A COMPARISON BETWEEN THE EMOTIONAL INTELLIGENCE AND THE EMOTIONAL ATTACHMENTS OF THE MALE ADOLESCENTS WITH CONDUCT DISORDER AND THE NORMAL ADOLESCENTS IN KERMANSHAH

Hasan Pasha Sharifi[1], Ali Azizi*[2], Razieh Veisi[3], Masomeh Veisi[4], Ali Rezaee[5]
[1]Department of Psychology, Islamic Azad University, Roudehen Branch. Roudehen, Iran.
[2]Social Medicine Specialist, Assistant Professor of Social Medicine, Faculty of Medicine, Kermanshah University of Medical Sciences, Kermanshah, Iran.
[3]Department of Psychology, Kermanshah University of Medical Sciences, Kermanshah, Iran.
[4]Department of Geology, Education in the Kermanshah city, Kermanshah, Iran.
[5]Expert Department of Development, Kermanshah University of Medical Sciences, Kermanshah, Iran.
Email: aliazizi@kums.ac.ir

Abstract

Introduction: one of the most common types of disorder during childhood is conduct disorder which constitutes a major cause among those resorting to the treatment centers. The present research seeks to compare the emotional intelligence and emotional attachment levels among the male adolescents with conduct disorder and normal teenagers in Kermanshah. Methodology: this is a non-trial research. It is in fact a causal-comparative research conducted on all the male students with conduct disorders under the supervision and care of the correction and rehabilitation center of Kermanshah who were in the center in 2013 and all the male high school students in the educational year 2012-13. The tools used in this research are the Bar-on emotional intelligence inventory and the emotional attachment inventory of Armsden & Greenberg. Various sampling methods were employed for different groups. Random sampling method was used for people with conduct disorder, while multi-stage random sampling was utilized for normal people. Results: The results indicated a significant difference between the levels of emotional attachment to the peers among those suffering from conduct disorder and normal people, between emotional intelligence (the total score of the 4 elements) of those afflicted with conduct disorder and normal people and between the element of bearing mental pressure among those afflicted the conduct disorder and normal people (P<0.05). There was also no significant difference between the levels of emotional attachment to parents among those suffering from conduct disorder and normal people and between emotional intelligence elements (emotional self-awareness, interpersonal relationships, impulse control) in those afflicted with conduct disorder

and normal people (P>0.05). Conclusion: we may generally arrive at the conclusion that teaching elements of emotional intelligence particularly bearing the mental pressure in the schools is a necessity. It is also necessary to take the necessary measures for secondary prevention and early diagnosis of the kids and adolescents with weak emotional attachment and emotional intelligence with the help of consultants, teachers, and parents.

Keywords: Emotional intelligence, Level of attachment, Conduct disorder, Adolescents, Kermanshah.

Introduction

One of the most common types of disorders during the childhood is the conduct disorder which constitutes one of the main causes of their resorting to the treatment centers (1). This disorder is a stable behavioral pattern characterized by aggression and violating others' rights. This is one of the most common types of disorder observed during childhood which causes personal, family and social problems(2). These kids have a poor performance in applying social skills and can't find various methods to solve their interpersonal problems(3). The felonious behavior of the adolescents afflicted with conduct disorder is caused by their insufficient experience in social learning(4). The kids with conduct disorder are quite exposed to rejection by the peers, poor educational performance, and the gradual rise of aggressive behavior. They are also quite prone to mood disorders, drug consumption, felony and social character disorder when they grow old. Another factor playing a major role in acquiring social skills is the emotional intelligence about which various theories have been proposed. The emotional intelligence refers to the ability to diagnose, evaluate and express emotions in a correct and adaptive way. It also entails the ability to realize the emotions and become aware of them and to achieve or arouse emotions, facilitate cognitive activities and conflicting behavior and adapting emotions in oneself and others (5). Goleman (1995) believes that those with higher levels of emotional adequacy are better able to concentrate on their problems and use problem solving techniques that will lead to greater cognitive abilities. In the midst of crisis, emotional intelligence helps the individual to control his and others' emotions and sentiments. Adjusting them and using information based upon the emotions are necessary steps to guide thought and action and the capabilities of emotional intelligence are prerequisites for the emotional and rational development (6). Any disorders in the emotional intelligence may signal failure and presence of emotional problems. Lea et al (2003) in a quote fro Fahimeh Nazari (2010) state: the emotional intelligence plays a major and vital role in social mental health and her absence in kids paves the way for all types of behavioral problems, issue and disorders(7). Some psychologists think that the basis of trusting others is the experience one gains during the early years of his life(8, 9). Seemingly, the various levels of emotional attachment and elements of

emotional intelligence among those suffering from conduct disorder and normal people are different(10). The present research seeks to make a comparison between emotional intelligence and emotional attachment in male adolescents suffering from conduct disorder and normal teenagers in Kermanshah.

Methodology

This is a non-trial research. It is in fact a causal-comparative research conducted on all the boys with conduct disorders under the supervision and care of the correction and rehabilitation center of Kermanshah who were in the center in 2013 (50 people) and all the male high school students in the educational year 2012-13. Convenient sampling method was used for people with conduct disorder, while multi-stage random sampling was utilized for normal people. The tools used in this research are the Bar-on emotional intelligence inventory and the emotional attachment inventory of Armsden & Greenberg.

Results

The statistical indicators for the scores of those participants suffering from conduct disorder and normal ones in emotional attachment and emotional intelligence tests are presented in tables 1 and 2.

Table 1: statistical indicators for the scores of the participants suffering from conduct disorder in emotional attachment and emotional intelligence tests.

Variables		Mean	Standard Deviation	Obliquity	Elongation	K-S	P
Attachment	To Mother	90.12	16.35	-0.362	-0.877	0.829	0.497
	To Father	92.14	14.89	-0.003	-0.829	0.902	0.389
	To Peers	80.14	15.94	-0.039	-0.391	0.416	0.995
Emotional Intelligence	Bearing The Emotional Pressure	17.4	2.85	0.172	-0.028	0.670	0.761
	Emotional Self-Awareness	18.56	3.67	-0.070	-0.139	0.566	0.906
	Interpersonal Relationships	20.52	3.43	0.009	-0.122	0.980	0.293
	Impulse Control	15.87	4.11	0.158	0.856	0.677	0.749
	Emotional Intelligence (4 Elements)	72.10	8.60	0.249	-0.763	0.723	0.673

Table 2: the statistical indicators for the scores of the normal participants in the emotional attachment and intelligence tests.

Variables		Mean	Standard Deviation	Obliquity	Elongation	K-S	P
Attachment	To Mother	91.54	18.08*	-1.153	1.626	1.298	0.069
	To Father	88.38	18.98	-0.785	0.687	1.243	0.091
	To Peers	88.50	14.60	-0.812	1.310	0.993	0.278
	Bearing The	18.86	3.50	0.015	0.116	0.966	0.308

	Emotional Pressure						
Emotional Intelligence	Emotional Self-Awareness	19.31	3.75	-0.025	-0.310	0.575	0.895
	Interpersonal Relationships	21.58	2.82	-0.108	-0.370	1.020	0.249
	Impulse Control	16.39	3.73	0.365	0.215	0.859	0.452
	Emotional Intelligence (4 Elements)	76.15	7.73	1.341	2.263	1.113	0.168

Considering the number of the dependant variables (1 variable), the type of the data achieved through their measurement (quantitative) and the type of the independent variable (disease: qualitative), independent groups T-test was used to test the hypothesis.

First hypothesis: there was a significant difference between the normal people and those suffering from conduct disorder in terms of emotional attachment to mother (table 3). Considering the t (0.127) and the level of significance (0.899) with a certainty of 95 percent, we cannot reject the zero hypothesis. In other words, no significant difference was observed between the normal people and those suffering from conduct disorder in terms of emotional attachment to mother. We may, thus, conclude that there are not sufficient evidences to accept the first hypothesis.

Table 3: The results of the independent groups T-test (first hypothesis).

Groups	Number	Mean	Standard Deviation	Freedom Degree	T	sig
With Conduct Disorder	50	91.12	16.35	107	-0.127	0.899
Normal People	59	91.54	18.08			

Secondhypothesis: there was a significant difference between the normal people and those suffering from conduct disorder in terms of emotional attachment to father (table 4). Considering the t (1.132) and the level of significance (0.260) with a certainty of 95 percent, we cannot reject the zero hypothesis. In other words, no significant difference was observed between the normal people and those suffering from conduct disorder in terms of emotional attachment to father. We may, thus, conclude that there are not sufficient evidences to accept the second hypothesis.

Table 4: The results of the independent groups T-test (second hypothesis).

Groups	Number	Mean	Standard Deviation	Degree of Freedom	T	sig
With Conduct Disorder	50	92.14	14.89	107	1.132	0.260
Normal People	59	88.38	18.98			

Thirdhypothesis: there was a significant difference between the normal people and those suffering from conduct disorder in terms of emotional attachment to peers (table 5). Considering the t (2.858) and the level of significance (0.005) with a certainty of 99 percent, we can reject the zero hypothesis. In other words, a significant difference was observed between the normal people and those suffering from conduct disorder in terms of emotional attachment to peers. We may, thus, conclude that there are sufficient evidences to accept the third hypothesis.

Table 5: The results of the independent groups T-test (third hypothesis).

Groups	Number	Mean	Standard Deviation	Freedom Degree	T	sig
With Conduct Disorder	50	80.14	15.94	107	-2.858 **	0.005
Normal People	59	88.50	14.60			

** significance in the level of 0.01

Fourth hypothesis: there was a difference between the normal people and those suffering from conduct disorder in terms of emotional intelligence (the total score of 4 elements) (table 6). Considering the t (2.551) and the level of significance (0.012) with a certainty of 95 percent, we can reject the zero hypothesis. In other words, a significant difference was observed between the normal people and those suffering from conduct disorder in terms of emotional intelligence (the total score of 4 elements). We may, thus, conclude that there are sufficient evidences to accept the fourth hypothesis. As the averages indicate, the mean of the normal people in this variable is greater than those suffering from conduct disorder.

Table 6: The results of the independent groups T-test (fourth hypothesis).

Groups	Number	Mean	Standard Deviation	Degree of Freedom	T	sig
With Conduct Disorder	48	72.10	8.60		-2/551 *	0.012
Normal People	58	76.15	7.73	104		

* significance in the level of 0.05

Fifth hypothesis: there was a difference between the normal people and those suffering from conduct disorder in terms of bearing the emotional pressure (table 7). Considering the t (2.726) and the level of significance (0.008) with a certainty of 95 percent, we can reject the zero hypothesis. In other words, a significant difference was observed between the normal people and those suffering from conduct disorder in terms of bearing the social pressure. We may, thus, conclude that there are sufficient evidences to accept the fifth hypothesis. As the averages indicate, the mean of the normal people in this variable is greater than those suffering from conduct disorder.

Table 7: The results of the independent groups T-test (fifth hypothesis).

Groups	Number	Mean	Standard Deviation	Freedom Degree	T	Sig
With Conduct Disorder	48	17.14	2.85	104	-2.726	0.008
Normal People	58	18.86	3.50			

Sixth hypothesis: there was a difference between the normal people and those suffering from conduct disorder in terms of emotional self-awareness (table 8). Considering the t (1.031) and the level of significance (0.305) with a certainty of 95 percent, we cannot reject the zero hypothesis. In other words, a significant difference was observed between the normal people and those suffering from conduct disorder in terms of emotional self-awareness. We may, thus, conclude that there are no sufficient evidences to accept the sixth hypothesis.

Table 8: The results of the independent groups T-test (sixth hypothesis).

Groups	Number	Mean	Standard Deviation	Freedom Degree	T	Sig
With Conduct Disorder	48	18.56	3.67	104	-1.031	0.305
Normal People	58	19.31	3.75			

Seventh hypothesis: there was a difference between the normal people and those suffering from conduct disorder in terms of interpersonal relationships (table 9). Considering the t (1.754) and the level of significance (0.082) with a certainty of 95 percent, we can't reject the zero hypothesis. In other words, no significant difference was observed between the normal people and those suffering from conduct disorder in terms of interpersonal relationships. We may, thus, conclude that there are not sufficient evidences to accept the seventh hypothesis although the level of significance for this variable is notable (sig = 0.082).

Table 9: The results of the independent groups T-test (seventh hypothesis).

Groups	Number	Mean	Standard Deviation	Freedom Degree	T	Sig
With Conduct Disorder	48	20.52	4.11	104	-1.754	0.082
Normal People	58	21.58	3.73			

Eighth hypothesis: there was a difference between the normal people and those suffering from conduct disorder in terms of impulse control (table 10). Considering the t (0.684) and the level of significance (0.496) with a certainty of 95 percent,

we can't reject the zero hypothesis. In other words, no significant difference was observed between the normal people and those suffering from conduct disorder in terms of impulse control. We may, thus, conclude that there are not sufficient evidences to accept the eighth hypothesis.

Table 10: The results of the independent groups T-test (eighth hypothesis).

Groups	Number	Mean	Standard Deviation	Degree of Freedom	T	Sig
With Conduct Disorder	48	15.87	8.60	104	-0.684	0.496
Normal People	58	16.39	7.73			

Discussion and conclusion

First hypothesis:

Explaining the results of this hypothesis, one may say that although emotional attachment to mother might render the kid incapable of diagnosing and understanding the emotions of himself and others, adjusting his emotions, expressing sympathy and solving problems, the results of the present research point to the fact that the style of emotional attachment cannot be a good means to determine the conduct disorder. This is probably due to the fact that various factors such as genetic factors, wrong methods and practices of parents to raise and develop their children, practicing aggression against the kids, the economical and social status of the family and place of residence play major roles in causing the conduct disorder (11). Thus, despite having many researches such as Scot (12), Allen et al (13) and Setimetz et al (14) that support this point about the style of attachment and conduct disorder and indicate a direct link between emotional attachment style and conduct disorder symptoms, the present research did not confirm such an issue(15).

Second hypothesis: explaining this hypothesis, we may say that intervening factors such as age and adolescent's expulsion from school can influence the result of the research. Of course, there is no doubt that the limited research population and the type of this research restrains generalization of the results and interpretation of the etiological documents of the variables studied.

Third hypothesis: explaining this hypothesis, we may say that those suffering from conduct disorder have poor relationships with their peers due to their inappropriate social behavior, aggressive self-assertion, social incompetence, lack of physical attraction, and poor educational performance(15). Generally speaking, these people consider others' feedbacks more negative and remember the negative reactions of the others more frequently. They underestimate their interpersonal skills and have more negative thoughts in different situations.

Fourth hypothesis:

The results of a research conducted by Leo, Leo, Teo and Leo (2003) pointed to a negative and significant correlation between emotional intelligence and aggression and felony among high school students. Bracket et al (2004) in their research (*Emotional Intelligence and her Correlation with Everyday Behavior*) conducted on 330 university students arrived at the conclusion that low levels of emotional intelligence among men is correlated with negative consequences such as alcohol and illegal drugs consumption, perverted relationships and poor relationship with friends. To explain this issue, we may point to the fact that despite the separation of the abilities associated with emotional intelligence, they are highly correlated to one another(16). This may cause the scores of the micro-scales of emotional intelligence to affect other comparisons and confirm the present hypothesis.

Fifth hypothesis:

The results of this research are in line with the results of the study conducted by Orvati et al (2004). In an attempt to explain this hypothesis, we may state that existence of good interpersonal relationships can reduce the weaknesses of an individual and make him aware of various aspects of his capability and replace negative experiences with positive ones. It will also encourage the person to develop his behaviors, emotions, and feelings in line with the social expectations, norms and criteria and achieve a high level of ability to fulfill these expectations and attain the criteria. As a result, he will have the necessary ability to face the problems and conditions of the society.

Sixth hypothesis:

The research indicated no significant difference between the normal people and those suffering from conduct disorder in terms of the emotional self-awareness. This is in line with the research conducted by Fenistin et al (1957) (17). In the research conducted by Zavareghi (2006) about the correlation between the emotional intelligence and meta-cognition, mental health and educational progress of the university students, it was concluded that no correlation existed between emotional self-awareness and mental health and educational progress(18).

Seventh hypothesis

These results are in line with the results of the research conducted by Hashemzadeh Ekhbari (2002). In their research which attempted to compare the emotional intelligence among the educated and non-educated people, they observed no difference between the educated and uneducated people in terms of social awareness and interpersonal relationships(19).

Eighth hypothesis

These results are in line with the results of the previous researches. In the study conducted by Knight (2005) on the emotional intelligence and the aggressive behavior of the felons, the results indicated equal levels of emotional intelligence among the educated and non-educated groups. According to other researches, there is a positive and significant correlation between impulse control and anti-social characteristics disorder. In other words, those with high scores in impulse control have also high scores in anti-social characteristics disorder.

We may generally conclude that it is necessary to teach adolescents the elements of emotional intelligence and the ability to bear emotional pressures at school. It is also necessary to take the necessary measures for secondary prevention and early diagnosis of the kids and adolescents with weak emotional attachment and emotional intelligence with the help of consultants, teachers, and parents.

Acknowledgement

References

1. Modesto-Lowe V, Danforth JS, Brooks D. ADHD: does parenting style matter? Clinical pediatrics. 2008.

2. Blandon AY, Calkins SD, Keane SP, O'Brien M. Individual differences in trajectories of emotion regulation processes: the effects of maternal depressive symptomatology and children's physiological regulation. Developmental psychology. 2008;44(4):1110.

3. Miranda JK, de la Osa N, Granero R, Ezpeleta L. Maternal experiences of childhood abuse and intimate partner violence: Psychopathology and functional impairment in clinical children and adolescents. Child abuse & neglect. 2011;35(9):700-11.

4. Prinzie P, Onghena P, Hellinckx W, Grietens H, Ghesquière P, Colpin H. Parent and child personality characteristics as predictors of negative discipline and externalizing problem behaviour in children. European Journal of Personality. 2004;18(2):73-102.

5. Sohr-Preston SL, Scaramella LV. Implications of timing of maternal depressive symptoms for early cognitive and language development. Clinical child and family psychology review. 2006;9(1):65-83.

6. Goleman D. Emotional Intelligence. Why It Can Matter More than IQ. Learning. 1996;24(6):49-50.

7. Moballeghi J, Mohamadzadeh H, Gharibi F, Zarei M, Gharib A. Prevalence of goiter among high school students in Sanandaj, Iran in the year 2012. Life Science Journal. 2013;10(SUPPL. 7):534-8.

8. Daviss WB. A review of co-morbid depression in pediatric ADHD: etiologies, phenomenology, and treatment. Journal of child and adolescent psychopharmacology. 2008;18(6):565-71.

9. Ghaffari P, Nadiri M, Gharib A, Rahimi F. The effects of vitamin C on diabetic patients. Der Pharmacia Lettre. 2015;7(10):68-71.

10. Rasolabadi M, Khaledi S, Khayati F, Kalhor MM, Penjvini S, Gharib A. Scientific production of Medical Universities in the West of Iran: A scientometric analysis. Acta Informatica Medica. 2015;23(4):206-9.

11. van Aken C, Junger M, Verhoeven M, van Aken MA, Deković M, Denissen J. Parental personality, parenting and toddlers' externalising behaviours. European Journal of Personality. 2007;21(8):993-1015.

12. Scott S. An update on interventions for conduct disorder. Advances in Psychiatric Treatment. 2008;14(1):61-70.

13. Allen JP, Marsh P, McFarland C, McElhaney KB, Land DJ, Jodl KM, et al. Attachment and autonomy as predictors of the development of social skills and delinquency during midadolescence. Journal of consulting and clinical psychology. 2002;70(1):56.

14. Guttmann-Steinmetz S, Crowell JA. Attachment and externalizing disorders: A developmental psychopathology perspective. Journal of the American Academy of Child & Adolescent Psychiatry. 2006;45(4):440-51.

15. Peterson BS, Skudlarski P, Anderson AW, Zhang H, Gatenby JC, Lacadie CM, et al. A functional magnetic resonance imaging study of tic suppression in Tourette syndrome. Archives of general psychiatry. 1998;55(4):326-33.

16. Linnet KM, Dalsgaard S, Obel C, Wisborg K, Henriksen TB, Rodriguez A, et al. Maternal lifestyle factors in pregnancy risk of attention deficit hyperactivity disorder and associated behaviors: review of the current evidence. American Journal of Psychiatry. 2003;160(6):1028-40.

17. Fenigstein A, Scheier MF, Buss AH. Public and private self-consciousness: Assessment and theory. Journal of consulting and clinical psychology. 1975;43(4):522.

Corresponding Author:

Ali Azizi*,

Social Medicine Specialist, Assistant Professor of Social Medicine,

Faculty of Medicine, Kermanshah University of Medical Sciences, Kermanshah, Iran.

Email: *aliazizi@kums.ac.ir*