

# the short profile of emotional competence

In general (or other stated time period), how much do you agree with these statements?

		strongly disagree	some-what disagree	do not agree or disagree	some-what agree	strongly agree
1	when I am touched by something, I immediately know what I feel. (I-S)	1	2	3	4	5
2	I do not always understand why I respond in the way I do. (U-S)	5	4	3	2	1
3	I find it difficult to explain my feelings to others even if I want to. (E-S)	5	4	3	2	1
4	when I am angry, I find it easy to calm myself down. (R-S)	1	2	3	4	5
5	my emotions inform me about changes I should make in my life. (Ut-S)	1	2	3	4	5
6	I am good at sensing what others are feeling. (I-O)	1	2	3	4	5
7	I do not understand why the people around me respond the way they do. (U-O)	5	4	3	2	1
8	other people tend to confide in me about personal issues. (L-O)	1	2	3	4	5
9	when I see someone who is stressed or anxious, I can easily calm them down. (R-O)	1	2	3	4	5
10	I can easily get what I want from others. (Ut-O)	1	2	3	4	5
11	when I feel good, I can easily tell whether it is due to being proud of myself, happy or relaxed. (I-S)	1	2	3	4	5
12	when I am feeling low, I easily make a link between my feelings and a situation that affected me. (U-S)	1	2	3	4	5
13	I am good at describing my feelings. (E-S)	1	2	3	4	5
14	I find it difficult to handle my emotions. (R-S)	5	4	3	2	1
15	I never base my personal life choices on my emotions. (Ut-S)	5	4	3	2	1
16	quite often I am not aware of people's emotional state. (I-O)	5	4	3	2	1
17	most of the time, I understand why people feel the way they do. (U-O)	1	2	3	4	5
18	I find it difficult to listen to people who are complaining. (L-O)	5	4	3	2	1
19	if someone came to me in tears, I would not know what to do. (R-O)	5	4	3	2	1
20	if I wanted, I could easily make someone feel uneasy. (Ut-O)	1	2	3	4	5

Higher emotional intelligence/competence is associated with benefits in four personal areas – better psychological & physical health, higher quality relationships, and greater occupational success. It also benefits couples, families, friendship networks, and organizations. Emotional intelligence is trainable both when we're young (when we learn these abilities in part from family & school) and can still be improved later in life. This training then boosts both personal and relationship wellbeing. Emotional intelligence can helpfully be broken down into 5 competencies – identification, understanding, expression/listening, regulation & utilization (both intra- and inter-personally). The table below gives typical scores in a sample of 6,688 older adults (~70% will score between an SD below to an SD above these scores). Younger adults score similarly.

<b><i>intra-personal competence</i></b>	<b><i>self</i></b>	<b><i>50-59 (sd)</i></b>	<b><i>60-70 (sd)</i></b>	<b><i>71-80 (sd)</i></b>
<i>identification (I-S)</i>		6.85 (1.86)	6.73 (1.78)	6.31 (1.73)
<i>understanding (U-S)</i>		6.77 (1.97)	6.84 (1.94)	6.56 (1.94)
<i>expression (E-S)</i>		6.40 (2.05)	6.46 (1.94)	6.20 (1.80)
<i>regulation (R-S)</i>		6.31 (1.81)	6.56 (1.75)	6.54 (1.70)
<i>utilization (Ut-S)</i>		6.83 (1.54)	6.77 (1.54)	6.82 (1.48)
<i>total intra-personal score</i>		33.15 (6.32)	33.37 (5.70)	32.42 (5.45)
<b><i>inter-personal competence</i></b>	<b><i>self</i></b>	<b><i>50-59</i></b>	<b><i>60-70</i></b>	<b><i>71-80</i></b>
<i>identification (I-O)</i>		6.97 (1.61)	6.75 (1.61)	6.31 (1.64)
<i>understanding (U-O)</i>		6.72 (1.59)	6.52 (1.60)	6.17 (1.60)
<i>listening (L-O)</i>		7.68 (1.54)	7.66 (1.49)	7.58 (1.52)
<i>regulation (R-O)</i>		7.11 (1.43)	7.20 (1.41)	7.07 (1.50)
<i>utilization (Ut-O)</i>		5.97 (1.60)	6.19 (1.51)	6.24 (1.55)
<i>total inter-personal score</i>		34.45 (5.37)	34.32 (5.12)	33.38 (5.16)
<i>total intra- &amp; inter- score</i>		67.6 (10.57)	67.7 (9.70)	65.8 (9.47)

Mikolajczak, M., et al. (2014). "Measuring intrapersonal and interpersonal EQ: The Short Profile of Emotional Competence (S-PEC)." *Personality and Individual Differences* **65**: 42-46. Emotional intelligence (EI), which refers to individual differences in the identification, understanding, expression, regulation and use of one's own emotions and those of others, has been found to be an important predictor of individuals' adaptation to their environment. While it is well-known that EC (as a whole) predicts important outcomes, it has often been unclear which specific competency(ies) participate(s) in a given outcome because, until recently, no measure of EI distinctly measured each of the five core emotional competencies, separately for one's own and others' emotions. Because this lack of information was problematic both theoretically (we do not understand the processes at stake) and practically (we cannot develop customized interventions), Brasseur et al. recently developed and validated a measure of EI [Brasseur, S., Grégoire, J., Bourdu, R., & Mikolajczak, M. (2013). *The Profile of Emotional Competence (PEC): Development and Validation of a Self-Reported Measure that Fits Dimensions of Emotional Competence Theory*. PLoS One 8(5), e6265.] that allows to assess emotion identification, expression, understanding, regulation and use, separately for self and others' emotions. The current study presents a shorter version of the instrument obtained using structural equation modeling on two samples of 500 subjects.

Fantini-Hauwel, C. and M. Mikolajczak (2014). "Factor structure, evolution, and predictive power of emotional competencies on physical and emotional health in the elderly." *J Aging Health* **26**(6): 993-1014. Objective: Emotional competence (EC) has been found to be an important predictor of individuals' health. While it is well known that EC predicts important outcomes in young adults, its importance is less clear in the elderly. We aimed to address this gap: Is the structure of EC the same in older as in younger adults? How do EC evolve between 50 and 80 years old? Does the predictive power of EC, regarding physical and emotional adjustment, increase or decrease with age? Method: A total of 6,688 participants filled subjective health and EC questionnaires. We gathered their medication consumption over the last 11 years, from the database of health insurance. Results: While the structure of ECs remains stable in older adults, it generally declines as people get older, except for emotion regulation, which improves with age. Results also show that EC predicts both physical and emotional health. Discussion: These results suggest that the development of specific interventions to improve EC may be useful for the elderly.

Mikolajczak, M., et al. (2015). "A nationally representative study of emotional competence and health." *Emotion* **15**(5): 653-667. Emotional competence (EC; also called "emotional intelligence"), which refers to individual differences in the identification, understanding, expression, regulation, and use of one's emotions and those of others, has been found to be an important predictor of individuals' adaptation to their environment. Higher EC is associated with greater happiness, better mental health, more satisfying social and marital relationships, and greater occupational success. Whereas a considerable amount of research has documented the significance of EC, 1 domain has been crucially under investigated: the relationship between EC and physical health. We examined the relationship between EC and objective health indicators in 2 studies (N1 = 1,310; N2 = 9,616) conducted in collaboration with the largest Mutual Benefit Society in Belgium. These studies allowed us (a) to compare the predictive power of EC with other well-known predictors of health such as age, sex, Body Mass Index, education level, health behaviors (diet, physical activity, smoking and drinking habits), positive and negative affect, and social support; (b) to clarify the relative weight of the various EC dimensions in predicting health; and (c) to determine to what extent EC moderates the effect of already known predictors on health. Results show that EC is a significant predictor of health that has incremental predictive power over and above other predictors. Findings also show that high EC significantly attenuates (and sometimes compensates for) the impact of other risk factors. Therefore, we argue that EC deserves greater interest and attention from health professionals and governments.