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METHODOLOGICAL PRINCIPLES OF STUDY OF EMOTIONAL INTELLIGENCE OF EMPLOYEES OF INTERNAL AFFAIRS BODIES

The article is devoted to methodological bases to identify of individuals, who are prone to psychosomatic disorders.

The author explains that there are two significantly different profiles of the dominant emotional experiences in individuals that are prone and not prone to psychosomatic disorders. In the first case, a positive emotional state has been recorded as the view of certain professional regulation («the employee of police has to be...»), since they are unlikely at this level of negative emotions. Moreover, the desire to be (or look) of energetic, determined and confident person for the lack of appropriate personal requirements can cause personal conflict, to become an independent factor of negative dynamics of the psychosomatic status of an individual. In the second case there is a domination of positive emotions, respectively – the overall harmony of the emotional status of the person despite the presence of negative influences.

Keywords: patrol police officer; communicative strategy; speech sphere duties.

It can be argued that the mechanism of occurrence of psychosomatic disorders to a considerable extent presents the features of emotional sphere of personality, which requires a detailed study of the peculiarities of his emotional intelligence.

Difficulties in understanding individual differences in emotion of other people occur for the following reasons: the focus on self

leads to an inability to recognize and properly assess the emotional state of others; sense of superiority; the feeling of anxiety associated with the emotions of others or his own; the existence of certain benefits from misunderstanding the emotions of others.

Of course, that the researcher should strive to cover the widest possible range of phenomena in the framework of the research subject, in our case is the person of the employees of internal affairs bodies, prone to psychosomatic disorders. Meanwhile, the study of the whole personality in all its manifestations is too complex task. To narrow subject field research is necessary to focus attention on the emotional component of the mind: psychosomatic disorder is often the result of excessive for a specific person of negative experiences, mainly chronic stress. Therefore, when choosing psychodiagnostic methods should focus primarily on establishing the peculiarities of emotional intelligence of individuals who are prone to psychosomatic disorders, and to establish the relationships between these features and other structural components of the personality.

Police officers authorized to carry out official duties that belong to activities with distinctive feature and it is continuous danger of collision. Extreme conditions of such activity cause threat to life itself and to the physical and mental health. Responding to the extraordinary circumstances is an essential part of professional experience. This effects on the emotional and volitional personality and respectively contributes to psychosomatic disorders.

The analysis of approaches to the study of certain aspects and the complex research for psychology of the subject law enforcement activity devoted research papers of D. Alexandrov, V. Barco, L. Kazmirenko, O. Kudermina, M. Kostytskiy, V. Medvedev, O. Tsilmak, S. Yakovenko and other legal psychologists. In the objective field of psychosomatic medicine the subject of this activity were studied by psychologists and psychiatrists, such as F. Alexander, Y. Antropov, V. Broityham, O. Dolzhenko, B. Luban-Plotstsa, V. Mendelevich, A. Meneghetti, A. Pezeshkian, P. Petryuk, M. Sandomirzky, K. Selchenok, P. Sidorov, G. Strashenbaum, Y. Tarnovsky and others.

Purpose of the article is to determine the methodological foundations for the study of emotional intelligence of the personnel in the internal affairs bodies.

For determination of personal grounds for the emergence of psychosomatic disorders of law enforcement employees it was conducted the survey of 275 people with experience of over 5 years of service; the age of surveyed was about from 25 to 35 years. We offered to the respondents following questions about their psychosomatic status: 1) state of health at the moment; 2) the sense of positive or negative dynamics of the physical status (health); 3) attendance of symptoms about worsening health; 4) the dominant emotional states.

Summarizing obtained results we proceeded from the assumption that the prevalence of positive responses and the availability of relevant symptoms indicates about susceptibility to psychosomatic disorders (group 1) and prevailing negative indicates about the disinclination (group 2).

According to survey results:

62,9 % (173 persons) of respondents gave answers that show consistently satisfactory of health, lack of chronic mental and physical problems and undesirable emotional states. These individuals do not see the negative impact of the professional activity on the health;

37,1 % (102 people) of respondents indicated the presence of feeling and various psychophysical states that are described in the relevant sources as having psychosomatic background. Accordingly, this part of the respondents we identified as persons predisposed to psychosomatic disorders.

Consequently, representatives of second group noted the presence of satisfactory in psychophysical condition; and others probably point to poor health and referred to the following health problems.

Gastrointestinal diseases are concerned 27,4 % of respondents who are prone to psychosomatic manifestations; headache – 20,6 %; heart pain and sharp fluctuations in blood pressure – 24,1 %; complications in the respiratory organs – 12,5 %.

As for feeling of stability or instability of physical status (health), it should be noted that first of all the lack of focus on the problem of physical health of respondents second group: it «has not changed» or «difficult to determine» in 36,8 %. Respondents of first group indicated that their state of health is worsened in recent years (58,1 %), which is available negative dynamics of health; unchanged (23,5 %).

Also is noteworthy the significant difference on all proposed options, and wavering in the evaluation of their physical status – more than 2 times. It is likely those different approaches and this assessment, certain nihilism attitude to their own health as such, that is not the primary problem – in the first case; inconclusive certainty, doubt and fear («avoid traumatic effects facility») – in the second.

This conclusion is confirmed by comments:

Group 2 – «Sometimes sore ...», «Sometimes catch ...», «probably because of the weather ...», «If get rattled ...», «... while on duty», «not lucky with the head ...», it refers to the not long and not intense pain symptoms;

Group 1 – «What we eat and how we feel ourselves ...», «with this mode of operation – no surprise», «fast food – not the best food ...», «unfinished business haunt...», «throws in heat ...», «crushes heart ...», «not enough air ...», «cannot stand the heat ...» and others. Significant impact on psychosomatic state of health status of the individual and overall assessment of quality of life also is noted.

The essential is the differences in the *dominant emotional states* of different groups. So, not prone to psychosomatic disorders characterize individuals themselves as energetic (89,6 %), confident (81,5 %), determined (78 %); mostly they are quiet (42,4 %) and satisfied themselves (15,3 %); it does not exclude experience of stress (5,9 %), frustration (7,8 %) and personal conflicts (28,6 %). Prone to psychosomatic disorders persons also confirm the presence of energetic (76,5 %), confidence (54,9 %) and determination (52,9 %), although the percentage of respondents in this collection is much lower. Very different number of people who describes himself as calm (5,7 %) and satisfied themselves (4,3 %). But the most striking differences regarding to the feelings of psychologically stressful of negative conditions, stress (47,1 %), frustration (29,7 %) and personal conflicts (13,2 %).

Thus, we can distinguish two essentially different «profiles» of dominating emotional experiences from representatives of groups outlined above. In the first case sthenic emotional states rather ascertained as the idea of a professional norm («A police officer should be»), because they are unlikely at this level of eligibility manage negative emotional states. Moreover, the desire to be (or look) energetic, decisive and confident in the absence of proper personal

preconditions itself may cause personal conflict and become an independent factor of negative dynamics of psychosomatic status of the individual. In the second case is marked dominance stheniac emotions, respectively – the total harmony of the emotional status of a person despite the presence of negative influences.

As such it can be argued that the mechanism of psychosomatic disorders is largely represented by the individual features of the emotional sphere and it requires a detailed study of the features of emotional intelligence. As the concept of «emotional intelligence» appeared in the scientific literature recently, we should focus on its main features. So emotional intelligence is:

the ability to behave in accordance with the internal environment of feelings and desires [1];

the ability to understand the relationship of the individual, which are represented in emotions and control of emotional area through predictive analysis and synthesis [2];

the ability to effectively control of the emotions and use them for improvement of mind [3];

the totality of emotional, personal and social skills, affecting through the overall ability to effectively comply with the requirements and withstand the pressure of the environment [4];

emotional and intellectual activity [5].

Summarizing the given definitions can claim that a high level of emotional intelligence can adequately understand its own emotions and the emotions of others, and control the emotional sphere, providing better adaptability of individuals and the effectiveness of its communication. Unlike general intelligence (IQ), aimed to show the outside world and the emotional intelligence (EQ) reflects the inner world, his relationship with the behavior of the individual and reality. The final product of emotional intelligence is making decisions based on the reflection and understanding of emotions, which is differentiated assessment of events that have personal meaning [6]. In the final analysis, emotional intelligence determines the characteristics of emotional self-regulation.

Emotional intelligence is not something radically different from the IQ. It is mental capability and it's processing occurred by special information that called emotional. But IQ and EQ are different factors vital achievements: people with high IQ, but low EQ

are unable to fully use their potential and lose their chances of success, as interact and communicate unhelpful [4].

According to ideas of J. Meyer, P. Selovei and D. Caruso, the structure of emotional is [3]:

1. *Perceived regulation of emotions* – certainly that emotion cannot manage directly, but indirectly it can do. The original time of management it is separation of undifferentiated emotions on the subject and its response, the selection of emotions as a separate object, not properties of the outside world («I feel fear» instead «the world is scary»). The next stage is to limit or expand the flow of information through the emotional control of thoughts («It does not deserve my attention», «I do not react to it» etc.).

Although the general mood regulation is happened automatically but some experience of emotional states is recognized (mood is typical, the origins of unexplained mood). This allows a person to create implicit theory of situations that could cause certain mood. Therefore, it is possible to regulate mood, associating yourselves with certain people.

In general, a person tends to maintain a positive attitude and avoid negative emotions, including information about their positive qualities. In addition, a possible variant of the option action of person in favor of other persons is to overcome their negative emotions. This «aid in a negative emotional state» is considered as a motive altruistic behavior [3]. Experience in mood is able to influence the choice through the positive emotional states increase in total internal experience.

It is known that the lack of control emotional expression complicates the interpersonal communication. Paradoxically, to the same result is able to leading permanent containment of emotions: person is perceived as cold and smart-aleck, causing a surprise and dislike of others. In addition, it promotes the development of psychosomatic disorders and psychosomatic diseases.

2. *Understanding (comprehension) emotion* – naming (definition) emotions are the result of structural processes that modify and transform their perceptual experiences of inner experience. Other words, feelings and emotions of definition are different psychological phenomena. The inability to express emotions verbally in the scientific literature was called alexithymia

(«feelings without words» according to R. Sifn). The essential characteristics of alexithymia are difficulties in identifying feelings; inability to differentiate feelings and bodily sensations; poor imagination, rigidity and concreteness [7].

3. *Differentiation and expression of emotions* – requires mastering accepted in this culture form of expression and individual understanding of emotions in the people around them. Distinguish emotions harder than express them, as this depends on the level of empathy that is tactful sensitivity to the feelings of another person.

Difficulties in understanding individual differences of emotion surrounding people are generated by: concentration on the own personalities, leading to inability to notice and properly assess the emotional state of others; sense of superiority; anxiety related to the emotions of others or their own; the presence of a misunderstanding of benefits from the other emotion [8].

Regarding the methods for empirical study of psychosomatic status of the individual, then we used the following.

1. *Methodology of SAM (state of health, activity, mood)* – allows to carry express diagnosis of three important psychological factors: health – as a set of subjective feelings that reflect the degree of physiological and psychological comfort of the human condition, the thinking and feelings and so on; activity – as one of the areas for manifestation of temperament, which is determined by the intensity and scope of human interaction with the natural and social environment. According to this index a person may be inert, passive, calm, initiative, active or rapid; mood – a relatively long-term, sustainable human experiences represented by: a) emotional background (elated, depressed), that is an emotional reaction rather than the immediate consequences of specific events, but their importance to the subject in the context of general life plans, interests and expectations; b) clearly identified condition of (boredom, sadness, grief, fear, passion, joy, delight, etc.).

Reduction of these indicators can serve as a signal of the presence of undesirable emotional state, and methodology in generally allows diagnosing the current psychosomatic status of the individual in terms of polar estimates, between which there is a continual sequence account.

2. *Methodology of diagnostics of anxiety* by C. Spielberger – Y. Hanin – it allows to define: the existence of internal tensions; situational (reactive) anxiety – psycho-emotional condition characterized by stress, anxiety, nervousness; personal anxiety – resistant human characteristic that leads to the tendency to perceive large range of situations as threatening and respond to such situations condition of anxiety. Very high personal anxiety directly correlated with the presence of neurotic conflict with emotional and neurotic breakdown, psychosomatic disorders.

3. *Colour test M. Luscher* – it allows installing: current emotional problems; internal conflicts of personality; availability of psychological and physiological stress. With the predominance of a color scheme can get an idea about the features of the nature of man, his mental and physical health, provide a description of character personality, namely:

latent conflicts, actual internal problems and the degree of compensation;

availability of psychological and physiological stress;

leading trends of mental life, the prognosis for the future, possible solutions to complex situations.

4. *The questionnaire of emotional Intelligence D. Lyusin* (EmIn) – it is based on self-reports about the ability of understanding your and others emotions and control them.

The ability to understand the emotions means that a person can: recognize emotion, that establish the very existence of emotional experience in itself or another person; identify the emotion, that determine what kind of emotion she feels independently and verbalize it; identify the reasons behind this emotion and consequences what it would lead. Data collected thus allow diagnosing the causes of certain psychosomatic status of a person through understanding the influences on it (external or internal).

The questionnaire measures the following parameters: understanding other people's emotions and control other people's emotions – interpersonal emotional intelligence, understanding own emotions and control own emotions – intrapersonal emotional intelligence.

5. *The Toronto Alexithymia Scale* (TAS-26) – it is aimed at determining the level of alexithymia, including: difficulties in

identifying and describing own feelings; difficulty in distinguishing between feelings and bodily feelings; reducing the capacity for symbolization, as evidenced by the poverty of imagination, imagination; focus on external events or the internal experiences.

These features cause difficulties in recognizing the emotions and cognitive processing of emotions, which leads to increased physiological responses to stress. So, alexithymia is a significant risk factor for psychosomatic disorders and it consistent with the purposes of our study.

6. *Emotional Intelligence Test by N. Hall (EQ)* – is designed to identify ability to understand the relationship of personality, represented in verbalizing emotions. Methodology of is based on the concept of emotional intelligence as a personality characteristic that can recognize their emotions, manage, recognize feelings in each situation and so on. Answers allow diagnosing: emotional awareness, control of emotions, motivation (arbitrary control of emotions), empathy, the emotions recognition of others and the ability affect them.

Consequently, the test allows diagnose the psychosomatic status of the individual in the verbalization of mental experiences, respectively, reflected somatic.

7. *Emotional Intelligence Test (EMIQ-2)* – it allows to diagnose following properties of personality:

introspection and self-defense – the ability to realistically assess their strengths and weaknesses, identify and understand their emotions, the ability to build a psychological defense of trouble etc.;

self-control – intrinsic motivation, self-discipline, persistence in achieving goals;

expression of emotions – ability to adequately express and control emotions and respond appropriately to the emotions manifestations of other people;

social sensitivity – the ability to properly understand and assess the motives of others and adequately respond to them based on this understanding;

self sensitivity – assessment of own insight, understanding the motives of others.

8. *Methodology of J. Mayer – P. Selovey – D. Caruso (MSCEIT v 2.0)* – it considers emotional intelligence as a set of skills that are used for the most objective assessment of own and

others' emotions; expression of emotions; effective regulation of emotions (your and others).

Methodology makes it possible to diagnose emotional intelligence on the following criteria: adaptive skills, assessment and expression of emotions (Verbal and nonverbal), assessment emotions of others (nonverbal perception, empathy), the emotions regulation (own and others), use the emotions in cogitation and activity (creative thinking), divert attention, motivation. It characterizes psychosomatic status of the individual in terms of an individual's ability to counteract unwanted emotional impact.

Certainly, the researcher must endeavor to reach the widest possible range of phenomena within the subject of research, in our case it is the identity of the police officer inclined to psychosomatic disorders. Meanwhile, study of an integral personality in all its forms is a very comprehensive task. In our opinion the features for narrowing of subject field study should be focused on the emotional component of the psyche: often psychosomatic disorder is the result of excessive and negative experiences for a particular person, and mostly it is caused by the chronic stress. Therefore, the choice of psychodiagnostic methods should be targeted primarily on the possibility of establishing features of the emotional intelligence in people inclined to psychosomatic disorders, and establishing relationships between these features and other structural components of personality.

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