Emotional Intelligence and Empathy As Predictors of PTSD among Intimate Partner Emotionally Abused Men

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ABSTRACT:

The purpose of this study was to examine whether intimate partner emotional abuse, emotional intelligence (EI) and empathy can predict PTSD in persons who perceive to be emotionally abused by their intimate partner. A random sample of 200 men (age range 20-35 years) were administered a measure of Emotional Intelligence (Schutte et al., 1998), along with the Impact of Events Scale - Revised (Weiss & Marmar, 1997), the Toronto Empathy Questionnaire (Spreng, McKinnon, Mar & Levine, 2009) and Emotional Abuse Questionnaire (Gottman and Gottman, 2009). The results indicated that intimate partner emotional abuse (IPEA) was positively related to PTSD, and a negative relationship occurred between (a) emotional intelligence and PTSD, (b) empathy and PTSD. Individuals with higher EI scores reported lower symptoms of PTSD among men who perceived them to be emotionally abused. The study revealed that intimate partner emotional abuse (IPEA), Emotional intelligence (EI) and empathy turned out to be relevant and were retained as predictor of PTSD.

Keywords: Emotional intelligence, empathy, intimate partner emotional abuse, PTSD.

There are number of traumatic events over the world like war, natural disasters, violence, etc and because of that it is very important for clinical psychologists to identify the factors which may predict the trauma effectively. According to the Diagnostic and Statistical Manual (2013), PTSD is a psychiatric condition that follows the experience of a traumatic incident, and pays more attention to the behavioral symptoms that accompany PTSD and proposes four distinct diagnostic clusters. They are described as re-experiencing, avoidance, negative cognitions, mood, and arousal. Re-experiencing covers spontaneous memories of the traumatic event, recurrent dreams related to it, flashbacks or other intense or prolonged psychological distress. Avoidance refers to distressing memories, thoughts, feelings or external reminders of the event. Negative cognitions and mood represents myriad feelings, from a persistent and distorted sense of blame of self or others, to estrangement from others or markedly diminished interest in activities, to an inability to remember key aspects of the event. Finally, arousal which is marked by aggressive, reckless or self-destructive behavior, sleep disturbances, hypervigilance or related problems (American Psychiatric Association, 2013). Terms such as psychological abuse, psychological maltreatment, verbal abuse, emotional abuse or maltreatment, mental abuse, and psychological violence are commonly used interchangeably (Maiuro & O'Leary, 2004).
Tracy (2012) defined that emotional abuse is: "any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity, and self-worth. O’Hagan (1995) also stated that emotional abuse involves behavior which “intended to undermine the victim’s self-respect and sense of worth”. Rejecting, degrading, terrorizing, isolating, corrupting, denying emotional responsiveness are widely recognized as forms of emotional abuse (Outlaw, 2009).

Studies by (Hines & Malley-Morrison, 2001; Melton & Belknap, 2003; & Hines, Brown, & Dunning, 2007) acknowledged that men can be victims in their intimate relationships and men can sustain some levels of physical and negative psychological effects (Hines, 2007). Coker et al. (2005) explored PTSD symptoms in male and female survivors of intimate partner abuse and found that the proportion of survivors meeting criteria were not different for men and women. Emotional abuse was just as strongly associated with PTSD as physical abuse and women are more likely to perpetrate emotional than physical abuse toward male partners (Hines & Saudino, 2003).Randle and Graham (2011) have demonstrated that men can experience significant psychological symptoms as a consequence of IPV and experienced depression, psychological distress and PTSD.

Emotional intelligence (EI) has been studied empirically during the 1990s by Mayar and Salovey (1995). Goleman (1995) proposed five key areas of emotional intelligence: knowing one’s emotions, managing emotions, motivating oneself, recognizing emotions in others and handling relationships (Hunt& Evans 2004). A new study by Ghazali (2014) found the negative relationship between PTSD severity and emotional intelligence and they suggested individuals with severe PTSD symptoms appear to lack the abilities to understand and use emotions. Mayar and Salovey (1995) stated that if an individual does not develop the relevant emotional information, then disturbed feelings and emotions can lead to poorer health. Another study by Hunt and Evans (2004) also has demonstrated a link between EI and trauma and they found that participants with higher EI scores report fewer psychological symptoms relating to their traumatic experiences.

Empathy is a powerful and necessary skill for understanding another person’s subjective experience. The greatest risk factors for posttraumatic stress disorder (PTSD) among types of trauma are poor social support after a traumatic event (Robinaugha et al., 2011). There is lack of research on empathy and PTSD. Wilson (2003) found that psychological injuries require skill and a capacity to use empathy to access the inner hurt of internal experience of the individual’s life more than understanding that an event was traumatic.

There is lack of research on intimate partner emotional abuse, emotional intelligence and empathy as predictors of PTSD among men who perceived to be abused. The primarily aim of the current study was to investigate the associations between PTSD and intimate partner emotional abuse (IPEA), PTSD and emotional intelligence, PTSD and empathy. The second objective of the current study was to predict whether intimate partner emotional abuse (IPEA), emotional intelligence (EI) and empathy can predict PTSD in men who perceived themselves to be abused by their partners.
Based on the review of literature the following hypotheses were proposed:

1. PTSD will be positively related to intimate partner emotional abuse (IPEA), emotional intelligence (EI), and empathy. Participants who are high on emotional intelligence will experience less emotional abuse.

2. Intimate partner emotional abuse (IPEA), emotional intelligence and empathy will predict PTSD.

METHOD

Purposive sampling technique was used for this study. The questionnaire was administered to N=200 married heterosexual in the age range of 20 to 35 years. 150 participants out of 200, who met the inclusion criteria were taken for the final analysis. The data for the study was collected from Chandigarh, India. Participants were given the standardized questionnaire along with semi schedule questionnaires regarding sex, race, education, age, sexual orientation, marital status and information regarding their mental health. The background variables such as sex, race, education, age, marital status were controlled. Participants were from middle socio economic group and staying in nuclear family in urban area and they had minimum qualification as graduation.

MEASURES

Impact of Events Scale - Revised (IES-R)

The Impact of Events Scale was developed by (IES-R; Weiss &Marmar, 1997) to reflect the DSM-IV criteria for post-traumatic stress disorder (PTSD). Reliability and validity of test are satisfied.

The Toronto Empathy Questionnaire (TEQ)

The Toronto Empathy Questionnaire (TEQ; Spreng, McKinnon, Mar & Levine, 2009) was used to assess empathy as a primarily emotional process, Questionnaire consists of 16 questions, and each rated on a five point scale from 'never' to 'often'. The TEQ demonstrated strong convergent validity, and good internal consistency and high test-retest reliability. The TEQ is a brief, reliable, and valid instrument for the assessment of empathy.

Gottman Emotional Abuse Questionnaire (EAQ)

It has 66 items assessing emotional abuse, each rated on a 4-point frequency scale (Never to Very Often). The EAQ has four subscales: isolation, degradation, sexual abuse, and property damage. Internal consistency for the subscales is .92, .94, .72, and .82, respectively. In this study the isolation subscale only was used. The isolation subscale has 25 items including “my partner keeps me from spending time with the people I choose,” and “my partner prevents me from leaving the house when I want to.”

Emotional Intelligence Scale (EIS)

The Emotional Intelligence Scale (EIS; Schutte et al., 1998) consists of 33 self-referencing statements in which participants are asked to rate the extent to which they agree/disagree with
each statement on a five-point Likert-type scale, ranging from 1 = strongly disagree to 5 = strongly agree. Reliability and validity of test are satisfied.

STATISTICAL ANALYSIS

Descriptive statistics viz, mean and standard deviation was performed. Correlation was used to find the correlations between variables and another objective of the present study was to delineate the significant predictors for criterion variables viz intimate partner emotional abuse, emotional intelligence and empathy in emotionally abused men.

RESULTS

It is expected that PTSD would be positively related to intimate partner emotional abuse (IPEA) and PTSD would be negatively related to emotional intelligence (EI) and empathy. And participants who are high on emotional intelligence (EI) and empathy being less likely to experience abusiveness behavior.

The investigation revealed that men who perceived to be emotionally abused by their intimate partner had a greater likelihood of reaching PTSD. Table 1 shows that the correlation between PTSD and intimate partner emotional abuse (IPEA) which were positively significant (r = .826, p ≤ 0.01). The results found negative correlation between PTSD and emotional intelligence (r = -.434, p ≤ 0.01), PTSD and empathy (r = -.407, p ≤ 0.01), intimate partner emotional abuse (IPEA) and emotional Intelligence (EI), (r= -.532, p ≤ 0.01), intimate partner emotional abuse (IPEA) and empathy (r = -.274**, p ≤ 0.01), it means that those who are high on emotional intelligence (EI) and empathy reported less intimate partner emotional abuse.

<table>
<thead>
<tr>
<th>Table 1. Mean and Correlation between variables (N=150)</th>
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<tbody>
<tr>
<td>Variables</td>
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<td>-------------------------</td>
</tr>
<tr>
<td>Emotional abuse</td>
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<tr>
<td>Emotional Intelligence</td>
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<td>Empathy</td>
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<td>Emotional Abuse</td>
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<td>Emotional Intelligence</td>
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<td>Empathy</td>
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**Significant at p ≤ .01 level

It is expected that intimate partner emotional abuse, emotional intelligence and empathy will predict PTSD in men who perceived to be abused.

Another objective of the present study was to delineate the significant predictors for PTSD. For this, step-wise multiple regression analysis was applied on the sample. The variables i.e. intimate partner emotional abuse, emotional intelligence and empathy were entered as predictors.
Two variables turned out to be relevant and were retained as predictors as they explained 85% ($R^2 = 0.853$) of the variance in the criterion variable i.e. PTSD. The predictors which emerged significant were intimate partner emotional abuse ($\beta = 0.76$) and emotional intelligence ($\beta = 0.15$). Table 2 shows the regression equations for intimate partner emotional abuse and emotional intelligence which were turned out to be relevant and were retained as predictor of PTSD.

**Table 2. Regression Equations for PTSD**

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>Standardized Coefficients</th>
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<th>R Square</th>
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<tr>
<td>IPEA</td>
<td>0.76</td>
<td>15.19**</td>
<td>0.71</td>
<td>196.69**</td>
</tr>
<tr>
<td>EI</td>
<td>0.15</td>
<td>3.05**</td>
<td>0.72</td>
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*Significant at p≤ .01 level

**DISCUSSION**

The current study primarily aimed to investigate the associations between PTSD and intimate partner emotional abuse (IPEA), as a form of IPV victimization among men, PTSD and emotional intelligence, PTSD and empathy, and consequently found that whether intimate partner emotional abuse, emotional intelligence and empathy predict PTSD in men who perceived themselves to be abused. Generally, men do not report that they have been abused by their intimate partner, particularly because they are afraid of being an object of ridicule (Felson et al., 2005; Carmo et al., 2011). But in a specific society, it is expected that men are not abused by women, but currently in western societies, where there is greater gender equality, the rate of male victims of intimate partner abuse has increased (Archer, 2006). There have been studies investigated intimate partner emotional abuses against women, while research on intimate partner emotional abuse against men is quite limited (Karakurt & Silver, 2013). Consistent with a study by (Coker et al., 2005) found that intimate partner emotional abuse is strongly associated with PTSD as compare to physical abuse in male survivors of intimate partner abuse. Several studies have found the significance of intimate partner emotional abuse on male victims (Hines & Malley-Morrison, 2001; & Hines, 2007). Studies by (Dutton, 2005; Carney, 2007; & Swan, et al., 2008) revealed that women are as capable as men to perpetrate abuse against their intimate partners and they do it more frequently. The present study also investigated the associations between PTSD and intimate partner emotional abuse which found that the PTSD is a major concern among men who perceived themselves as victims of emotional abuse.

As expected, the results indicated that individuals with lower EI scores had a greater likelihood of reaching PTSD in men who perceived themselves emotionally abused. In support of previous study by Hunt and Evans (2004) there was a relationship between emotional intelligence and PTSD. Emotionally intelligent people are more likely to be able to cope with stressed situations therefore; it is very logical and expected result as EI models by (Bar-On, 2006; Goleman, 1998; & Mayer & Salovey, 1997) which explained that individuals with high EI can deal with environment demands effectively and cope with emotional information easily. Emotional intelligence is a relatively new construct and has received a lot of attention from academicians, psychologists and researchers. There is lack of empirical investigation specifically addressing the
relationship between emotional intelligence and posttraumatic stress disorder. This study is an effort to establish a relationship between these two variables. The findings of the present investigation supported the negative relationship between EI and PTSD as Ghazali (2014) found an inverse relationship between PTSD severity and emotional intelligence. He suggested that the PTSD score was negatively correlated with all emotional intelligence subscales. His findings suggest that individuals with severe PTSD symptoms appear to lack the abilities to understand and use emotions.

Empathy is a multidimensional construct whose dimensions include intellectual skills; cognitive abilities; the capacity for accurately recognizing and communicating understanding of emotions, thought processes and nonverbal messages through different body channels; and the capacity to modulate one’s own affective reactions in order to maintain resonance and attunement (Wilson & Thomas, 2004). There are a few researches that explore the relation between empathy and PTSD. However, the relation between social support and the development of PTSD after a traumatic event is well documented. Trauma survivors who have lots of social support after a traumatic event have less posttraumatic stress symptoms than those with a lack of support, even if they experienced more severe trauma (Staggs, 2014). According to the national center for PTSD, most often social support is referred to as social interactions that provide individuals with actual assistance and embed them into a web of social relationships perceived to be loving, caring, and readily available in times of need. This broad definition points to three major facets of social support: received support (actual receipt of help); social embeddedness (quality and type of relationships with others); and perceived support (the belief that help would be available if needed) (Kaniasty, 2005). In consistent with the past study by Robinaugh et al. (2011) showed that for understanding another person’s subjective experience, empathy is a powerful and necessary skill. The greatest risk factors for posttraumatic stress disorder (PTSD) among types of trauma are poor social support after a traumatic event. The current study found that empathy is correlated with PTSD, which means that the person who perceived themselves to be emotionally abused by intimate partner and experienced a traumatic event need to be understood by another person. The previous studies considered that men are less likely to report female perpetrators abusiveness behavior as being of subject of ridicule (Douglas & Hines, 2011), but in the current study the level of reported abusiveness behavior among male intimate partners was high; it might be because of self-reported.

Another objective of the present study was to delineate the significant predictors for criterion variable PTSD. For this, multiple regression analysis was applied on the sample. The variables i.e intimate partner emotional abuse, emotional intelligence and empathy were entered as predictors. The results revealed that intimate partner emotional abuse and emotional intelligence contributing majorly in prediction of PTSD followed by empathy. Intimate partner emotional abuse emerged as a major predictor of PTSD among men. When the people faced with traumatic experiences; they primarily focus on survival and self-protection. They experience a mixture of numbness, withdrawal, confusion, shock, and speechless terror. Some of the victims try to cope by taking action, while others dissociate. Dissociation during a traumatic event is an important predictor for the development of subsequent PTSD (Shalev et al., 1996). Emotional intelligence is another major predictor of PTSD. It might be because the individuals who process information can deal with the traumatic memories through a process of narrative development, and the memories become easier to deal with. Individuals who use avoidance tend to keep clear of
situations which remind them of the traumatic event and so do not deal with their traumatic memories, memories which may then return to active memory at some point in the future. Processing information is generally a more effective coping strategy than avoidance (Hunt & Robbins, 1998).

The first limitation of this study is that the sample isn't clinical. Clinical sample would give possibility to speak about EI predictive value for PTSD but normal population is a group of people who perceived themselves to be emotionally abused by their intimate partner. The second limitation is lack of measuring EI components as predictive value for PTSD. Further research in this area shall be studied on EI as a predictor role for other mental disorder (e.g. anxiety, depression) on a clinical sample, and coping for different traumatic situations and defining different types of emotional abuse.

CONCLUSION:

The results of this study allowed us to conclude that men can be victims of intimate partner emotional abuse. Since it is a perceived abuse and not proved to be abuse, result showed the significant correlation between men who perceived themselves to be emotionally abused by their partner and reaching to PTSD. The current study found that emotional intelligence (EI) and empathy could be as predictor of PTSD which is EI was more effective than empathy in men who alleged to be victims of emotional abuse.

REFERENCES:


