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\*Author for correspondence: Email:  
[nandysykarofath@umm.ac.id](mailto:nandysykarofath@umm.ac.id)

## The Role of Emotional Intelligence toward Internalizing and Externalizing Problems in Adolescents

Muhammad Febriannor, Nandy Agustin Syakarofath,\* Dian Caesaria Widyasari, and Diah Karmiyati

Faculty of Psychology, Universitas Muhammadiyah Malang, Indonesia

**Abstract**

People experience more rapid physical, social, and emotional development in adolescence than in any other developmental stage. The dramatic changes may cause them volatile mental conditions and difficulties in overcoming various behavioral problems summarised as internalizing (IP) and externalizing problems (EP). One of the protective factors for IP and EP is emotional intelligence (EI) because someone with good emotional intelligence can control emotions when angry and adapt to unpleasant situations. This study aimed to determine the role of EI on IP and EP among Indonesian adolescents. This study used a quantitative research design with a simple random sampling technique. The research subjects were adolescents aged 15 to 18 years ( $N = 300$ ) who attended nine high schools in East Java, consisting of 96 males and 204 females. The research instruments used were the Schutte Emotional Intelligence Scale (SEIS) and the Strength and Difficulties Questionnaire (SDQ). The results showed a significant negative role between emotional intelligence and internalizing problems ( $R^2 = .391$ ;  $F(1,298) = 191.649$ ;  $p < .001$ ) and externalizing problems ( $R^2 = .281$ ;  $F(1,298) = 116.230$ ;  $p < .001$ ). The higher one's ability to understand, regulate, and use emotions, the lower the manifestation of internal and external problematic behavior. It means that EI is confirmed to predict the IP and EP. The way to advance the capacity of adolescents' emotional intelligence is to try to express emotions and regulate and utilize their feelings so that adolescents do not develop mental health problems.

Adolescence is the transitional stage from childhood to adulthood with autonomy (Santrock, 2007). During this period, adolescents explore their identity, especially in love, work, and their perspective on the world. That is why adolescents experience rapid physical, social, and emotional development (Blakemore & Choudhury, 2006). Hurlock (2001) explains that significant development also causes one's mental condition to become volatile, making it difficult to overcome various behavioral problems during adolescence (Stuart & Laraia, 1998). Achenbach (1991) classifies behavioral difficulties into two categories: internalizing problems (IP) and externalizing problems (EP). Internalizing problems (IP) are self-directed controlled behaviors that create difficulties for the person interpreting them (Tandon et al., 2009). IP affects a person's psychological state and often involves symptoms such as depression, anxiety, withdrawal, and somatic complaints (Madigan et al., 2013). IP is generally covert and invisible and receives less direct attention. The three most common forms of IP are loneliness, social anxiety, and depressive symptoms (Danneel et al., 2019; Graber & Sontag, 2009). Achenbach (1991) explained that IP refers to self-directed problems with two aspects: emotional and peer relationship problems. IP is closely related to emotions, so those who realize their volatile emotional state can manage excessive emotional reactions more easily. However, adolescents unable to realize it will have difficulty controlling their emotions and tend to be more susceptible to depression, bad temper, academic difficulties, drug abuse, and other juvenile delinquency included in the EP (Santrock, 2007).

Achenbach (1991) describes externalizing problems as adverse behaviors indicated by non-compliance, breaking the rules, anger, verbal aggression, delinquency, rejection, or resistance of adolescents to their social environment. EP often has a direct and long-term impact on adolescents' social environment and negatively affects their academic and occupational achievement in adulthood (Tanner et al., 1999).



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There are two aspects of the EP: conduct problems and hyperactivity/inactivity (Achenbach, 1991). Longitudinal research shows EP as one of the significant risk factors for various negative behaviors, such as juvenile delinquency, crime, and future violence (Liu, 2004). Research on the relationship between EI, IP, and EP is not a new field of psychology, but it has rarely been studied in Indonesia. This topic has gained popularity since research conducted by Mayer et al. (2008) shows that EI level is positively related to better psychological functioning. The results of other studies support the findings; namely, high EI is closely related to psychosocial adjustment ability (Inglés et al., 2015). Psychosocial adjustment involves the ability to understand, use, and regulate emotions, which decreases the tendency of EP manifestations (Sanchez-Ruiz & Baaklini, 2018).

The ability to modulate positive, negative, and emotional expressions is a protective factor of IP and EP (Spiroiu, 2018). Previous studies state that one of the efforts to reduce adolescent delinquency is to increase emotional intelligence (Putri et al., 2019; Stein & Book, 2011). Conversely, a lack of emotional intelligence levels makes adolescents show uncontrollable emotions in action (Princess et al., 2019). Emotional intelligence (EI) is the ability to understand emotional states and then regulate them effectively so that they can then be used to guide the mind to achieve a specific goal (Cooper & Sawaf, 1997; Goleman, 2000; Patton, 1997; Salovey & Mayer, 1990).

According to Campbell and Ntobedzi (2007), adolescents with high EI levels can better adapt to and handle stressful situations and lower their delinquency levels (Jonta, 2018). Research by Shapero et al. (2015) states that good emotional judgment is significantly associated with low depressive symptoms and negative emotional assessment is closely related to depressive symptoms (Cole et al., 2019). If the ability to assess emotions is low, a person tends to judge something more negatively than positively.

EI is not only about a person's emotions but is also closely related to cognitive processes, assessing and expressing emotions, and integrating information with the perceptual system. The cognitive process is closely related to emotional problems as part of IP. Emotional dysregulation is one of the main potential factors that cause anxiety in adolescents (Endaryani et al., 2020; Schneider et al., 2016) and predicts the emergence of loneliness, depression, and stress problems (Velotti et al., 2021). The ability to regulate emotion begins with building moods that require cognitive ability (imagination - IP), resulting in adaptive attitudes so as not to perform negative behaviors (EP).

Research conducted by Morón and Biolik-Morón (2021) states that high EI levels can help adolescents to reduce the intensity of excessive negative emotional reactions, such as temper tantrums. Then, using EI effectively can reduce adolescents' tendency to engage in aggressive behavior and bullying (Vega et al., 2021). The high capability to utilize EI can indicate that a person can cope with IP and EP without showing symptoms of psychopathology. If one can utilize their EI well, they can stay focused

on the problem instead of only their emotions and work towards building the right mood and motivation to solve the problem.

Therefore, this study aims to identify the role of emotional intelligence in internalizing and externalizing problems in adolescents due to the lack of evidence in this research area. Findings from this study provide evidence of EI levels and their role in determining IP and EP among adolescents in East Java, Indonesia, which can serve as a guide for handling adolescent behavior problems. This study hypothesizes that Emotional Intelligence positively impacts EI and EP.

## Methods

### Participants

The characteristics of participants were adolescents studying at Muhammadiyah High School (SMAM) in East Java aged 15 to 18 years. The subjects of this study were 300 high school students obtained through simple random sampling without regard to the strata present in the population. The reason for choosing this sampling technique is that Muhammadiyah is an organization that has quite a large number of educational institutions, including at the high school level, so it is hoped that it will be able to provide an overview and representation of the condition of its students from schools that the government/private schools do not manage.

According to *Research methods for the behavioral sciences (Sixth Edit)* (2018), the simple random sampling process consists of three stages, namely: 1) defining the population that will be the research sample, 2) collecting data on all populations, and 3) randomizing to determine the subject of the study. This study determined Muhammadiyah High School (SMAM) students in East Java as research samples for convenient access and sufficient quantity in the first stage. The following stage was a population data collection in which we identified 29 districts, nine cities, and 85 SMAM in East Java (Majelis Dikdasmen PP Muhammadiyah, 2022). The third stage is the randomization process carried out at the district level. Through the help of the random.org site, four districts were obtained: 9 SMAMs, each located in Gresik (2), Sidoarjo (2), Lamongan (2), and Surabaya (3).

This study has been reviewed and approved by the ethics committee of the University of Muhammadiyah Malang (No.E.5.a/048/KEPK-UMM/III/2022). All participants provided online written consent before participating in this study.

Emotional intelligence (EI) assesses adolescents' ability to understand, regulate, and use emotions when dealing with a problem. The Schutte Emotional Intelligence Scale (SEIS) was used to measure EI. The original version of SEIS was developed by Schutte et al. (1998) and consisted of 29 items and three aspects, namely (1) appraisal and expression of emotions, (2) regulation of emotions, and (3) utilization of emotions. Silfiasari (2023) translated it into Bahasa Indonesia and has Cronbach's Alpha 0.90. Three examples of items in the SEIS are "Other people

find it easy to confide in me," "I expect that I will do well on most things I try," and "I like to share my positive emotions with others." A Likert scale was used with score details; "very inappropriate" (1), "not appropriate" (2), "according to" (3), and "very unsuitable" (4). Emotional intelligence level is the sum score of all items.

Internalizing problems (IP) are behavioral problems that adolescents direct within themselves while externalizing problems (EP) are behavioral problems carried out by adolescents and directly impact their social environment. IP and EP were measured using the Strengths & Difficulties Questionnaire (SDQ) developed by Goodman (1997) and then translated into Bahasa Indonesia by Wiguna et al. (2010). Oktaviana and Wimbari (2014) tested the reliability and validity with Cronbach's Alpha 0.77. SDQ consists of 25 items with details of 10 items measuring EP, 10 items measuring IP, and five other items measuring prosocial behavior. Some examples of items in the SDQ are "I try to be nice to others. I care about their feelings", "I am restless, I cannot stay still for long," and "I get many headaches, stomachaches, or sickness." There are two types of statements on this scale: favorable and unfavorable. SDQ also used a Likert scale with details of scores on favorable statements, "true" (2), "somewhat correct" (1), and "incorrectly" (0). Conversely, on the unfavorable statement score, "true" (0), "somewhat true" (1), and "not true" (2). The results are obtained from the sum score of all items and then interpreted into three emotional and mental levels: 0-8 is normal, 9-1 is borderline, and 13-20 is abnormal based on SDQ norma.

### Data Analysis

Data was analyzed using SPSS 25. The hypothesis testing using regression analysis requires several assumptions, and then the test of normality and linearity is carried out. The results found that the data of the three variables distributed normally with skewness score of each variable (e.g., EI 0.057, IP 0.278, EP 0.151), qualify  $-1.96 > x > 1.96$ , and there was a linear relationship between the variables with each relationship qualifying significance values  $< 0.001$  (Kim, 2013).

### Results

The total number of participants in the study was 300, consisting of 96 males (32%) and 204 females (68%). The majority of participants are currently in high school in the 11th grade ( $n=27$ ; 42%), 10th grade ( $n=114$ ; 38%), and 12th grade ( $n=59$ ; 20%). (See Table 1) Table 1 shows that most adolescents in East Java have an EI score in the moderate category (70.33%,  $M = 69.62$ ,  $SD = 7.21$ ). In addition, 58.67% of adolescents are in the normal category for internalizing problems and 80.33% for externalizing problems. The normal category indicates that adolescents show no significant symptoms of clinical problems. Only 12% are in the abnormal category for internalizing problems, and even less for externalizing problems (3.34%). Furthermore, EI, IP, and EP categorizations are classified based on demographic data (see Table 2).

From Table 2, the EI scores of males (70.14%) and females (69.38%) are mainly in the moderate category. There is only a small difference in females between the low (14.22%) and high categories (14.71%) of EI. Male adolescents showed a higher average score of EI ( $M = 71.14$ ,  $SD = 7.05$ ) than their female counterparts ( $M = 69.38$ ,  $SD = 7.28$ ). Then, EI in all grades is also mainly in the moderate category for 10th grade (69.13%), 11th grade (69.38%), and 12th grade (71.06%). The highest average EI score is for 12th grade ( $M = 71.06$ ,  $SD 6.48$ ). The IP scores in both sexes were mainly in the normal category. Female adolescents showed a higher average score of IP ( $M = 8.32$ ,  $SD = 3.49$ ) than males ( $M = 6.76$ ,  $SD = 3.33$ ). 10th ( $M = 8.03$ ,  $SD = 3.55$ ) and 11th grade ( $M = 8.03$ ,  $SD = 3.50$ ) share similar scores for IP. Then, the EP score shared a similar pattern as the IP score, which was mostly in a normal category based on sex and grade. There is no big difference in the means score and standard deviation for EP based on sex and grade. The normal category indicates that adolescents show no signs of significant clinical problems. The borderline category indicates that adolescents exhibit symptoms of the emergence of significant clinical problems. In contrast, those who fall into the abnormal category are adolescents with a great risk of experiencing significant clinical problems (<https://www.sdqinfo.org/d0.html>). See Table 3

The results showed EI have significant positively towards IP ( $R^2 = 0.391$ ,  $F(1,298) = 191.649$ ,  $p < 0.01$ ) and EP ( $R^2 = 0.281$ ,  $F(1,298) = 116.230$ ,  $p < 0.01$ ). The coefficient for IP is -0.626, meaning a higher EI predicts lower IP among adolescents. EI contributes effectively to the variance of IP at 39.1%. Similarly, the coefficient for EP is -0.530, indicating that higher EI predicts lower EP among adolescents. EI also contributes effectively to the variance of EP, which is 28.1%.

### Discussion

The results of this study show that the research hypothesis is accepted. Based on the findings, emotional intelligence positively impacts adolescents' internalizing and externalizing problems. The participants involved in the study were adolescents aged 15 to 18 who attended high school in East Java. This means that the higher the EI score, the lower the level of IP and EP in adolescents, and vice versa.

Data regarding mental health conditions confirmed that most adolescents in East Java have an EI score in the moderate category, especially for females, who have a higher score than males. The level of emotional and behavioral problems is in the normal category. This means that the findings of good emotional intelligence conditions in participants align with IP and EP conditions in the normal category. This means that participants are capable enough to understand the various demanding situations they face. The findings confirm that emotional intelligence correlates with adolescent mental health issues (Salavera et al., 2019). Only several participants are in the abnormal

**Table 1**  
Categorization of Research Variables

Variable	Category	Interval	n	%	M	SD
Emotional Intelligence (EI)	High	78-88	47	15.67%	69.62	7.21
	Moderate	63-77	211	70.33%		
	Low	22-62	42	14.00%		
Internalizing Problems (IP)	Normal	0-8	36	12.00%	7.82	3.51
	Borderline	9-12	88	29.33%		
	Abnormal	13-20	176	58.67%		
Externalizing Problems (EP)	Normal	0-8	10	3.34%	6.30	2.64
	Borderline	9-12	149	16.33%		
	Abnormal	13-20	241	80.33%		

n: number of students, M: mean, SD: standard deviation

**Table 2**  
Categorization of Research Variables Based on Demographics Data

Variable	Demography	Category	Interval	n	%	M	SD
Emotional Intelligence (EI)	Male (n=96; 32% of N)	High	78-88	17	17.1%	70.14	7.05
		Moderate	63-77	66	68.75%		
		Low	22-62	13	13.54%		
	Female (n=204; 68% of N)	High	78-88	30	14.71%	69.38	7.28
		Moderate	63-77	145	71.08%		
		Low	22-62	29	14.22%		
	10th grade (n=114; 38% of N)	High	78-88	17	14.91%	69.13	6.93
		Moderate	63-77	84	73.68%		
		Low	22-62	13	11.40%		
	11th grade (n=127; 42% of N)	High	78-88	19	14.96%	69.38	7.57
		Moderate	63-77	85	66.93%		
		Low	22-62	23	18.11%		
12th grade (n=59; 20% of N)	High	78-88	11	18.64%	71.06	6.84	
	Moderate	63-77	42	71.19%			
	Low	22-62	6	10.17%			
Internalizing Problems (IP)	Male (n=96; 32% of N)	Normal	0-8	6	6.25%	6.76	3.33
		Borderline	9-12	26	26.04%		
		Abnormal	13-20	65	67.71%		
	Female (n=204; 68% of N)	Normal	0-8	30	14.71%	8.32	3.49
		Borderline	9-12	63	30.88%		
		Abnormal	13-20	111	54.41%		
	10th grade (n=114; 38% of N)	Normal	0-8	16	14.04%	8.03	3.55
		Borderline	9-12	32	28.07%		
		Abnormal	13-20	66	57.89%		
	11th grade (n=127; 42% of N)	Normal	0-8	17	13.39%	8.03	3.50
		Borderline	9-12	40	31.50%		
		Abnormal	13-20	70	55.12%		
12th grade (n=59; 20% of N)	Normal	0-8	3	5.08%	6.95	3.36	
	Borderline	9-12	16	27.12%			
	Abnormal	13-20	40	67.80%			
Externalizing Problems (EP)	Male (n=96; 32% of N)	Normal	0-8	6	6.25%	6.35	2.96
		Borderline	9-12	16	16.67%		
		Abnormal	13-20	74	77.08%		
	Female (n=204; 68% of N)	Normal	0-8	4	1.96%	6.27	2.49
		Borderline	9-12	33	16.18%		
		Abnormal	13-20	167	81.86%		
	10th grade (n=114; 38% of N)	Normal	0-8	4	3.51%	6.39	2.71
		Borderline	9-12	22	19.30%		
		Abnormal	13-20	88	77.19%		
	11th grade (n=127; 42% of N)	Normal	0-8	4	3.15%	6.19	2.54
		Borderline	9-12	17	13.39%		
		Abnormal	13-20	106	83.46%		
12th grade (n=59; 20% of N)	Normal	0-8	2	3.33%	6.36	2.76	
	Borderline	9-12	10	16.95%			
	Abnormal	13-20	47	79.66%			

n: number of students, M: mean, SD: standard deviation



**Table 3**  
Results of Simple Linear Regression Analysis for Testing Research Hypotheses

Variable	Emotional Intelligence (EI)			
	$R^2$	B	C	(df) F
Internalizing Problems (IP)	-0.626	0.391*	-0.305	29.031 (1,298) 191.649
Externalizing Problems (EP)	-0.530	0.281*	-0.194	19.827 (1,298) 116.230

\* $p < 0.01$

category for internalizing problems, and even fewer for externalizing problems.

Emotional intelligence allows people to adapt to their surroundings (Humphrey et al., 2007). Adolescents can better regulate their emotions and operate in many areas of life by knowing and managing them, motivating themselves, recognizing others' emotions, and forming relationships (Goleman, 2000; Mikolajczak et al., 2007; Salovey & Mayer, 1990). Therefore, individuals with better EI can help maintain better mental health outcomes such as EP and IP (Shahini et al., 2023). Furthermore, EI training could lower burnout rates which can lead to the emergence of IP and EP IP (Tomaszek & Muchacka-Cymerman, 2020).

Teenagers are recorded to have higher emotional levels than men. This finding is in line with previous research which stated that Even though everyone is emotionally intelligent, research suggests that women have a higher EI than men (Joseph & Newman, 2010; Patel, 2017). This is because women are considered to have more emotional self-awareness, interpersonal relationships, self-regard, and empathy (Meshkat & Nejati, 2017).

Gender disparities in emotional expression exist. Previous studies found that males were trained to suppress their emotions as macho models, whereas girls were urged to express more (Naghavi et al., 2010). Females expressed emotions and predicted consensus feelings better than males (Mayer & Geher, 1996). Parents claimed they used to talk to their daughters about emotions and help them name them faster than boys (Naghavi et al., 2010). Mothers use more emotion words and show more emotion while telling stories and interacting with females, which may predispose females to more emotions (Bechtoldt, 2008). Men are fearful of and unable to name their own and others' feelings since emotions have not been emphasized. Another study found that men fear emotions and show fewer than women (Jakupcak et al., 2009). Men tend to display more negative emotions like anger, hostility, and impatience. Males express high-intensity positive emotions like excitement, while females express low- or moderately intense positive emotions like happiness and sadness (Brody et al., 2016). Females are better at perceiving emotions and social skills but hesitate over feelings and decisions and value intelligence less.

The limitations of this study are related to the instruments. The SEIS measuring EI is a self-reported, unidimensional research instrument. Participants can introduce bias in self-report instruments because it fully depends on the participant's judgement and memory. The unidi-

dimensional nature of SEIS cannot provide more detailed information on the appraisal and expression of emotions, regulation of emotions, and utilisation of emotions with their roles towards IP and EP among adolescents. Another limitation is using the SDQ, which is only self-reported by adolescents, even though this scale version can be confirmed with teacher and parent reports. Therefore, future research needs to consider the triangulation of the three versions of the SDQ.

### Conclusions

The results of this study confirm previous findings that EI has a role in IP and EP in adolescents. Adolescents with a better ability to understand emotional conditions, regulate emotions, and use them well tend to have a lower tendency to experience internal and external behavioral problems. Conversely, the lower the EI, the higher the tendency for manifesting internal and external behavioral problems. Several factors, such as biology, education, and sex, which can strengthen EI, are also discussed in this research. Regarding the limitations of the research mentioned in the discussion section, future researchers can consider more measures of determinants, using multidimensional instruments to provide more detailed evidence of each aspect, such as parenting style and peer association environment.

### Recommendations

This research implies the importance of understanding emotions, regulating emotions to fit the circumstances, and using them as wisely as possible to resolve problems and achieve specific goals. Adolescents need to reach a higher EI to minimize behavioral problems that tend to occur among high school students. Schools and families are expected to take preventive measures in collaboration to prevent IP and EP in adolescents, especially those who fall into the borderline and abnormal categories reflecting higher susceptibility to developing IP and EP. Other than stimulation from family and school, emotional intelligence skills classes, psychoeducation on the importance of mental health, and training on maintaining EI levels may benefit adolescent mental health outcomes. Future research needs to consider the triangulation of the three versions of the SDQ based on student, parent, and teacher reports to meet with objectivity regarding the mental health issues that students face.

### Declaration

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### Conflict of Interests

There is no potential conflict of interest in this research.

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### Authors' Contributions

MF prepared the research manuscript under the supervision of NAS, DK, and DCW as a prerequisite for obtaining a Bachelor's degree in Psychology. All authors have read and approved the final results of this research manuscript.

### Orcid ID

Muhammad Febriannor  <https://orcid.org/0009-0003-5271-171X>

Nandy Agustin Syakarofath  <https://orcid.org/0000-0001-5637-9425>

Dian Caesaria Widyasari  <https://orcid.org/0000-0003-1301-253X>

Diah Karmiyati  <https://orcid.org/0000-0001-8680-5421>

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