodestruktywność pośrednia wywiera na nie raczej niekorzystny wpływ. Celem pracy było dokonanie syntezy wyników badań nad możliwymi związkami między inteligencją emocjonalną a autodestruktywnością pośrednią i wymiarami inteligencji pośredniej a kategoriami autodestruktywności pośredniej oraz nad płciowym/rodzajowym zróżnicowaniem związków między poszczególnymi wymiarami inteligencji emocjonalnej a kategoriami autodestruktywności pośredniej. Populacja 260 osób (130 kobiet i 130 mężczyzn) w wieku 20–30 lat (średnia wieku 24,5 roku) została zbadana za pomocą INTE, tj. polskiej wersji Assessing Emotions Scale (AES) i polskiej wersji skali autodestruktywności pośredniej (Chronic Self-Destructiveness Scale, CS-DS). Poziom inteligencji emocjonalnej różnicuje intensywność autodestruktywności pośredniej i odwrotnie. Inteligencja emocjonalna i jej czynniki wykazały wiele istotnych, głównie ujemnych, korelacji z autodestruktywnością pośrednią i jej kategoriami. Związki między poszczególnymi wymiarami inteligencji emocjonalnej a kategoriami autodestruktywności pośredniej różniły się u kobiet i mężczyzn. Jedną z najważniejszych różnic był związek między zdolnością do rozpoznawania emocji a transgresją. Ogólnie można stwierdzić, że niska inteligencja emocjonalna koreluje z kiepskim psychologicznym i społecznym funkcjonowaniem, które z kolei jest związane z autodestruktywnością pośrednią i jej kategoriami. Wskazane wydaje się wykorzystanie inteligencji emocjonalnej w pracy profilaktycznej i terapeutycznej z osobami cierpiącymi na różne typy zaburzeń, zwłaszcza z syndromem autodestruktywności pośredniej. Znając zróżnicowanie stwierdzonych związków, możemy ukierunkować profilaktyczne i terapeutyczne działania oraz dostosować je do specyfiki płci/rodzaju.

Słowa kluczowe: inteligencja emocjonalna, wymiary inteligencji emocjonalnej, autodestruktywność pośrednia, kategorie autodestruktywności pośredniej, płeć/rodzaj

INTRODUCTION

Emotional intelligence

Emotions make up an important group of psychological processes influencing the entire psychological life and functioning of a human. The history of philosophical and psychological thought witnessed a clash of two currents or standpoints: some authors regarded a human as primarily motivated by emotional processes, while others – by cognitive or intellectual processes. It was only in the second half the 20th century that hypotheses emerged about a positive impact of emotions on intellectual processes and psychological functioning in general (Salovey and Mayer, 1990).

The construct of emotional intelligence has been formed as a result of an attempt to find out why some people are better at maintaining their psychological well-being than others. For a long time, research into intelligence focused on cognitive intelligence, although some researchers (Bar-On, 1997) pointed out that individuals with a high intelligence quotient (IQ) are not always efficient in coping with everyday life and psychological tasks, while others manage the same tasks very well despite their lower IQ. A view is held that it is differences in emotional intelligence that may explain the discrepancies between cognitive intelligence and social functioning (Salovey and Mayer, 1990).

According to Salovey and Mayer's model, emotional intelligence is a set of abilities and a subset of social intelligence encompassing the following three categories of adaptive abilities: appraisal and expression of emotions, regulation of emotions and utilisation of emotions in problem solving. The first category includes components of appraisal and expression of own emotions and appraisal of emotions of others. The former is further divided into two subcomponents, i.e. verbal and non-verbal, while the latter – into non-verbal perception and empathy. The second category of emotional intelligence, i.e. regulation, includes components of regulation of emotions in self and regulation of emotions in others. The third category – utilisation of emotions – incorporates flexible planning, creative thinking, redirected attention and motivation. Even though emotions are at the core of the model, it also includes social and cognitive functions related to expression, regulation and utilisation of emotions (Salovey and Mayer, 1990; Schutte et al., 1998). Therefore, individuals who have developed their emotional intelligence abilities understand and express their own emotions, recognise emotions of others, regulate affect and employ moods and emotions to motivate adaptive behaviours. Furthermore, some authors have noticed associations between emotional intelligence and health. In their opinion, an emotionally intelligent individual can be considered to be one who has achieved at least some form of positive mental health. Such individuals are aware of their own and others' feelings. They are open to positive and negative aspects of internal experience, capable of naming and communicating them if needed. Such awareness enables

effective regulation of one's own and others' emotions, thus contributing to well-being (Salovey and Mayer, 1990).

Studies have shown that individuals demonstrating higher emotional intelligence have a tendency towards positive mood and are have a greater capability of improving their mood after it deteriorates. Overall, higher emotional intelligence is related to better psychophysical health (Schutte et al., 2002, 2007). Emotional intelligence is a beneficial psychological phenomenon (trait, ability) (Salovey and Mayer, 1990). Emotional intelligence is associated with direct functioning, whereas cognitive intelligence – with long-term strategic competence. In other words, emotional intelligence is process- rather than result-orientated (Bar-On, 1997; Winters et al., 2004).

Indirect self-destructiveness

It is a well-known fact that not all human behaviours bring about positive and beneficial effects for those displaying them. Many may lead to harmful, negative consequences for one's present or future physical, mental and social condition. Psychologists refer to such behaviours as self-destructive ones. There are two basic forms of such behaviours: direct (open, acute) and indirect (latent, chronic) (Kelley et al., 1985; Suchańska, 1998, 2001). Most authors tend to consider "self-destructive behaviours" to be directly self-destructive ones, in particular self-mutilation, self-inflicted injury, and attempted or committed suicide. Specialist literature offers mainly studies on direct self-destructiveness or separate manifestations of what is called indirect (or chronic) self-destructiveness nowadays.

The issue of directly self-destructive behaviours is clear and not open to doubt, whereas less acute and more "subtle" forms of self-harm or reducing the quality and/or shortening the span of one's life are not immediately and easily noticeable (e.g. risky behaviours, addictions, neglects etc.). They usually draw less attention, especially as many of them are considered common, and thus "normal" behaviours.

Kelley describes chronic self-destructiveness as a general tendency to behave in a way that increases the likelihood of negative and decreases the likelihood of positive consequences for the individual (Kelley et al., 1985). For the purpose of this project, indirect/chronic self-destructiveness was presumed to encompass behaviours whose probable adverse impact is intermediated by additional factors, with the association between a behaviour and harm perceived as likely. Thus, indirect self-destructiveness comprises both taking and giving up actions; it concerns involvement in dangerous and increased-risk situations (active form) or neglecting one's safety or health (passive form). Furthermore, indirect self-destructiveness is a form of self-destruction characterised by an increased temporal distance between an action and its consequence (Suchańska, 1998, 2001). There are several categories of indirect self-destructive behaviours: transgression and risk, poor health maintenance, personal and social neglects, lack of planfulness, and helplessness

and passiveness in the face of problems/difficulties. Transgression and risk are behaviours breaking from social norms, and risky behaviours; it also includes giving in to temptations, impulsiveness and looking for risky excitation. Poor health maintenance encompasses behaviours harmful to the subject's health, such as excessive eating or drinking, missing medical appointments or poor patient compliance. Personal and social neglects consist in, for example, neglecting one's duties or issues vital to the individual. Lack of planfulness includes acting mainly on the spur of the moment without considering a broader perspective. Helplessness and passiveness mean abandoning an action or not carrying it out when it might put an end to suffering or prevent a danger (Kelley et al., 1985; Suchańska, 1998, 2001).

Indirect self-destructiveness is a form of harming oneself that markedly differs from direct self-destructiveness or self-aggression. The essence of indirect self-destructiveness lies in its trans-situational nature and co-occurrence of various forms of behaviours leading to negative consequences. Not coincidentally, indirect-self destructiveness is referred to as "slow" or "lingering" suicide (Tsirigotis and Łuczak, 2016b).

The aim of this study was to synthesise the results of research on possible associations between emotional intelligence and indirect self-destructiveness, specific dimensions of emotional intelligence and categories of indirect self-destructiveness, and gender differentiation of relationships between particular dimensions of emotional intelligence and the categories of indirect self-destructiveness.

In this project, a population of 260 individuals (130 females and 130 males) aged 20–30 years (mean age of 24.5 years) was assessed using INTE, i.e. the Polish version of the Assessing Emotions Scale (AES) by Schutte et al. (1998) as adapted by Ciechanowicz, Jaworowska and Matczak (Jaworowska and Matczak, 2008), and the Polish version of the Chronic Self-Destructiveness Scale (CS-DS) by Kelley et al. (1985) as adapted by Suchańska (1998). Apart from providing the general emotional intelligence score, INTE enables receiving scores on two factors: Factor I being the ability to utilise emotions to support thinking and actions and Factor II being the ability of recognising emotions. Both the original and Polish versions show high reliability and validity (Jaworowska and Matczak, 2008; Schutte et al., 1998). The Polish version of CS-DS encompasses the following categories: Transgression and Risk, Poor Health Maintenance, Personal and Social Neglects, Lack of Planfulness, and Helplessness and Passiveness in the face of problems/difficulties, the scores for which are summed up to obtain one global indirect self-destructiveness score. Both the original scale and its Polish adaptation show high reliability and validity (Kelley et al., 1985; Suchańska, 1998).

REVIEW OF RESEARCH RESULTS AND DISCUSSION

Emotional intelligence and indirect self-destructiveness

Emotional intelligence may have a favourable impact on the life and psychosocial functioning of the individual, whereas indirect self-destructiveness has a rather adverse impact on these dimensions. World literature offers scarce research into associations between indirect self-destructiveness and emotional intelligence.

Studies have shown that individuals primarily motivated by current emotional factors are more likely to engage in ultimately self-destructive acts than those motivated by more distant cognitive considerations. Generally, individuals that are more responsive to immediate emotional factors than distant rational predictions of consequences are likely to undertake maladaptive actions. Though the actions vary widely, the response to affect rather than cognitions appears to be a common characteristic. Such behaviours seem to represent a tendency to look for immediate pleasure or avoid immediate discomfort, thus failing to consider long-term consequences (Kelley et al., 1985; Tsirigotis and Łuczak, 2016b).

The authors of one of the pioneering, best-known concepts of emotional intelligence wonder whether a highly emotionally intelligent individual is not a healthy, self-actualised one. In other words, the concept of emotional intelligence may seem to be another definition of a healthy, self-actualised person (Salovey and Mayer, 1990). This observation is consistent with the results of many studies, including the one under consideration.

Emotional intelligence negatively correlates with, among others, deviant social behaviours (active indirect self-destructiveness) and depression, feelings of hopelessness and helplessness (passive indirect self-destructiveness), anxiety and suicidal ideations (Brackett and Mayer, 2003). Moreover, other studies indicate relationships between suicide attempts and indirect self-destructiveness (its severity and manifestations) (Tsirigotis et al., 2013a, 2010, 2011b, 2014a).

Another research team (Mayer et al., 2000) pointed to the possible prediction and prevention of adaptation disorders, such as aggression, violence and drug abuse, being textbook manifestations of indirect self-destructiveness, especially in its active form (risky and transgressive behaviour). Aggression and violence allow for immediate discharging of anger or other unpleasant/negative emotions or attaining some other goals (instrumental aggression/violence); the use of psychoactive substances, in turn, leads to changed perception/mood, euphoria or excitement; and the relationship between psychoactive substance use and indirect self-destructiveness is confirmed by research (Tsirigotis et al., 2009). The said phenomena are connected with quick, even instantaneous, mostly emotional gratification.

As mentioned above, impulsivity and impulsive behaviours are one of manifestations of indirect self-destructiveness.

In this case, the results of other studies are consistent with the above-mentioned project. Emotional intelligence is associated with better control of impulses (Matthews et al., 2002; Schutte et al., 2009, 2001, 1998, 2007) and *vice versa*. Additionally, unawareness of emotions and inability to control them are the main symptoms of some types of impaired impulse control or even personality disorders (Matthews et al., 2002; Schutte et al., 2007). Impulsive behaviours are, or easily become, risky ones.

Impulse control problems are very common in psychopathy, psychopathic or dissocial personality (International Statistical Classification of Diseases and Related Health Problems, ICD-10) or antisocial personality (Diagnostic and Statistical Manual of Mental Disorders, DSM-5). Irrespective of the terminology used, all authors of the concept and classification system agree on the fact that psychopathic behaviour is harmful and even destructive to others. Nevertheless, psychopathic behaviours are also self-destructive, but in an indirect way: yielding to temptations, impulsiveness, desire for immediate gratification, aggressiveness. It was observed that highly anxious psychopathic individuals (“secondary psychopaths”) show significantly lower emotional intelligence than psychopaths with a low intensity of anxiety (“primary psychopaths”) (Vidal et al., 2010). Emotional intelligence correlates with greater optimism, absence of depressive states, and greater empathy and self-control in social situations (Schutte et al., 2009, 2001, 1998). Empathy and self-control in social situations are the opposite of two categories of indirect self-destructiveness: impulsivity and social neglects.

A highly emotionally intelligent person is less likely to display problematic behaviours and avoids negative and self-destructive behaviours such as smoking, alcohol or drug abuse or violence (Mayer et al., 2004).

In general, low emotional intelligence can be said to be associated with poor psychosocial functioning (Schutte et al., 2007), which in turn correlates with indirect self-destructiveness as a generalised behavioural tendency.

Bar-On (1997) believes that emotional intelligence is related to immediate functioning. Immediate functioning can be favourable or unfavourable, as in the case of indirect self-destructiveness, in which direct (or immediate) or quick gratification is more important for the individual than long-term, mostly negative, consequences.

In recent research, indirect self-destructiveness, as a generalised behavioural tendency, was found to negatively correlate with emotional intelligence (Tsirigotis, 2016). Hence, the relationship between those two aspects of psychological functioning is inversely proportional: the higher the indirect self-destructiveness the lower the emotional intelligence and *vice versa*. In other words, the two types of psychological phenomena are negatively correlated with each other: emotional intelligence protects against indirect self-destructiveness, whereas indirect self-destructiveness disturbs or even impairs emotional intelligence (Tsirigotis, 2016; Tsirigotis and Łuczak, 2016a).

Having accepted that the indirect self-destructiveness syndrome is a type of psychological dysfunction, it is easy to understand the consequences of the above-presented results and claims: indirect self-destructiveness is un conducive to emotional intelligence (and probably even disturbs it), and emotional intelligence is a protective factor against indirect self-destructiveness. Emotional intelligence may be considered one of the psychological resources conducive to well-being, psychological in particular.

The above statements are consistent with a meta-analysis, according to which higher emotional intelligence is correlated with better mental, psychosomatic and physical health (Schutte et al., 2007).

A pertinent conclusion may be the words of the authors of the concept of emotional intelligence who said that people who do not learn to regulate their own emotions may become their slaves (Salovey and Mayer, 1990; Tsirigotis and Łuczak, 2016b).

Dimensions of emotional intelligence and categories of indirect self-destructiveness

The next step was to scrutinise relationships between particular dimensions or factors of emotional intelligence and specific categories of indirectly self-destructive behaviours. Thus, poor health maintenance negatively correlated with all emotional intelligence dimensions or factors in the whole study population. We will return to the issue further in this paper.

In turn, another indirect self-destructiveness category, personal and social neglects, also negatively correlated with emotional intelligence in general, the ability to recognise one's own emotions and emotions of others in particular. Helping others may require sacrifices and emotional toughness (Schutte et al., 2007). Other authors also report negative relationships between emotional intelligence and deviant social behaviours (Brackett and Mayer, 2003). Individuals having the gravest problems with respecting others, i.e. prisoners (criminals), show low emotional intelligence (Schutte et al., 1998). Higher emotional intelligence is associated with better psychosocial functioning, including intrapersonal factors (such as higher optimism) and interpersonal ones (e.g. better interpersonal and social relations) (Schutte et al., 2007). Moreover, highly emotionally intelligent individuals display more empathy, closeness and warmth in relations with others and more self-monitoring in social situations (Schutte et al., 2009, 2001).

The authors of the concept of emotional intelligence point to the ability to predict, prevent and counteract adjustment disorders such as aggression and violence (Mayer et al., 2000). Domestic violence is a dramatic manifestation of intra- and interpersonal dysfunctions. Domestic violence perpetrators (mainly men) show lower emotional intelligence than the general population; additionally, emotional intelligence deficits are associated with a tendency to use violence (Winters et al., 2004).

Empathy and self-monitoring in social situations (Schutte et al., 2009, 2001) may protect against (prevent) social and personal functioning disorders. Bar-On (1997) also claims that emotionally intelligent people, among others, adapt better to their social environment.

The next category, lack of planfulness, negatively correlated with emotional intelligence in general, the ability to utilise emotions to support thinking and actions in particular. The issue will be analysed in more detail further in the article. The ability to utilise emotions may be helpful in planning one's own actions and predicting their consequences as to whether they will be beneficial to oneself and others, which usually results in better adjustment and more effective coping in the social environment (Salovey and Mayer, 1990; Schutte et al., 2002).

The final category of indirectly self-destructive behaviours, helplessness and passiveness, negatively correlated with general emotional intelligence and the ability to recognise one's own emotions and emotions of others. The issue will also be explored later.

The above deliberations and reasoning allow for a conclusion that emotional intelligence and its specific components protect against indirectly self-destructive behaviours across the studied categories (Tsirigotis and Łuczak, 2016b).

Emotional intelligence dimensions, indirect self-destructiveness manifestations and gender

The psychological and sociological fact that women and men experience and comprehend the world differently is rather well scientifically proved. A similar phenomenon is observed in psychological functioning and both experienced and manifested psychopathology (Brannon, 2011; Denmark and Paludi, 2008; Kelley, 1987; Pospiszyl, 1992; Tsirigotis et al., 2011a, 2013b, 2014a).

Gender differences in psychological functioning and psychopathology are also observed in the spheres of emotional intelligence and indirect self-destructiveness. Women show higher emotional intelligence than men (Goldenberg et al., 2006; Schutte et al., 2009, 1998, 2007; Van Rooy et al., 2005), while indirect self-destructiveness is more intense in men so much so as to be associated with the psychological masculinity dimension, regardless of biological sex (Tsirigotis et al., 2013a, 2014b).

As already said, emotional intelligence is a psychological entity creating favourable conditions for the psychological, social and even physical well-being, while the indirect self-destructiveness syndrome tends to be harmful to an individual. Thus, it can be presumed that emotional intelligence protects against indirect self-destructiveness, whilst indirect self-destructiveness interferes with, disturbs or even impairs both emotional intelligence and well-being as a whole (Tsirigotis, 2016).

Here, the relationships between specific emotional intelligence dimensions or factors and indirectly self-destructive behaviour categories are scrutinised separately for women and men.

Women

Poor health maintenance negatively correlated with all emotional intelligence dimensions or factors in the group of women as opposed to the group of men, where no relationship was found for the ability to utilise emotions. Hence, a conclusion can be drawn that emotional intelligence as a whole and its specific dimensions of the ability to recognise emotions and the ability to utilise them to support thinking and actions protect the psychophysical health in women. It serves as an empirical proof that emotional intelligence and its components and health in general are positively correlated. People with well-developed emotional intelligence abilities recognise emotions (of their own and others) and utilise moods and emotions to motivate adaptive behaviours. It is consistent with the claim of higher emotional intelligence being associated with better psychophysiological health (Schutte et al., 2002, 2007; Tsirigotis, 2016), which may work based on the mechanism of, for example, taking preventive actions in the so-called prodromal asthenia or starting reaction (Mayer-Gross et al., 1969) often preceding a medical condition: individuals showing higher emotional intelligence may recognise psychological prodromal symptoms of a somatic disease and attempt treatment early enough. If such individuals fall ill, they follow medical advice and display better patient compliance, which is due to the awareness of one's own state and consequences of actions on the one hand, and a result of "emotional exchange" with a healthcare professional on the other hand.

Some psychosocial factors, such as stronger social support and greater satisfaction therewith in individuals with higher emotional intelligence, may act as buffers against somatic diseases. Additionally, more emotionally intelligent individuals may, to a larger extent, act according to the principles of health-conducive behaviour and display better patient compliance (Schutte et al., 2007).

Therefore, people with higher emotional intelligence tend to be in a positive mood and find it easier to improve their mood if deteriorated (Schutte et al., 2002, 2007; Tsirigotis and Łuczak, 2016a). Moreover, women in general display less poor health maintenance than men (Tsirigotis et al., 2013a). The final indirect self-destructiveness category, i.e. helplessness, negatively correlated with general emotional intelligence and ability to recognise one's own emotions and emotions of others in the group of women, which may suggest that emotional intelligence in general, and ability to recognise emotions in particular, protect against inability to cope with problems and giving up or refraining from taking remedial measures in problematic situations. Failure to show motivation or readiness to take active measures when faced with difficulties or total abandonment of such measures cause further, secondary, psychological, health-related and social damage. Emotional intelligence protects against depression and hopelessness and helplessness feeling (Brackett and Mayer, 2003; Tsirigotis, 2016). On the other hand, emotional intelligence is associated with greater optimism and absence of depressive states (Schutte et al., 2001, 2007; Tsirigotis, 2016).

The absence of helplessness may be a bridge to psychophysical health. As mentioned earlier, higher optimism and the sense of receiving social support may buffer against somatic diseases (Schutte et al., 2007). Emotional intelligence may also constitute such protection (Brown and Schutte, 2006). Some authors (Petrides and Furnham, 2003) propose calling emotional intelligence emotional self-efficacy, with the latter being the opposite of self-handicapping, which is one of the major components of indirect self-destructiveness, especially in helplessness and passiveness (Tsirigotis, 2016).

Men

It was solely in the group of men that transgression and risk correlated with both the abilities forming emotional intelligence; unlike in the group of women, where that category correlated positively with ability to recognise emotions, the correlations were negative. Such an outcome may become easier to understand when we consider the higher intensity of transgression and risk in men (Tsirigotis et al., 2013a). Importantly, it was also indirect self-destructiveness category that showed the strongest and negative associations with emotional intelligence in the group of men. Other studies indicate that emotional intelligence correlates with lower impulsiveness (Schutte et al., 2009, 1998), which is an important component of the discussed indirect self-destructiveness category. In turn, unawareness of emotions and inability to manage them are major symptoms in impulse control disorders (Matthews et al., 2002; Schutte et al., 2007). Hence, emotional intelligence, both as an ability to recognise emotions and an ability to utilise them in life, can be presumed to protect men from exhibiting risky behaviours that might even ultimately lead to death.

The lack of planfulness also negatively correlated with the ability to recognise emotions only in men. Those who cannot recognise their own emotions are unable to plan their lives to find fulfilment; such planning deficits may result in a feeling that life has no meaning, which affects depressive individuals and those affected by suicidal ideations (Schutte et al., 2007). Assuming that the planning ability contributes to academic achievements, emotional intelligence is suggested to be a good predictor of high achievements at university (Schutte et al., 1998). The ability to recognise emotions may help plan one's own actions and predict their consequences to be beneficial to oneself and others. This usually allows for better adjustment and more effective coping in the society (Schutte et al. 2002, 2007; Tsirigotis and Łuczak, 2016a).

Opposite relationships

It is worth noting the only (considering the general population and both groups) positive correlation between transgression and risk and the ability to recognise emotions observed in the group of women. When attempting to interpret the result, we should keep in mind that transgression and risk are less intense in women (Tsirigotis et al., 2013b). According to some researchers, the evolutionary meaning of this observation may indicate women's lower inclination for displaying risky behaviours connected with

the need to protect offspring and hence a tendency towards more conservative behaviour (Buss, 2014; Cosmides and Tooby, 1989). Nonetheless, considering the fact that women show lower inclination for risky behaviours, the relationship can be assumed to mainly concern the aspect of going beyond barriers or challenging norms rather than that of strictly risky behaviours¹; perhaps the adaptive meaning of propensity for transgression and risk can be at play. Thus, it can be presumed that recognising emotions occurs in the form of "going beyond oneself," towards others, i.e. "emotional exchange" and empathy, which is better developed in women (Laurent and Hodges, 2009; Toussaint and Webb, 2005). In turn, recognising emotions of others may take place through analogy based on introspection in men.

CONCLUSIONS

The level of emotional intelligence differentiated the intensity of indirect self-destructiveness and *vice versa*. Emotional intelligence and its components, i.e. the ability to recognise emotions and to utilise them, were mostly negatively correlated with indirect self-destructiveness as a generalised behavioural tendency and its categories. Associations between specific dimensions of emotional intelligence and indirect self-destructiveness manifestations differed between women and men. One of the crucial differences was the correlation between transgression (and risk) and the ability to recognise emotions being positive in women and negative in men. Apart from the therapy of existing disorders, the objective of contemporary mental health sciences is increasingly to prevent their occurrence and develop individual potential. Thus, it may be an important element to scientifically identify psychosocial determinants of human behaviours. The knowledge of associations between emotional intelligence dimensions and indirect self-destructiveness categories may enable orienting psychological measures that prevent behaviours harmful to an individual and improving the quality of life through strengthening psychological resources and neutralising risk factors with the use of emotional intelligence. Improved functioning in recognising and utilising emotions in human actions may contribute to taking better care of one's own safety, health and development, hence creating favourable conditions for limiting self-destructive behaviours. The prophylactic and therapeutic work with patients with various types of disorders, indirect self-destructiveness syndrome in particular, should take into account emotional intelligence. Knowing the gender-differentiated relationships between specific dimensions of emotional intelligence and categories of indirect self-destructiveness may allow for gender-adjusted prophylactic and therapeutic measures.

¹ Etymology-Transgression: An act that goes beyond generally accepted boundaries. In classical Latin, "a going over, a going across," noun of action from *transgressus*, past participle of *transgredi* "step across, step over; climb over, pass, go beyond," from *trans-* "across" + *gradi* (past participle *gressus*) "to walk, go" (Barnhart, 1999; Harper, 2020; Webster's Universal College Dictionary, 1997).

Conflict of interest

The author declares that he has no conflict of interest.

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