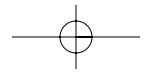
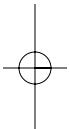
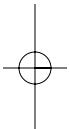


Affect in Social Thinking and Behavior



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Emotional Intelligence and Interpersonal Behavior: A Theory and Review of the Literature

JOSEPH CIARROCHI and JOHN T. BLACKLEDGE

One thing is striking about human beings: In the absence of any observable threat or external privation, we behave badly toward each other, perhaps more so than any other animal behaves toward its own kind. We murder in the name of love, religion, and honor. Up to 38% of people in a workplace reported experiencing bullying (McAvoy & Murtagh, 2003), and 50% of people have betrayed someone in their current social network (Jones & Burdette, 1994). Employee theft is pervasive and causes one in three business failures. Forty-three percent of people who steal do so out of vindictiveness or the desire to get even (Furnham & Taylor, 2004). Wherever you find more than one human gathered together for any period of time, you might observe many forms of aversive interpersonal behavior, including verbal abuse, name calling, back stabbing, rudeness, ridicule, teasing, ostracism, emotional withholding, and bullying. Why do humans have such difficulty getting along?

Emotion is often seen as one of the causes of interpersonal problems. Anger often gets the blame for destructive social behavior, and anxiety gets the blame for avoidant social behavior. The main focus of the chapter is on why some people respond ineffectively to emotions, acting in a way that is aversive and inconsistent with their own social goals. That is, why do humans so often behave in a way that is emotionally unintelligent?

DEFINITIONS

Our chapter focuses on processes that are presumed to promote emotionally intelligent behavior (EIB) and indirectly reduce suffering. It is critical to distinguish between emotional intelligence (EI) and EIB. EI refers to people's ability to process emotions and deal effectively with them. EI refers to people's *potential*. In

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contrast, “emotionally intelligent behavior” refers to how effectively people actually behave in the presence of emotions and emotionally charged thoughts.

Simply put, emotionally unintelligent behavior occurs when emotions impede effective action, and EIB occurs when emotions do not impede effective action or when emotions facilitate effective action. EI (as an ability) is one set of processes hypothesized to promote EIB. There are other potential processes, many of which will be discussed in this chapter.

Perhaps a few examples of EIB will clarify our definition. If you are anxious, does that feeling stop you from socializing (we assume that this would be inconsistent with your goal of meeting new people)? If you are very angry at your friend, do you hit him (assuming your goal is to maintain friendly relations)? If you feel sad, does this stop you from caring for a loved one (assuming you value such “care”)? These are three examples of emotionally unintelligent behavior. The processes that we specify in this chapter are hypothesized to help people act more intelligently and more effectively pursue their personal values and goals when they feel anxious, angry, or sad.

In our model, EIB is presumed to reduce unnecessary suffering. Thus, reduced suffering is essentially an aftereffect of people moving toward what they value (or engaging in EIB). For example, if people feel sad but continue to maintain their social relationships, they may be less likely to experience depression because their abilities to consistently engage in personally meaningful and vital activities would be expected to minimize depression over the long term. Similarly, if someone experiences anxiety about meeting a new person and still makes the effort to meet the person, they will be less likely to experience excess anxiety and regret. In contrast, if they avoid meeting new people when they feel anxious, then they may ironically experience more anxiety about meeting new people (see the section on Effective emotional orientation).

Our review focuses on processes that are presumed to both promote EIB and be modifiable by an intervention. By talking about these processes, we do not make any assumptions about whether the processes refer to either a “potential” or a “tendency.” The ultimate purpose of everything done within our EI approach is about intervening to help people lead better, more vital lives. Thus, we are not interested in EI-relevant measures in themselves, but rather how these measures facilitate effective interventions.

WHY ARE PEOPLE SO EMOTIONALLY UNINTELLIGENT WHEN INTERACTING WITH OTHER PEOPLE?

The theory we will now describe is taken from two interrelated sources: relational frame theory (RFT) (Hayes, Barnes-Holmes, & Roche, 2001) and acceptance and commitment therapy (ACT) (Hayes, Strosahl, & Wilson, 1999). ACT has been tested in the field and RFT has been tested in the lab under highly controlled conditions, and both have found substantial empirical support during the last two decades (Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004). RFT and ACT suggest two core factors that lead to low EI and low interpersonal effectiveness.

Factor 1: Believing Unhelpful Evaluations and Rules

Research has shown that words can carry the stimulus functions of the events or experiences they designate even when these words have not been associated with classical or direct operant conditioning (Hayes et al., 2001). For example, the word "shock" will carry with it some of the aversive functions of shock itself, even if the word has not been directly paired with an actual shock. A large body of empirical RFT studies have demonstrated that many of the ways we think about (or "frame") our experiences are derived indirectly from past experiences, that these derivations often occur along the arbitrary dimensions (e.g., dimensions such as relative worth or importance) with no objective formal or physical referents to verify them, and that many such derivations are made even when they do not correspond well to the actual contingencies we experience (Hayes et al., 2001). This phenomenon so far appears to be unique to language-able humans and to cause a unique set of pervasive problems (Hayes et al., 2001).

What does all this mean for the social world? First, it means that verbalizing about painful social interactions can itself be painful (as when we ruminate about a past social conflict). Second, verbal process can transform the way we behave socially, even in the absence of contact with social contingencies. For example, if you are told a stranger is "toxic," you might avoid that person, without ever having had bad experiences with him. Third, when we frame (i.e., verbally link) a particular social experience with a negative evaluation, the stimulus functions of that experience are transformed and become correspondingly more negative or aversive than they actually are from the perspective of a nonverbal organism. (Or, more precisely, than they actually would be from a direct contingency perspective.) For example, if a man frames marital relationship problems as "hopeless" and his actions within the marriage as "unforgivable" and proves that he is "worthless," this is most likely to result in ineffective action and enhanced unpleasantness.

RFT makes a distinction between "having" a thought and "believing" it. By "believe," we mean that certain verbal contents have a controlling role in behavior. For example, we can have the evaluation "I am unlovable" and this evaluation may prevent us from engaging in social behavior (in which case we say the evaluation was believed). In contrast, we could have the same evaluation and act in a way that makes it likely that we will meet a lover (e.g., attend a social function). Importantly, RFT posits that whether or not symbols are believed depends on context. For example, in a context where evaluations are mindfully observed, they may be experienced as fleeting sounds, rather than as "truth" that must guide behavior. In this instance, words like "I am unlovable" may have no impact on behavior.

Factor 2: Avoiding Private Experience

The previous sections establish that verbal reports can take on many of the stimulus functions of actual experience. This makes it possible for us to evaluate the verbal reports as "bad" and to try to avoid them, just as we would avoid something aversive in the external environment. Words also allow us to create labels for private experiences. For example, we label various sensations and thoughts as "anxiety." We can

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then evaluate anxiety as “bad” and seek to avoid it. Finally, language allows us to create various senses of self. We develop a sense of “I” and this “I” can be evaluated as inadequate, worthless, special, and powerless. If the “I” becomes too aversive, we may seek to escape it through alcohol, gambling, or work.

Unfortunately, experiential avoidance does not appear to work in the long run. Research has shown that when subjects are asked to suppress a thought, they later show an increase in this suppressed thought as compared with those not given suppression instructions (Wenzlaff & Wegner, 2000). Indeed, the suppression strategy may actually stimulate the suppressed mood in a kind of self-amplifying loop (Feldner, Zvolensky, Eifert, & Spira, 2003). Thought suppression has been found to be associated with heightened pain experience (Sullivan, Rouse, Bishop, & Johnston, 1997), anxiety (Koster, Rassin, Crombez, & Naring, 2003), poorer ratings of quality of sleep and longer estimates of sleep-onset latency when thoughts are suppressed during the presleep period (Harvey, 2003), and increases in the reinforcing effect of alcohol when urges to drink were suppressed by heavy drinkers (Palfai, Monti, Colby, & Rohsenow, 1997). Similar results have been found in the coping literature. Avoidant coping strategies predict negative outcomes for substance abuse, depression, and effects of child sexual abuse (for review, see Hayes et al., 1999).

Bringing It All Together: Believing, Avoiding, and Behaving Aversively

Figure 16.1 summarizes essential aspects of our theory. Believing, avoiding, and emotional awareness are all hypothesized to be interconnected. Believing unhelpful rules and evaluations is expected, in many contexts, to be linked to increased avoidance and reduced emotional awareness. For example, if you have the evaluation “I am unlovable” and fully believe it, such an evaluation is likely to be quite aversive. It may prompt you to avoid situations that evoke the evaluation (Figure 16.1: B → C) (Herbert & Cardaciotto, in press). The evaluation may also come to so dominate your world that you become insensitive to environmental contingencies and less aware of others’ emotions and behaviors that might be inconsistent with the evaluation (B → A). For example, when couples are angry with each other and evaluating each other negatively, they tend to be less aware of emotions that are inconsistent with their partner being “bad.” For example, they may fail to notice when their partner is displaying signs of affection (Flury & Ickes, 2006). The low awareness of affection may in turn make it more likely to believe the partner is “bad” (A → B).

Figure 16.1 also suggests that avoidance behavior may reinforce believing (C → B). For example, if you believe “I am too anxious to be around others” and avoid others, you may be reinforced by the momentary avoidance of social anxiety. The rule itself that led to the avoidance of anxiety thus becomes reinforced and “more” believed. Consistent with this view, there is evidence that the tendency to engage in experiential avoidance is associated with believing unhelpful rules and self-evaluations (Ciarrochi, Robb, & Godsell, 2005; Ciarrochi, Scott, Deane, & Heaven, 2003b). There is also evidence that believing unhelpful negative self-evaluations is

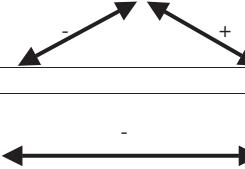
Factors that may often elicit problematic verbal rules & evaluations	Context	Factors that increase experiential acceptance
Being close to another human being, learning how another has performed (better or worse than you); being in the presence of a powerful or successful other.	Factors that foster defusion (the disbelieving of rules and evaluations) Mindfulness exercises Use of metaphors to see and experience private events in a new way Repetition and altering the sound or speed of verbal formulations Manipulations that undermine confidence in reason giving	Mindfulness exercises Increasing awareness of link between behaviour and social contingencies Encouraging person to experiment with willingness, acceptance, and exposure Values clarification; identifying when avoidance leads away from values
Being denied power, verbal abuse, name calling, rudeness, ridicule, teasing, criticism, accusation, blame, ostracism, threats, withholding, devaluing, bullying.		
	(B) Believing unhelpful rules , evaluations, and other symbolic stimuli Evaluations about feelings, life, the self, and other people. Rules about the self , about controlling emotions, about how emotions “make” us act , and about how people and life “should” not make us upset.	
(A) Moment to moment awareness of own and others emotions and behaviours Identifying own and others feelings Empathic accuracy Accurate identification of how own social behaviour affects others		(C) Behaviour serving to avoid unpleasant thoughts and feelings <u>Observable behaviours</u> Blaming, bullying, teasing, criticizing, arguing Social avoidance, ostracism. Drug and alcohol abuse <u>Private behaviours</u> Social comparison, Private denigrating, anger rumination

FIGURE 16.1 The role of context in believing, being aware, and defensive social behavior.

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associated with lower and more inaccurate awareness of moment-to-moment emotions and behavior. For example, socially anxious people have a bias to believe negative social evaluations and tend to underestimate their own social skills and overestimate people's negative appraisals (Ciarrochi, Eaton, Funder, & Riggio, 2005; Rapee & Lim, 1992).

Finally, there is strong evidence that high avoidance is associated with low awareness (A → C; C → A) (Ciarrochi et al., 2005; Taylor, 2000). Individual difference measures of awareness and avoidance tend to be negatively correlated (Ciarrochi et al., 2005). In addition, people who are low in awareness tend to engage in behaviors that appear to be in the service of avoiding emotions (e.g., alcohol abuse) (Taylor, 2000). One explanation for the link between avoidance and awareness is that emotionally unaware people cannot fully work through and assimilate difficult emotional events. Consequently, they may turn to ineffective avoidance strategies to manage their emotions.

A REVIEW OF THE INDIVIDUAL DIFFERENCE LITERATURE AND ITS LINK TO EMOTIONALLY INTELLIGENT BEHAVIOR

We will now describe EI-relevant dimensions that are derived from the model. Then, we review a number of individual difference measures that appear to tap into the dimensions and discuss their relationship to interpersonal behavior. Two important points should be kept in mind while reading our discussion of EI-relevant measures. First, with few exceptions, these measures were not specifically designed to measure the EI-relevant dimension. Thus, they imperfectly measure the proposed dimension. Second, our discussion is not to be taken as an attempt to re-label old measures as "EI." Rather, it focuses on these older measures and the decades of research associated with them in order to get a better understanding of the processes that lead to EIB.

Dimension 1: Effective Emotional Orientation

Effective emotional orientation (EEO) involves willingness to have private experiences (e.g., anxiety), when doing so fosters effective action (Figure 16.2). It also involves accepting the inevitability of unpleasant affect and negative self-evaluation, and recognizing that these private experiences do not have to stop us from pursuing a valued direction (Hayes et al., 1999). People low in EEO chronically attempt to escape or get rid of their unpleasant private experiences.

Thought Suppression The *White Bear Suppression Inventory* (Wegner & Zanakos, 1994) assesses the tendency to avoid unpleasant thoughts. Research indicates that this form of avoidance can be ineffective. It tends to be associated with anxiety, depression, poor relationship quality, and low levels of social support (Ciarrochi, 2005; Ciarrochi et al., 2005). Richards and Gross (2000) provide evidence that emotional suppression impairs incidental memory for information presented

EI-relevant process	Individual Difference
1) Effective Emotional orientation Willingness to have emotionally charged private experiences (thoughts, images, emotions) when doing so fosters effective action Accepting the inevitability of a certain amount of unpleasant affect and negative self-evaluation Understand that private experiences do not have to stop one from pursuing a valued direction (and therefore one doesn't have to get rid of them)	Mindfulness Thought suppression Avoidant coping Blaming Ineffective parenting style Reassurance seeking
2. Using emotion and emotional knowledge as information to inform effective action Identifying emotions in self and others Understanding the appraisals that activate different emotions Understanding how emotions progress over time Being aware of other people's emotions in the moment	Mindfulness Identifying emotions Level of Emotional Awareness Empathic accuracy Ability-based EI measures
3. Defusing from unhelpful rules, evaluations, and other symbolic experience Looking <i>at</i> emotionally charged thoughts, rather than <i>through</i> them. Seeing them for what they are: fleeting thoughts that come and go; not what they seem to be: 'realities', facts, dangers that must be avoided. Seeing that emotionally charged thoughts about life are not equivalent to life Being able to be mindful of moment to moment experience (either internal or external)	Mindfulness Dysfunctional attitudes Dire need for power Dire need for approval Beliefs about the need for rigid structure
4. Defusing from unhelpful self-concepts Looking <i>at</i> self-evaluations, rather than <i>through</i> them; Escaping the perceived need to defend self-esteem Recognizing that emotionally charged evaluations of the self do not have to stop us from pursuing our goals	Mindfulness Self-esteem/acceptance Narcissism Self-esteem stability Social comparison tendency Prejudice
5. Effective Action Orientation Ability to take action that is consistent with social goals and values, in the context of: Impulses, Fears, lack of confidence, uncertainty, exhaustion, fatigue, physical pain, intense emotion Awareness of own values and their relative importance Ability to sustain committed action in the face of inconsistent feedback, frustration, and failure	Effective Action orientation Impulsiveness Ego control Personal Strivings Character, mettle, Courage

FIGURE 16.2 Processes that are hypothesized to promote emotionally intelligent behavior.

while suppression is taking place, suggesting that suppression may impair the processing of social information (see Figure 16.1, B → A link). At the same time, suppression may increase the impact of the to-be-avoided social information. Wegner and Gold (1995) showed that suppressing thoughts about past relationships showed a rebound in thoughts for a no longer desired relationship. Lane and Wegner (1995) showed that attempts to keep and suppress a secret thought leads to increased intrusions of that thought.

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Acceptance and Action Questionnaire The acceptance and action questionnaire (AAQ) (Bond & Bunce, 2003; Hayes et al., 2003) measures the willingness to experience thoughts, feelings, and physiological sensations without having to control them or let them determine one's actions. In a longitudinal paradigm, Bond and Bunce (2003) found that the AAQ predicted mental health and an objective measure of workplace performance. In another study, participants high in emotional avoidance (high on the AAQ) showed more anxiety in response to CO₂ (biological challenge), particularly when instructed to suppress their emotions (Feldner et al., 2003). Finally, research has shown that low acceptance is associated with lower relationship satisfaction, few numbers of social supports, and less satisfaction with social support (Ciarrochi, 2005).

Excessive Reassurance Seeking Excessive reassurance seeking (ERS) has been defined as the stable tendency to persistently seek assurances from others that one is lovable and worthy (Joiner, Metalsky, Katz, & Beach, 1999). Cross-sectional research has shown a clear link between ERS and depression (Joiner, Alfano, & Metalsky, 1992; Joiner & Metalsky, 1995). Importantly, longitudinal research has shown that ERS predicts future depression (Joiner & Schmidt, 1998; Potthoff, Holahan, & Joiner, 1995). In addition to potentially causing depression, ERS also appears to have adverse social consequences. Several studies have found that people high in ERS tend to be evaluated negatively by others and socially rejected (Joiner & Metalsky, 1995; Katz & Beach, 1997).

Blaming Behavior Blaming behavior may often be used to avoid anxiety, loneliness, and hurt (Cordova, Jacobson, & Christensen, 1998). For example, if people blame their partner for a marital breakdown, they may be able to defend against such self-evaluations as "I am not good enough to be in a relationship" and "I am unlovable." Research has examined the impact of an acceptance-based couple's therapy on in-session expressions of blame (Cordova et al., 1998). The acceptance therapy led couples to engage in more nonblaming descriptions of problems and fewer expressions of "hard" emotions such as anger (compared to a therapy that did not emphasize acceptance). In general, success in behavioral marital therapy seems to be improved by working on acceptance of genuine incompatibilities and idiosyncrasies of marital partners (Christensen, Atkins, Berns, Wheeler, Baucom, & Simpson, 2004; Jacobson, 1992; Koener, Jacobson, & Christensen, 1994).

Acquiescent/Coercive Parenting Styles If child noncompliance is observed, there are at least two common and ineffective parental responses: acquiescence to the child's demands or dramatic and emotional escalation of demands on the child. Research suggests that both of these styles lead to behavioral problems (Murrell, Coyne, & Wilson, 2005; Patterson, 1982). Why do parents stick to such styles if they do not work? Murrell et al. (2005) suggest that part of what reinforces poor parenting style is that it helps parents to modify, in the short term, unpleasant self-evaluations and feelings. For example, if a child misbehaves, the parent may have aversive thoughts such as "I am a bad parent/person/failure."

Thus, the aversiveness of the misbehavior is due not just to the misbehavior itself but also to the parent's aversive evaluations about themselves and the child. An ineffective parenting style might be a quick way to get the child to comply in the short term and make these unpleasant evaluations "stop." Unfortunately, such strategies do not seem to work in the long run, as the child's behavior gets worse (Murrell et al., 2005).

Dimension 2: Using Emotion as Information

The second dimension of EI involves the ability to use emotions and emotional knowledge as information to inform effective action (see Figure 16.2). There are a number of aspects to this dimension, but we will focus on one, namely, skill at identifying emotions. This ability is crucial to using emotion as information because emotions often provide us with important information about our desires and about the social world. For example, anxiety can result from the appraisal that someone might do something undesirable in the future. Anger results from the appraisal that someone has acted unfairly and this has resulted in something undesirable (Ortony, Clore, & Collins, 1988). The emotionally unaware person is hypothesized to not be able to use emotional signals as a guide to effective social action. For example, they may not know that they are angry and about to "explode" or that they are experiencing anxiety and avoiding an important social interaction.

Alexithymia Alexithymia is a condition that involves difficulty identifying and describing emotions, minimizing emotional experience, and focusing attention externally rather than internally (Taylor, 2001). The Toronto Alexithymia Scale (TAS-20) is one of the most commonly used measures of alexithymia and has been shown to be related to a number of important life outcomes. For example, the alexithymia subscales—difficulty identifying and describing emotions—are related to a variety of negative indices of well-being (e.g., depression) (Ciarrochi et al., 2003b). Alexithymics are also at significantly higher risk than the general population for developing psychological disorders, including anxiety disorders (Parker, Taylor, Bagby, & Acklin, 1993; Zeitlin & McNally, 1993), eating disorders (Jimerson, Wolfe, Franko, Covino, & Sifneos, 1994), and substance abuse disorders (Taylor, 2001). Medical conditions that have been linked with alexithymia include hypertension (Salminen & Saarijarvi, 1999; Todarello, Taylor, Parker, & Fanelli, 1995), gastrointestinal and bowel problems (Porcelli, Leoci, Guerra, Taylor, & Bagby, 1996), and chronic pain (Cox, Kuch, Parker, Shulman, & Evans, 1994). Additionally, alexithymia has also been linked with early mortality (Kauhanen, Kaplan, Cohen, Jukunen, & Salonen, 1996).

Given that alexithymics suffer from more emotional disorders, physical problems, and alcohol abuse, we would expect this variable to have a dramatic effect on their social world. Two studies suggest this might be the case. In a large-scale study of men, Kauhanen, Kaplan, Jukunen, Wilson, and Salonen (1993) found that alexithymics were more likely to be unmarried and to have low levels of social contacts and acquaintances. Similarly, Ciarrochi (2005) found that the difficulty identifying subscale of the TAS-20 was related to low relationship satisfaction and low quantity and quality of social support.

Level of Emotional Awareness Scale The Level of Emotional Awareness Scale (LEAS) is a performance test rather than a self-report measure (Lane, Kivley, Du Bois, Shamasundara, & Schwarz, 1995). People low in emotional awareness tend not to use specific emotion terms (sadness, anger) to describe their emotional experience. Instead, they focus on cognitions (I'd feel confused), bodily sensations (I'd feel tired), and undifferentiated emotional states (I'd feel bad). Research has shown people high in emotional awareness are less likely to allow moods to bias their judgments in mood-congruent directions (Ciarrochi, Caputi, & Mayer, 2003a). Other research suggests that emotionally aware adults have a higher number of social supports (Ciarrochi et al., 2003a). More recently, Bajgar found that emotionally aware boys are less likely to be involved in anger outbursts and fights and emotionally aware girls are more likely to be popular with their peers (Bajgar & Deane, 2004).

Emotional Perception and Understanding in Young People This research typically involves behavioral assessment strategies, since young people presumably are not be able to accurately use self-reports. Barth and Bastiani (1997) presented young children (aged 4–5) with facial expressions of classmates (who were told to produce one of five different emotions) and had them identify the emotion being expressed. Teachers and peers rated each student in terms of social competence and popularity, respectively. The research found that a bias to see anger in faces was linked to negative dependency (e.g., asking for help when not really needed) and peer acceptance (Barth & Bastiani, 1997). Other related research suggests that children with greater understanding or awareness of emotions have been identified by their parents as having better social skills (Philippot & Feldman, 1990) and are rated as more likable and popular with their peers (Cassidy, Parke, Butkovsky, & Braungart, 1992; Denham, McKinley, Couchoud, & Holt, 1990). In observational studies, children with greater understanding of emotion display less anger and greater prosocial behavior with a peer (Garner & Estep, 2001) and lower conflict and higher cooperative pretend play with a friend (Dunn & Cutting, 1999).

Ability-Based Measures of Emotional Intelligence Much of our discussion has focused on self-report measures, because these map most clearly to our model (Figure 16.2). However, important research has been undertaken using an ability measure of EI, the Mayer–Salovey–Caruso Emotional Intelligence Test (Mayer, Salovey, & Caruso, 2002). This measure has been shown to be reliable, distinctive from personality and IQ tests, and to be related to a number of important social outcomes (Ciarrochi, Chan, & Caputi, 2000; Mayer, Caruso, & Salovey, 1999). It correlates with empathy and the quality of interpersonal relationships (Ciarrochi et al., 2000), interpersonal skill of managers (Mayer, Salovey, & Caruso, 2004; Rosete & Ciarrochi, 2005), deviant behavior such as drug abuse and bullying (Mayer et al., 2004; Trinidad & Johnson, 2002), satisfaction with social relationships (Lopes, Salovey, & Straus, 2003), and quality of social interactions (Lopes, Brackett, Nezlek, Schutz, Sellin, & Salovey, 2004).

Dimensions 3 and 4: Defusing from Unhelpful Rules, Evaluations, and Other Symbolic Stimuli

From an ACT/RFT perspective, the problem with unhelpful verbal formulations is not that they occur, but rather that one believes them when they occur. Thus, ACT interventions typically target the believability of thoughts, rather than the form or frequency of such thoughts (see Figure 16.1 for “believability” manipulations).

This brings us to the third and fourth dimension of EI, both of which involve undermining the power of unhelpful verbal formulations. We will use the term “fused” to mean that a particular verbal formulation (e.g., “I am unlovable”) has a controlling role in behavior (e.g., stopping one from socializing). “Fusing” and “believing” are used in a roughly synonymous fashion. Figure 16.2 lists the key components of this skill (Dimensions 3 and 4). Defusion involves manipulations that undermine the harmful stimulus functions of particular verbal stimuli. Such manipulations are expected to eventually lead to stable individual differences in the ability to defuse from unhelpful verbal contents. We focus on the individual difference measures that are likely to be impacted by defusion manipulations.

Mindfulness Mindfulness of private experience is an example of a practice that can promote defusion (see Figure 16.1 for other examples of defusion manipulations). It also involves elements of acceptance and awareness of emotional states, so it cuts across many of the EI-relevant dimensions. Mindfulness involves a non-judgmental noticing of sensations, thoughts, and memories (private events) as they occur from moment to moment. This practice is hypothesized to help people experience private events as an unfolding, changing process of living, rather than as a fixed part of the self (Hayes, 2002). For example, people can view their moods as equivalent to their “self” (I am depressed), or they can experience the mood, and the evaluation of the mood, as it is (e.g., I am labeling these unpleasant sensations as “depression.” I am having the evaluation that “I am depressed.”). Such context shifts help people to see their private experience for what it is—streams of thought, fleeting sensations (defusion)—rather than what it says it is—fixed, facts, dangers that must be avoided (Hayes et al., 1999; Kabat-Zinn, 1990).

The Mindfulness Attention Awareness Scale The Mindfulness Attention Awareness Scale (MAAS) measures people’s tendency to be mindful of moment-to-moment experience. This scale has been shown to relate to various aspects of well-being and to how effectively people deal with stressful life events (Brown & Ryan, 2003). Intervention techniques that are likely to increase mindfulness have been shown to reduce stress and other negative mood states (Alexander, Swanson, Rainforth, & Carlisle, 1993; Speca, Carlson, Goodey, & Angen, 2000; Teasdale, Segal, & Williams, 1995). The improvements in mood appear to be associated with better peer relationships (Alexander et al., 1993).

Fusing with Unhelpful Rules and Evaluations The Dysfunctional Attitudes Scale (DAS) (Weissman, 2000) is commonly used in clinical practice and measures the extent people believe, or fuse with, certain unhelpful thoughts. It

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can be divided into two dimensions (Blatt, Quinlan, Pilkonis, & Shea, 1995; Brown, Hammen, Craske, & Wickens, 1995). The first dimension is about the “dire need” for power and success, and includes beliefs that relate to perfectionism (being perfectly achieving), performance evaluation, not seeming weak, and a need for admiration and control. The second dimension relates to acceptance, and includes feeling a “dire need” for social acceptance, love, and approval. The DAS (and similar scales) have been shown to relate to well-being, discriminate between clinical and nonclinical groups, and predict changes in well-being in a longitudinal design (Blatt et al., 1995; Brown et al., 1995). The dire need for power and success has been shown to be related to poor personal relationships and lower quality social support in normal populations (Ciarrochi, 2005).

Another group of measures reflects unhelpful beliefs about uncertainty (e.g., “that uncertainty is awful or intolerable”). These include measures of intolerance of uncertainty (Dugas, Gagnon, Ladouceur, & Freeston, 1998), rigidity (Neuberg & Newson, 1993), and ambiguity (Frenkel-Brunswik, 1949). These measures have been shown to relate to depression and anxiety in both clinical and normal populations (Dugas et al., 1998; Freeston, Rheaume, Letarte, Dugas, & Ladouceur, 1994). More research is needed to investigate the role of uncertainty beliefs in social behavior.

Other measures reflect fusion with unhelpful self-concepts (Figure 16.2, Dimension 4). Low self-esteem seems to involve at least two parts: negative evaluations of the entire self (I am worthless) and fusion with these evaluations. In other words, one could have a negative self-evaluation yet not believe (fuse with) it. It appears to be reasonably well-established that low self-esteem is associated with higher levels of negative affect (Blascovich & Tomaka, 1991), lower social competence, poorer relationships, and reduced social support (Ciarrochi, 2005; Frankel & Myatt, 1996; Kim & Cicchetti, 2004).

What is somewhat more surprising is that some aspects of high self-esteem have been associated with poor well-being and social behavior, at least in some circumstances (Kernis, Grannemann, & Barclay, 1989; Rhodewalt, 2001). For example, the Narcissist Personality Inventory (NPI) assesses a person’s sense of grandiosity, self-importance, and specialness (Raskin & Terry, 1988). Narcissists scan the social context for evidence that supports their elevated sense of self and tend to construct high self-esteem in the absence of objective evidence. Their self-esteem is fragile, and they are prone to respond to threatening feedback with shame, humiliation, anger, and interpersonal aggression (Rhodewalt & Eddings, 2002).

A related line of research has examined individual differences in the stability of self-esteem. Stability can be measured by administering a standard self-esteem inventory at multiple times, and then using the variance between different measurements to predict outcomes (Kernis et al., 1989). People who have unstable high self-esteem have been shown to experience more anger and hostility, perhaps because they feel the “need” to defend their self-worth (Kernis et al., 1989). Other research shows that unstable self-esteem is associated with goal-related affect characterized by greater tenseness and less interest (Kernis, Paradise, Whitaker, Wheatman, & Goldman, 2000).

Social Comparison From an RFT perspective, social comparison involves putting one's self-concept in a "frame" of comparison with another (I am better than you; I am worse than you.). The reason comparison frames are sometimes problematic is not because they occur: social comparison is expected to occur in just about any language-able human. Rather, it is because the social comparisons are believed. Research suggests that unhappy people are more likely than happy people to engage in and believe social comparison processes. They feel worse when someone performs better than them (Lyubomirsky & Ross, 1997), and feel better when others perform worse, even if they also performed poorly. In contrast, happy people's mood appears to be more dependent on actual performance, rather than on how others performed.

Prejudice The topic of prejudice is much too large to discuss in detail here, but we note some key features of this domain that fit well with the present model. Prejudice involves framing oneself in an equivalence relationship with a group (e.g., *I* = white) and in nonequivalence or opposition to outgroups (e.g., "I am not black. I am the opposite of a conservative."). Thus, benefits to one's group come to be equivalent to benefits to oneself. Similarly, one can engage in social comparison processes, where one's group is viewed as better or worse than other groups.

Prejudice can be understood in terms of the model presented in Figure 16.1. Essentially, unhelpful attitudes about one's group and outgroups fall under "Believing unhelpful rules and evaluations (B)." Such attitudes are associated with inaccuracies or biases in moment-to-moment awareness of other people's behaviors (Figure 16.1; B \longleftrightarrow A) (Fisk, 2004). The attitudes and self-concepts are also associated with avoidance behavior (Figure 16.1; B \longleftrightarrow C). For example, people high in Right-Wing Authoritarianism engage in prejudiced behavior to defend against (or avoid) perceived threats to ingroup values in a "dangerous" world (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950; Altemeyer, 1988). People high in Social Dominance Orientation engage in prejudiced behavior to defend against perceived threats to ingroup status in a "competitive" world (Fisk, 2004; Pratto, Sidanius, Stallworth, & Malle, 1994). Similarly, terror management theory posits that people engage in prejudice behavior to defend against thoughts of death (Pyszczynski, Greenberg, & Solomon, 1999). Such defending is presumed to increase self-esteem and give people the illusion that, through their group, they will live beyond their lifetime. Importantly, much of this defending is targeting unpleasant thoughts (e.g., self-esteem, insecurity) and feelings (terror, anxiety), rather than actual threats in the material world.

EFFECTIVE ACTION ORIENTATION

Effective action orientation involves the ability to take value-congruent action in the context of strong emotions and self-doubts. It also involves the ability to sustain this action even in the face of inconsistent feedback, frustration, and failure (see Figure 16.2). Some more colloquial terms for this dimension might be "character," "courage," or "mettle."

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One of the major causes of ineffective action orientation, from an RFT perspective, is that people often believe unhelpful rules or “reasons” about their emotions and other private experiences. For example, they often believe that “confidence is needed to do something important,” that anxiety “stops” them from taking action, and that anger “makes” them act aggressively.

The *Action-State Orientation Scale* measures people’s ability to move from a desired goal state to some future goal state (action orientation) versus their tendency to engage in persistent, ruminative thoughts, which reduces the resources available for goal striving (Diefendorff, Hall, Lord, & Stream, 2000). Strong action orientation is associated with lower levels of anxiety, depression, and rigidity, higher levels of positive attitudes, and positive job-related behavior (Diefendorff et al., 2000; Heckhausen & Strang, 1988; Kuhl & Beckmann, 1994).

The *Self-Control Scale* is another measure of action orientation (Tangney, Baumeister, & Boone, 2004). Self-control involves the ability to “...interrupt undesired behavioral tendencies and refrain from acting on them” (Tangney et al., 2004) (p. 274). Research has demonstrated the validity of this scale and shown that high self-control is related to higher grade point average, lower levels of anxiety and depression, less alcohol abuse, and better relationships (Tangney et al., 2004).

Self-control can be measured using behavioral tasks, as well as the self-report. Specifically, a substantial amount of developmental research has looked at children’s ability to delay gratification in particular situations (Mischel, Shoda, & Peake, 1988; Shoda, Mischel, & Peake, 1990; Wulfert, Block, Ana, Rodriguez, & Colsman, 2002). For example, one study offered adolescents \$7 immediate payment or \$10 one week later (Wulfert et al., 2002). Compared to students who delayed gratification, those who chose the immediate fee showed more self-regulatory failures, such as greater use of drugs and greater academic underperformance. In another study, preschool children were offered the choice of one marshmallow immediately versus two at a later time. This task predicted performance 10 years later. Specifically, it was found that the children who delayed gratification were more academically and socially competent and more able to deal well with frustration and stress (Mischel et al., 1988).

CONCLUSIONS

One of the most important goals in psychology is to reduce suffering and improve people’s ability to get along with each other. One way to do this is to investigate why some people are particularly resilient and socially effective. If we can identify what skills these effective people have, then presumably we can teach the skills to others. Researchers have identified dozens of individual differences that are potentially important (Figure 16.2). Indeed, it seems like new individual difference measures are created everyday.

The individual difference research has undoubtedly been important. However, looking at the field as a whole, the different areas of research do not present a coherent picture. Researchers investigating one type of individual difference (e.g., alexithymia) rarely refer to research in other domains (e.g.,

dysfunctional attitudes, impulsivity). The field consists of a wide variety of seemingly unrelated measures.

This chapter attempted to bring all these measures together under a common theoretical (RFT) and intervention (ACT) framework. We sought to show how the measures can be understood in terms of three interrelated processes, namely, fusing, avoiding, and being aware. We briefly described the sorts of interventions that could seek to influence these three processes [see Figure 16.1, top and Hayes et al. (1999) for a book length treatment]. If the model presented in this chapter is accurate, then interventions that target prejudice, social anxiety, and marital problems can utilize similar kinds of technologies and be understood in terms of similar psychological processes.

One thing is strikingly different about our model compared to every other EI model (Ciarrochi, Forgas, & Mayer, 2001). We do not assume that EI consists of the ability to manage emotions or other private experiences. Indeed, we have argued that attempts at emotional management are often part of the problem, rather than the solution. We acknowledge that attempts to control emotions are sometimes effective. We just do not view control as *essential* to EIB. However, our EI model does suggest that letting go of first-order change strategies (direct attempts to modify private experiences) will result in second-order benefits. That is, when people are willing to accept the pain that occurs as a normal part of life, they will be less likely to suffer. And, they will be less likely to make others suffer.

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