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The Influence of Emotional Intelligence and Self-Regulation Strategies on Remediation of Aggressive Behaviours in Adolescent with Visual Impairment

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ABSTRACT This study investigated the influence of two interactions – emotional Intelligence Tracing (EIT) and Self-Regulation training (SRT) in remediating aggressive behaviour in adolescence with visual impairment. Forty-eight visual impaired (ranging form total blind to partially sighted) participated in the study. The interaction effects revealed that participants treated with the two interactions EIT and SRT showed significant improvement in their aggressive behaviour pattern than their counterparts in the control group. These findings were discussed and implications for counselling psychologists, special educators, educational administrators, parents, policy makers, and the government were stressed.

INTRODUCTION

Aggressive behaviours among adolescents with visual problems have been at great concern to professionals in the field of visual impairment. It is a kind of behaviours that poses certain problems to other individuals. Aggressive behaviour is one of the most pressing problems among school-aged children and adolescents. According to social-cognitive information-processing models, aggressive behaviour is a way through which children and adolescents with poor skills manage the social problems of everyday life.

Aggression is a familiar term in common parlance, as well as a key concept in the study of human behaviour. In general conversation, we may use the word "aggressive" to define a person assaulting another, a carnivorous animal seeking a prey, even a storm wrecking havoc on the earth it moves on. Some individuals in our society believe that aggression is innate or instinctive in nature.

The social theorists suggest the breakdown in community share values, changes in traditional family patterns of child-rearing, and social isolation lead to more aggression in children, adolescents, and adults. It is also believed that aggression in children correlates positively with family un-employment, strife, criminality, and psychiatric disorders.

Of interest is the recent finding of Collishow, Manphan, Goodman and Pickless (2004) on the assessment rates of conduct, hyperactive and emotional problems in three general population samples of UK adolescents over a 25 years period from 1974 to 1999. Their results show that the proportion of adolescents with severe aggressive conduct problems more than doubled over this period. This observed increase occurred for both girls and boys across social class and family structure.

Research into aggressive behaviour among adolescents with visual impairment in developing countries of the world is a new trend. No work has been done in this area to the best of knowledge of the researcher. There is the believe that most behaviours in individual serve a purpose. To the visually impaired, aggressive behaviour may be as a result of the failure of the visually impaired adolescents to control his/her emotion and adjust to the problem of blindness. If the parents are unable to provide the necessary support and some psychological mechanisms in the management of the child's visual problems, a child may resort to being unusually aggressive.

Apart from all these, blindness is not a blow to the sense of sight alone, but a blow to self-image and the whole personality of the person concerned. It brings along a number of other associated problems like basic losses to psychological security, losses in basic skills, communication both spoken and unspoken ones, loss of career vocational goals and job opportunity, loss of recreation and appreciation of essentially, to adolescents recreation is a great loss. Aside the

problem of being blind to contend with all the stresses and strains, the blind person cannot refresh.

This may result into psychological problems and unwarranted aggressiveness. Due to the nature of their handicap, there is the need to explore the mechanisms of reducing it if not totally eliminating this behaviour in the visually impaired adolescents.

To do this, this study is using two therapeutic techniques. These are emotional Intelligence Education and Self-regulation strategies. Emotional intelligence is the ability to sense, understand and effectively apply the power and acumen of emotions as a source of human energy, creativity, innovation, cooperation, communication, collaboration, information and influence (Cooper and Sawaf, 1997). Emotions are multi component response tendencies, which unfold over a relatively short time span. It involves arousal, physiological changes, cognitive perceptual and experimental responses (Akinboye, 2002) and usually a reaction to a particular event or situation whereas moods are diffused and unfocused. Emotions last for a relatively short period compared to moods which may span a long period of time.

Emotional intelligence (EI) creates positive outcomes in relationship with self and individuals. Joy, optimism and success in school, life and at work are the positive outcomes of Emotional intelligence and self-esteem, self awareness, proactivity, emptly, interpersonal relationship, coping skills, reality testing, flexibility, components of EI. There are basically four domains of emotional intelligence identification, regulation, understanding and managing.

All these are important in the creation positive outcome in relationship with self and others in achieving appropriate behaviour at all time. The concept of emotional intelligence brings a new and deeper dimension to the study and understanding of human intelligence, it expands the ability to evaluate one's general or overall intelligence.

Mayer and Salovey (1993) describe emotional intelligence as a type of social intelligence that involved the ability to monitor one's and other's emotions, to discriminate among them and to use the information to guide one's thinking and actions. In other words, emotional intelligence is concerned with understanding of oneself and others, relating to people and adapting into coping with the immediate environment and to be more successful on dealing with environmental demand.

Aggressiveness is one of the factors that determines human behaviour and integrity. Aggressiveness, whether positive or negative is parts of human character. According to Akinboye (2002), emotions are to the base of human integrity, honesty, fairness, dignity and other important human actions. He went further to say that, emotions drive human behaviours and actions. No human action, whether good or bad, is emotion free.

Emotional intelligence therefore largely determines human character and is the major determinant of human success, and accounts for 80 percent of human performance in life. Thus, it has a lot of influence on all human character aspects including levels of aggressiveness.

In fact, the two important pioneers in the field of emotional intelligence define it as the ability to access and/or generate feelings when they facilitate thought, the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth. They suggest identification of emotions, using emotions to understand emotions and managing emotions as the four areas of application. This will have a lot of influence on aggressive behaviour because it involves the ability of an individual to recognize how one and those around him/her feels.

There is no doubt that EI competencies are useful and can certainly reduce the influence of aggressive behaviour in adolescence with visual problems. Emotional intelligence is foundational character for the control at undesirable behaviour. This involves good character, integrity, honesty, emotional self-awareness, and human dignity, when all these are unfolded in an individual there is an improved attitude, behaviour, relationship and interaction with others in the society.

Douglas et al. (2004) regard the emotional intelligence construct as a forum of social effectiveness, a set of skills enabling one to "read and understand others, and utilize such knowledge to influence others in the pursuit of individual and/or organizational goal."

Mayer and Salvovey (1997) identify perception expansion of emotion as the most elementary dimension of EI. It is elementary in that it is the basic building block from which the other dimensions expand within the framework of emotional intelligence. Individuals must have the

ability to accurately perceive the emotions of themselves and others in order to facilitate accurate expression of emotions and understand other expressions of emotion. With regards to aggressiveness of the visually impaired, this ability to accurately perceive and express their emotions allows individuals in our society to understand and accurately know or perceive the negative side of people with visual impairment. Emotional intelligence helps to predict success because it reflects how a person applies knowledge to immediate situation. One of the ways to measure emotional intelligence is to measure one's "common sense and ability to get along in the world".

Self-regulation as an important feature in cognitive and somatic behaviours the pies is an active way of managing a behaviour to achieve a goal, without external instruction or motivation. Self-regulation is necessary for a person to have self-control, and the ability to inhibit actions. In other wards, self-regulation is a person's self-control of behaviour, emotions and thoughts.

Self-regulation also refers to students' ability to understand and control their learning (Schunk and Zimmerman, 1994; Winne, 1995; Simmerman, 1994). Students of all ages need to control their learning through productive motivational beliefs and use of cognitive learning strategies.

There are many factors that are guiding self-regulation, with no single factor solely responsible for its success or failure. Luke (2006) notes that the ability to self-regulate may have advantage in the course of an individual's mental life, especially within the sporting context. With self-regulation, individuals who are visually impaired would be able to control his/her emotion and he less aggressive.

Karoly (1993) conducts an extensive review of self-regulation mechanism underlying cognitive and somatic based learning in therapy and performance, and defines self-regulation as:

"*those processes, internal and/or transactional, that enable an individual to guide his/her goal-directed activities over time and across changing circumstances (contexts). Regulation implies modulation of thought, affect, behaviour, or attention via deliberate or automated use of specific mechanisms and supportive metal-skills. The processes of self-regulation are initiated when routinises activity is impeded or when goal-directedness sis otherwise made salient (e.g. habitual action patterns, etc).*

From this definition, self-regulation appears to be the stable element attempting to guide behaviours along a specific path to a directed aim or goal. Karoly (1993) examines the basic volitional factors like goal setting, self-monitoring, activation and use or goals, discrepancy detection, and implementation, self-evaluation, self-consequation, self-efficacy, metal-skills, boundary conditions and self-regulation failure as those that characters the process of self-regulation. If all these factors are explored as guiding principles of self-regulation, it will reduce undesirable behaviour in adolescence with visual impairment.

Singer and Bashir (1999) state that self-regulation is considered a "meta" construct that I specifically defined s "a set of behaviour that are used flexibly to guide, monitor, and direct the success of one's performance" (Singer and Bashir, 1999). So self-regulation is as a result of personal process, the environment, and one's own behaviour. Since it is as a result of all these, it is a useful behavioural change intervention in the reduction of aggressive behavioural in individual with visual impairment.

Self-regulation is a sequence in which three distinct stages are involved. These stages are self-monitoring, self-evaluation ad self-reinforcement. Finally, self-instructional strategy cannot be applied, unless the client accepts the treatment goals as desirable ad is motivated towards their achievement.

From the foregoing explanation of the review of the two intervention programmes (Emotional intelligence and self-reputation) adopted in this study, the researcher tests whether the two intervention strategies would be effective in changing the aggressive behaviour of adolescents with visual problems and also wanted to find out which of the intervention strategies would be better in the reduction of adolescents aggressive behaviour. The purpose of the present study is to use the two intervention strategies in (independent) remediatng aggrieve behaviour (dependent variable) of adolescents with visual impairment. Consequently, it hypothesized that: (i) There is no significant difference in the aggressive behaviour of subjects exposed to emotional intelligence, self-regulation and those in the control group. It is anticipated that the interaction of the two training programmes would produce some effects on the aggressive behaviour problems of adolescents with visual impairment.

METHOD

Research Design: The study adopts 3 X 2 X 2 factorial pre-test-post-test experimental control group design where the experimental and control groups are made-up of the rows and the level of blindness (partially sighted and totally blind male and female). The participants constituted the columns (see Table 1) and the control.

Participants: Forty-eight visually impaired adolescents (ranging from totally blind to partially sight) were drawn from Federal Government College, Ijanikin, Kings College and AUD Grammar School all in Lagos State, Nigeria – Lagos is the former capital of Nigeria. The forty-eight participants were assigned randomly into the three groups. The 48 participants were equally represented in each group.

Each of the three groups consisted of 16 participants (eight partially sighted and eight totally blind). Of the 16 participants in group I, the partially sighted were three males and five females, totally blind were five males and three females. In group II, the partially sighted were five males ad three females, while the totally blind were three males and five females. The third group which is the control group were made up of five males and three females for the partially sighted while the totally blind were three males and five females.

Instrument: The instrument used for measuring the aggressive behaviour of the participants was the "Aggression Questionnaire" AQ (1992). It was constructed and validated by Buss and Perry in 1992. It was re-validated by the Spanish Journal of Psychology in 2002.

The questionnaire has twenty-nine (29) items originally out of which (20) items were selected. The instruments was suitable for the visually impaired because it measures different dimensions of the hostility, anger and aggression construct. It consisted of four subscales that assess (a) anger, (b) hostility, (c) verbal aggression and physical aggression. The correlation coefficient for the instrument was 0.72.

Procedure: Collection of data for this study took ten weeks, eight of which were for the training sessions and the remaining two weeks were used for the general introduction, administration of test and closing remarks. These included the administrative of test both pre-and post tests for the experimental groups, the control group was also met two times for pre and post-test session. Each session of the intervention for the two experimental groups – EIT and SRT – lasted for one hour.

The 48 participants were randomly assigned 16 each into EIT, SRT and the control. In other words, participants in the experimental groups (EIT and SRT) were treated with emotional intelligence and self-regulation packages respectively. Participants in the control group did not receive any treatment, but they were given pre-and post treatment test.

The Interventions

Training was given to those in experimental groups.

Experimental Group I (Emotional Intelligence): Participants in this group were treated with EIT to examine its effects on their aggressive behaviour. Topics covered during the session include:

- Full briefing about the essence of the training programme and the benefits. Pre-test questionnaires were administered.
- Participant were introduced to the historical background of intelligence and why emotional intelligence can matter more than IQ written by Daniel Goleman in 1995.
- Participants were taught the importance of emotional intelligence, how it counts for 20 per cent of success sin life and its importance to anti-social behaviour because most people who engage in these behaviours are unable to control their emotions.
- Goleman elements/competencies of emotional intelligence were discussed and how these competencies determine how we handle relationships.

Table 1: The list of treatment conditions to visually impaired and the control.

Treatment conditions	*Partially sighted*		*Totally blind*		*Total*
	Male	*Female*	*Male*	*Female*	
Emotional intelligence	3	5	5	3	16
Self-regulation	5	3	3	5	16
Control	5	3	3	5	16
Total	24		24		48

- Participants were made to understand that self-awareness a personal/intrapersonal competence knowing one's internal state, preferences, resources and intuition.
- The participants were taught the ability or capacity to soothe oneself, to shake off rampant anxiety and ability to mange one's internal states, impulses and resources.
- During this session, the researcher described self motivation to the group and gave some skill indicators.
- Participants were introduced to the general concept of social skills, interpersonal competence described as the ability to exchange information on a meaningful level.
- A review of all that has been taught in the previous sessions was done.
- Acknowledgement of participants and administration of the post-test questionnaire were also done.

Experimental Group 2 (Self-regulation Training): Participants in this group were exposed to self-regulation training

- *Session I:* Generation introduction, objective and administration of pre-test questionnaire
- *Session 2:* Presentation of rationale and understand the general significance of self-regulation.
- *Session 3:* In this session, participants were trained on how to generate positive self-statements and importance of positive self-statement to their visual problems.
- *Session 4:* Participants were told to note the implications of negative self statements concerning their visual problems. They were taught the skills of self-regulation because these skills direct one's attention to the negative self statements that produces aggressive behaviour.
- *Session 5:* Participants were trained on how to effectively modify their self-statements that produce aggressive behaviour.
- *Session 6:* Participants were trained on how to express their emotional feelings confidently, honestly and spontaneously.
- *Session 7:* Here, participants were asked to exhibit self assertiveness skills.
- *Session 8:* Here, participants were asked to role play and provide some hypothetical situations.
- *Session 9:* In this session, participants were asked to evaluate the benefits of the self-regulation training vis-à-vis their aggressive behaviour.

Data Analysis: The analysis of covariance (ANCOVA) was employed in the study. The ANCOVA was used to compare the relative effectiveness of the independent variables (Emotional intelligence and self-regulation) on the dependent variable (aggressive behaviour). The t-test was used to compare the groups on their 7-adjusted means using the standard error of the means.

RESULTS

The results as presented in Tables 2 and 3 reveal influence of EIT and SRT treatments on the aggressive behaviour of participants. In Table 2, the unadjusted X-means and adjusted Y – meant of the participants aggressive behaviour scores on treatment (rows) and level of aggressiveness and types of blindness (columns) are presented. Table 2 also indicates the reducation in Y-adjusted means of the participants' aggressive behaviour scores. The results in the Table show that the two interventions were very effective in improving the aggressive behaviour problems of participants.

In Table 3, the results indicate that there was statistical significant difference in the aggressive behaviour cores of the two experimental groups and the control. Hence, this hypothesis is therefore rejected ($F = 16.43$, $p<o.o5$]. This shows that the two intervention programmes (EIT and SRT) were effective in that participants exposed to the two interventions demonstrated.

Significant improvement in their level of aggressive behaviours over their counterparts in the control group.

Table 2: Unadjusted X-means and adjusted Y-means of participants' aggressive behaviour on Adolescence with Visual impairment

Intervention programmes	*N*	*Partially sighted*		*N*	*Total blind*	
		X – X	*Y – X*		*X – X*	*Y – X*
Emotional Intelligence	6	18.50	53.67	10	20.30	31.55
Self Regulation	5	20.80	21.56	11	16.91	17.67
Control	9	15.22	34.42	7	15.57	34.50

Table 3: Pre-and Post-treatment comparison and Control Groups

Source	*SS*	*Df*	*MS*	*F*	*P*
Raw[a]	595.20	2	297.60	16.43	< 0.05
Column[b]	130.05	1	130.05	7.18	< 0.05
Interaction	132.02	2	66.01	3.64	
Within groups	5625.06	42	18.12		

a. Emotional intelligence and self-regulation training and control
b. Aggressiveness level and degree of blindness

DISCUSSION

The results of this study confirmed that the two intervention strategies are effective in improving the aggressive behaviour of adolescents with visual impairment. The finding from the hypothesis of the study showed that participants separately treated with emotional intelligence and self-regulation experience improvement in their aggressive behaviour unlike their counterparts in the control group who did not demonstrate any significant improvement in their aggressive behaviour. This suggests that emotion intelligence and self regulation strategies could be used to improve aggressive behaviour in adolescents, with visual impairment. This finding is in consonance with Mayer and Salvoy (1993) description of emotional intelligence of social intelligence that monitors one's and other people's emotion, to discriminate among them and to use the information to guide one's thinking and actions. Also, Karoly (1993) in his extensive review of self-regulation mechanism underlying cognitive and somatic based learning in therapy, he concludes that self-regulation appears to be the stable element attempting to guide behaviour along a specific path to a directed aim or goal.

From the results of this study, it can the be explained that emotional intelligence and self-regulation are good variables of behavioural change strategies that could be used to improve undesirable behaviour in adolescents with visual impairment.

The findings of this study have certain far-reaching implications for counselling psychologists, special educators, educational administrators, parents, policy-makers and the government. For the special educators and counselling psychologists, the programmes should be explored to open a new chapter with invaluable resource materials which can serve as a foundation on which they can build upon. Therefore, there is the need to develop effective intervention programmes for adolescents with visual impairment because this will not only improve their level of aggressive behaviour, but also ensure their overall positive development.

It is also imperative for policy-makers and all concerned educational bodies to fashion a way to attach behaviour modifiers to special schools. This is to ensure that necessary behaviour skills for healthy living and overall positives development could be acquired. Parents can help improve aggressive behaviour problems by providing a strong support system to promote adolescents feelings of control and power over their destiny.

LIMITATIONS AND STRENGTHS

It is necessary to state some of the limitations of this study. The study was limited to only visually impaired adolescents and used just 48 participants. It therefore means that the results should not be generalized. Adjunct to this was that, participants were exposed to just emotional intelligence and self-regulation strategies and a period of ten weeks s rather too short to enhance the quality of the study and also, there are other interventions that the visually impaired adolescents could be treated with. So, the findings and discussion of the study are only limited to the interventions investigated.

Despite these limitations, the study contributes to literature in the area of visual impairment and in special education generally.

REFERENCES

Akinboye, J. O. 2002. *Creativity Innovation and Success.* Ibadan: Stirling-Horden Publishers (Nig.) Ltd. P. 32.

Behuncke, L. 2006. "Self-regulation: A brief Review: Athletic Insight." The online *Journal of Sport Psychology.* Retrieved on 29/5/2006.

Braden, M. L. 2006. "Treatment of aggressive behaviour in children and adolescents with FXS." Retrieved on 27/5/06.

Collishaw, S., B. Maughau, R. Goodman, and A. Pickles. 2004. "Time trends in adolescent mental health." *Journal of Child Psychology* and *Psychiatry*, 45: 1350-1362.

Cooper, R. K. and A. Sawaf. 1997. *Executive Emotional*

Intelligence in Leadership and Organization. New York: Gross set/rutuam,

Define: Aggression. http://www.gogle.com/serarch? Retrieved on 27/5/2006.

Douglas, C., D. D. Frink and G. R. Fern's. 2004. "Emotional Intelligence of a moderator of the relationship between conscientiousness and performance." *Journal of Leadership and Organizational Studies* 10(3): 2-13.

Kanfer, F. H. and A. P. Goldstein. 1975. *Helping People Change: A Textbook of Methods*. New York: Pergamon Press Inc.

Karoly, P. 1993. "Mechanisms of self-regulation: a systems view." *Annual a Review of Psychology,* 44: 23-52.

Kauppinen 2002: Aggressive behaviour among school-aged children and adolescents; Deficiencies in social information processing. *Psykologia,* 37: 93-100.

Mayer, H. J. and P. Salovey. 1993. "What is emotional Intelligence?" (pp 3-27), in P. Salovey and D. J. Sluyter (eds.), *Emotional Development and Emotional Intelligence; Educational Implications.* New York: Basic Books.

Mayer, J. D. and P. Salovey. 1993. "The Intelligence of Emotional Intelligence." *Intelligence,* 17: 433-442.

Mayer, J. D. and P. Salovet. 1997. "What is Emotional Intelligence?", (pp. 3-27), in P. Salovey and D.J. Sluyter (eds.), *Emotional Development and Emotional Intelligence: Educational Implications.* New York: Basic Books.

Pepler, D. J. 2003. "Supporting young children and their families in the reduction of aggression." LaMarch Centre for Research on Violence and Conflict Resolution, Canada.

Singer, B. D. and A. S. Bashlrs. 1999. "What are executive functions and self-regulation and what do they have to do with language-learning disorders?" *Language, Speech, and Hearing Services in School,* 30: 265-273