Trauma and Coping among University Students: Exploring Emotional Intelligence Applications on Coping with Trauma

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Abstract

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University education is an important stage of students’ academic life. Therefore, all students need to develop their competencies to attain the goal of passing examinations and also to developing their wisdom related to scientific knowledge they gathered through their academic life. Life in universities is a critical period for individuals as it is a foot step to acquiring the emotional and social qualities in their social life. There are many adolescents who have been affected by traumatic events during their life span but have not been identified or treated. More specifically, there are numerous burning issues within first year university students, namely, ragging done by seniors to juniors, bullying, invalidation and issues related to attitudes changes and orientation. Those factors can be traumatic for both their academic and day to day life style. Identifying the students who are with emotional damages and their resiliency afterwards the traumas and effective rehabilitation from the traumatic events is immensely needed in order to facilitate university students for their academic achievements and social life within the University education. This study tries to figure out the role of Emotional Intelligence for developing coping strategies among adolescents who face traumatic events. Late adolescence students recently enrolled at University (Bachelor students/first year students) will be selected as sample. The study is to be conducted in a cross cultural manner comparing 100 students each from Germany and Sri Lanka.
Introduction

This study explores the role of Emotional Intelligence in developing coping strategies among university students that have faced traumatic events. The sample is made up of university students. There are a number of commonly identified traumas among university students in Sri Lanka. Most of the traumatic events that have an effect on university students’ careers can be attributed to their personal life as well as to societal events. It is noteworthy that some cultural differences exist when compared to European students and related traumatic events. While European society is based on an individualistic lifestyle resulting in traumas derived from individual events, Asian students have to deal with traumatic events on a more collective level as life patterns are characterized by the importance of group identity.

In general, late adolescents enter universities in a critical state of personal development combined with the challenging task of acquiring the emotional and social skills necessary for their future lives. There are many adolescents who have been affected by traumatic events during their lifetime yet have not been identified or treated accordingly. More specifically, there are numerous issues among first year university students, namely, ragging done by seniors to the juniors, bullying, cyber bullying, invalidation and issues relates to attitudes changes and orientation.

During their university education, all students need to develop competencies necessary to pass examinations and to develop their skill sets in regard to up-to-date scientific knowledge. In a friendly and effective academic environment students are enabled to regulate their emotions and to acquire emotional knowledge they can apply in their everyday life. Relationships developed among university students and their peers can also be considered an important factor in students’ academic life. For instance, a student in a stable emotional state is able to develop appropriate relations with his or her peers. Moreover, rehabilitated students overcoming traumatic experiences using their emotional knowledge are a valuable resource and future investment for a country. Rehabilitation efforts based on the concept of Emotional Intelligence (EI)\(^1\) as utilized in my study, is a comparatively new application. However, this approach allows for positive outcomes with long term benefits among adolescents facing trauma. Using a rehabilitation approach that is based on Emotional Intelligence further enables these victims to develop protective mechanisms for future traumatic events. Participants are being enabled to develop a state of mental well-being that is grounded in and characterized by cognitive behaviours and emotions beneficial within the rehabilitation process. Thus, this form of rehabilitation based on coping strategies using Emotional Intelligence empowers participants to develop their reasoning abilities and further strengthens emotional attention, emotional clarity and emotional repair capacity necessary to cope with traumatic event as pointed out by Mayer in 2008.

Research on Emotional Intelligence and trauma rehabilitation is relatively sparse as most of the research on these two aspects has been done in the health sector. For instance, a relevant amount of research has linked Emotional Intelligence with health-related variables (Durán, Extremera, Rey, Fernández-Berrocal & Montalbán 2006). Moreover, Emotional Intelligence has been suggested as a positive coping resource (Saklofske, Austin, Galloway & Davidson 2007). Kumar and Rooprai (2009) have conducted a study to ascertain the role of Emotional Intelligence in managing stress and anxiety at workplace, where 120 management students were part of the sample. Results of this study

\(^1\) Defined as the ability to carry out accurate reasoning about emotions and the ability to use emotions and emotional knowledge to enhance thoughts (Mayer, 2000).
indicated that there is a significant relationship between EI and the variables of stress and anxiety. In Saklofske and colleagues’ study (2007) the teachers fighting skills with stress showed a significant positive correlation of Emotional Intelligence with rational (Task) coping and a significant negative correlation of Emotional Intelligence with emotion-focused coping.

There are a number of studies that addressed Post Traumatic Stress Disorder (PTSD) and the rehabilitation process. Symptoms of traumatic events can emerge three or four months after the traumatic event. The level of symptoms among individuals is determined by the traumatic events witnessed and the initial exposure to these events as well as by pre-existing demographic characteristics, the occurrence of major life stressors, the availability of social support, and the types of coping strategies used to cope with disaster related stress. There is a potential utility of those factors to organize thinking and predicting the emergence and persistence of PTSD symptoms among victims (La Greca et al. 1996). Silver and colleagues in 2006 have discovered how man-made attacks can have an effect on developing post traumatic stress across the United States in a study conducted immediately after the September 11th terrorist attacks on the World Trade Centre and the Pentagon in 2001. Those scholars have identified variables that predicted who was most likely to suffer greater long-term psychological consequences of traumatic events. They suggest that the prior mental health history, prior life traumas, as well as the significant role of subsequent stressors, are significant factors in explaining distress and symptomatology during the victims’ rehabilitation process.

Traumatic events have the ability to influence and determine our thinking about the future and future adjustment in regard to mental and physical health as well as social adjustments. Many people use various coping strategies in order to obtain future orientated thinking and adjustment with the traumatic events. Traumatic events faced by adults are positively related to both future orientation and fear of future trauma that might arise (Holman et al. 2006).

Traumatic events often happen by accident and have the ability of changing the general life style profoundly which can result in long lasting psychological problems. It is difficult to establish a distinct definition for what a traumatic event is, as incidents can be perceived as traumatic for one individual but not for another. According to DSM-IV, a traumatic event is an experience that causes physical, emotional, and psychological distress or harm. In this case, a proper rehabilitation process is necessary. The rehabilitation processes that can be applied depend on the nature of the traumatic event and the social cultural context the victims come from and are part of. Regardless of the specific context, the rehabilitation process should have a high content validity in order to enable long term and effective results for the victims as traumatic events can have long lasting effects when not treated accordingly. Most of the victims who are affected by traumatic events show numerous emotional disturbances and damages resulting in drastic life changes. Among the most prevalent symptoms of traumatic events are behavioural and mood changes, such as sleeplessness, loss of appetite and emptiness of facial expressions. However, the underlying emotions that cause the superficial reactions that can be observed are not easily revealed. Therefore, understanding patients’ emotions and using their emotional status in order to facilitate reliable coping strategies is essential. As the World Health Organization points out a rehabilitation process can be defined as the provision of services consistent with the level of impairment, disability and handicap relative to the patient’s personal preferences, needs and resources. Rehabilitation processes can be either represented institutionally (IBR) or community based (CBR).
Psychological Experiments with psychological traumas related to ragging

Milgram has conducted an experiment in 1963 in order to find out about trust and obedience and to show how people can become psychologically helpless by being obedient and cruel to somebody at the same time. Participants were 40 males, aged between 20 and 50. Learners or participants were asked to remember patterns and to tell a word by heart, working with people who conducted the sessions (teachers). The teachers conducting the sessions were told to administer an electric shock every time the learner makes a mistake and were also being told to increase the level of shock each time by Milgram. Using this procedure, Milgram gained new insights into the conflict between “obedience to authority” and human “personal conscience”. Building on Milgram’s study, Zimbardo conducted a study to shed light on the human tendency to develop coping and adaptation strategies to a novel situation not experienced before in 1971. He selected twenty four participants recruited with the help of an advertisement in a paper. These participants were appointed prisoners and prison guards to act out what they perceived officers and inmates act like in a real prison setting. In the end, Zimbardo had to stop the experiment due to ethical concerns. However, the key findings of his research were remarkable in that the researchers were able to discern flight and fight skills, as well as conformity capacities among people facing traumas.

Ragging as a Trauma among University Students

There are number of possible traumas among university students. As was mentioned earlier, it can come in many forms such as bullying, hazing, invalidations based on subjective matters such as personality, and personal background, cast system, physical conditions, cultural discriminations, pledging and fagging. Ragging is the most common traumatic event among university students which senior students trying to control juniors. In many cases ragging has an effect on our emotions and can also lead to physical handicaps in certain situations. The history of ragging underwent a massive transformation after World-War I. Soldiers returning from war to the college started to perform military sub-cultural practices in the academic setting. This is how ragging emerged in the educational context. The first ragging-related death has been reported in 1873 at Cornell University in the US. In general ragging is a technique which is used to persuade an individual that he/she fails as an individual and can only succeed as a member of a team.

It is noteworthy that ragging no longer exists in its most brutal forms in the places it originated in, but experiences a rapid proliferation in developing countries. At present, Sri Lanka is the most affected country in the world. A telling example is that of a 22 year old Faculty of Agriculture student at the University of Peradeniya who ended up paralyzed as a result of jumping from the second floor of a hostel to escape the physical ragging by university seniors. Even more disturbing, this student later committed suicide. This story is not an isolated case: Another horrendous ragging incident occurred in the same year when 21 year old S. Varapragnash, an Engineering student of the University of Peradeniya, died from a kidney failure following severe ragging by senior students. Only at this point, the general public and government officials realized the seriousness of this issue at local universities.

Due to this fact proper trauma rehabilitation is needed in order to facilitate university students for better coping within their traumatic events faced in the University life. In my study I will be trying to identify whether Emotional Intelligence has an effect on developing trauma coping strategies among university students.
Method

This research will be conducted with a sample from Germany and Sri Lanka. In total, 400 male and female university students ranging from 18 to 24 years of age will represent the sample (200 from Sri Lanka and 200 from Germany).

Identification of the dimensions of Emotional Intelligence will be measured with TEIQue (Trait Emotional Intelligence Questionnaire, Cooper & Petrides 2010; Petrides & Furnham 2006), while coping strategies are to be measured with Brief Coping (Carver 1997).

Students resilience capacity which means the one's ability to adapt to stressful situations or crises will be measured with the Resilience Scale for Children & Adolescents (Emotional Reactivity scale, Prince-Embry 2005). Effects of traumatic events faced by the students are to be identified with the Essener Trauma Inventory (Tagay S., Düllmann, S., Senf W., LVR-Kliniken Essen, Universität Duisburg–Essen, 2009). Traumatic events which affected the University students from their childhood will be measured with the Childhood Trauma Questionnaire (CTQ, Bernstein & Fink 1997).

Data will be collected from the German student sample first using this questionnaire. Questionnaires will then be translated into Sinhala (National language in Sri Lanka) in preparation for data collection from the Sri Lankan students.

References


