

## Emotional Intelligence in Suicide Committers

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**Abstract:** Suicide attempt is a major issue in general health and is increasing day to day. Since emotional intelligence (EI) is related to one's ability to manage stress, this study was aimed to assess the EI of people who attempt suicide. This was a case control study that was conducted on two groups; 50 patients who attempted suicide and attended Shahid Mohammadi hospital of Bandar Abbas and 50 others that were selected from their companions who were selected randomly. The Bar-On questionnaire was distributed to all the participants and the results were analyzed using descriptive statistics and T test. The findings showed that the overall EI score was significantly lower among patients of the suicide group compared to the control group ( $P < 0.05$ ). EI was significantly lower in participants who attempted suicide. According to the results of this study, EI is a protective tool against suicidal thoughts and behaviors. Programs that help improving EI can be effective in decreasing the risk of suicide attempts.

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### 1. Introduction

Suicide is one of the ten most prevalent causes of mortality and the third reason of death among the 21 to 30 year old age group. According to World Health Organization's (WHO) reports about 20 million people attempt suicide and about one million die from it, annually. According to WHO predictions, about 1.5 million people will die from suicide by the year 2020. This means that at average, one person attempts suicide every 1-2 seconds and one person dies every 20 seconds (1-3). High rates of suicide have made researchers to study on it. It seems like that stressful events makes a person susceptible to suicide (4).

However, most people who experience stressful events never get involved with suicidal behaviors. Thus, it is important to find protective factors; factors that decrease the probability of these behaviors (5).

Many studies have shown the effects of environmental factors such as religious affiliation, reduced access to firearms and social support (6).

Other studies also have confirmed genetic and biochemical factors (7, 8). However, few studies have been conducted to determine psychological protective factors.

Psychological theories suggest that people who are unable to tolerate and adjust negative emotions may get involved with suicidal behaviors (9).

As a factor that helps handling emotions and excitement, EI has an important and effective role. Efficient exposure has a key role in EI. A recent study showed that people with high EI have more successful

exposure because they know when to express their feelings and mood states (10).

Even though the few studies that have been conducted in this regard have confirmed EI as a protective factor, they have also suggested repeating the studies in different situations and with other sample sizes (11-13).

According to a review article, the incidence of suicide attempt is two times higher among Iranian women than Iranian men and the most suicide method was drug poisoning (1). Therefore we aimed to assess the comparison of EI of women who attempt suicide with drug poisoning and healthy women and to determine the components that are more involved.

### 2. Material and Methods

In this study, 100 participants were enrolled; 50 women were selected out of those who attempted suicide by drug poisoning and attended the emergency room of Shahid Mohammadi Hospital of Bandar Abbas.

These participants were chosen with convenience sampling. Those with improved general health who regained consciousness were included in the study. Patients with history of substance abuse, major psychiatric disorders, psychotic disorders, bipolar disorder, severe major depressive disorder, chronic physical dysfunction or chronic pain were excluded from the study.

The control group consisted of 50 participants who were selected from the family of patients of the

first group who were matched for their age. Among the participants of the control group, those who had any history of psychiatric disorders, or suicidal thoughts, or visited a psychiatrist were excluded.

Data was collected using Bar-On EI questionnaire (1997) and a questionnaire for demographic data. Bar-On questionnaire consists of 90 questions with 15 scales; self assess, intrapersonal relations, stress tolerance, self esteem, excitement self awareness, problem solving, independence, sympathy, social responsibility, realism, flexibility, impulsivity controlling, optimism and happiness.

The answers were scored using Likert scale and each answer got a score of 1 to 5 and the scores were summed to calculate to total score.

The higher score demonstrated high efficacy of the person. The validity and reliability of the Persian questionnaire was previously confirmed in Iran (14).

The questionnaire was distributed after the patients and their companions were stable and participants of both groups provided an informed and written consent. Data were entered SPSS 16 software and were described by descriptive statistics such as mean, frequency and t test was used to compare the groups for significant differences.

### 3. Results

The mean age of the suicidal patients was  $22.14 \pm 6.13$  years (min:14, max:49), and the control group was  $22.84 \pm 5.61$  years (min:13, max:35). The difference was not statistically significant.

The overall EI score of the suicide group was significantly lower than the control group. Also, all other components were significantly higher in the control group, except for sympathy (table -1).

Table -1: Comparison of scores of both group's participants

	Group	Number	Mean $\pm$ SD	T	Df	Significance
Problem solving	Healthy	50	22.54 $\pm$ 3.35	3.84	98	0.001
	Suicide	50	20.16 $\pm$ 2.8			
Happiness	Healthy	50	23.24 $\pm$ 3.57	6.04	98	0.001
	Suicide	50	18.424 $\pm$ 4.35			
Independence	Healthy	50	21.92 $\pm$ 3.57	5.33	98	0.001
	Suicide	50	18.18 $\pm$ 4.35			
Mental pressure tolerance	Healthy	50	19.74 $\pm$ 3.92	5.72	98	0.001
	Suicide	50	15.40 $\pm$ 3.65			
Personal growth	Healthy	50	23.06 $\pm$ 2.75	5.99	98	0.001
	Suicide	50	18.92 $\pm$ 4.03			
Excitement	Healthy	50	22.62 $\pm$ 2.74	5.62	98	0.001
	Suicide	50	19.04 $\pm$ 3.56			
Realistic	Healthy	50	19.76 $\pm$ 3.67	4.70	98	0.001
	Suicide	50	16.24 $\pm$ 3.80			
Intrapersonal relations	Healthy	50	24.24 $\pm$ 3.28	2.93	98	0.001
	Suicide	50	21.98 $\pm$ 4.34			
Optimism	Healthy	50	23.22 $\pm$ 3.29	3.90	98	0.001
	Suicide	50	20.64 $\pm$ 3.31			
Self esteem	Healthy	50	23.64 $\pm$ 3.57	4.04	98	0.001
	Suicide	50	20.64 $\pm$ 3.83			
Impulsivity control	Healthy	50	19.44 $\pm$ 5.66	5.03	98	0.001
	Suicide	50	14.22 $\pm$ 4.64			
Flexibility	Healthy	50	19.52 $\pm$ 3.43	4.42	98	0.001
	Suicide	50	16.62 $\pm$ 3.10			
Responsibility	Healthy	50	26.12 $\pm$ 2.39	4.22	98	0.001
	Suicide	50	23.48 $\pm$ 3.71			
Sympathy	Healthy	50	24.96 $\pm$ 2.61	1.76	98	0.001
	Suicide	50	23.70 $\pm$ 4.31			
Self presentation	Healthy	50	19.52 $\pm$ 3.32	3.13	98	0.001
	Suicide	50	17.36 $\pm$ 3.56			
Total	Healthy	50	333.54 $\pm$ 30.48	7.72	98	0.001
	Suicide	50	285 $\pm$ 36.40			

**Discussion:**

This study was conducted to compare the EI of those who attempted suicide and a control group. Our findings showed that almost all the components of EI were significantly lower in the suicide group. Berklin et al also conducted a similar study and demonstrated that all the components of the control group were higher than those who attempted suicide (12). However, Ahmadian et al showed that only the problem solving, happiness, and stress tolerance were significantly different (13).

In our study, the lowest component score were stress tolerance, happiness and personal growth. Berklin reported that stress, happiness and problem solving which was consistent with our study.

Ahmadian et al also achieved the same results. Although these three studies had some differences, the overall results were consistent with each other and stress, happiness, problem solving and personal growth had the lowest scores.

Despite the differences in methodology, Christine et al also recognized high EI as a protective factor against suicide. This result was consistent with our study (11).

The results of behavioural and cognitive therapy that aim to increase the ability to recognize and manage emotions also confirm our findings. These results show the importance of emotion recognition and management in prevent suicide (15, 16). Although studies have not emphasised on EI in the management and prevention of suicide, the results of our study and also findings of similar studies suggest that emotion controlling skills are protective factors against suicide (17).

According to the results of this study, people who are at high risk of suicidal behaviours must undergo psychological treatments in order to improve their EI. Also, prospective studies can be conducted to evaluate these treatments in reducing suicidal behaviours.

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