

## Emotional Intelligence: A Stable Change?

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In recent decades, emotional intelligence (EI) has emerged as one of the crucial components of emotional adjustment, personal well-being, interpersonal relationships, and overall success in life. Yet few professional curricula adequately address this subject. The results of this study indicate that the potential for enhanced emotional intelligence can be improved in the traditional classroom, employing experiential teaching methods. Further, the findings revealed a significant difference in stability measures between social work and education students, indicating that EI course "Doing Psychotherapy" (conceived by the study's authors) has a differential effect on students of the two faculties. This suggests that EI may not be perceived by all students in the same way; rather, specific goals, the nature of the participants, and the professional setting must be taken into consideration when assessing the impact of EI programs in higher education. Future research should focus on specific EI teaching strategies and on designing evaluation studies that assess changes in knowledge (learning), behavior (expertise), and results (performance).

Emotional intelligence (EI) has been acknowledged over the past twenty-five years as a crucial component of emotional adjustment, personal well-being, interpersonal relationships, and overall success in various contexts of everyday life (Fernandez-Berrocal & Ruiz, 2008). It has shown a positive correlation with such variables as empathy, verbal intelligence, and extroversion, openness to feelings, self-esteem, and life satisfaction (Fernandez-Berrocal & Extremera, 2006; Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke, 2007). In addition, emotional intelligence has been found to be associated with improved outcomes in the areas of employment and academic performance, among others (Boyatzis, 2006).

While the existing EI literature has concentrated on demonstrating the effects of EI on either mental health or job attitudes and performance, there has been relatively little discussion concerning how EI, as a set of interrelated abilities for handling emotions, is developed. Adopting the four-branch model of emotional intelligence developed by Mayer, Salovey, & Caruso (2000), several researchers have argued that emotional intelligence skills can be taught and that individuals can learn and improve their competence in each of the four branches of emotional intelligence (Penrose, Perry, & Ball, 2007). Recently a growing number of scholars have engaged in research designed to examine and apply emotional intelligence constructs to academic and professional-education programs (Abraham, 2006; Hen & Goroshit, 2010; Jaeger, 2003; Low & Nelson, 2005; Walter & Hen, 2009).

### **Emotional Intelligence**

According to the Mayer, Salovey, & Caruso (2000) model, EI refers to the ability to process emotional information as it pertains to the perception, assimilation, expression, regulation, and management of emotion (Brackett, Rivers, Shiffman, Lerner, & Salovey, 2006). It comprises a set of mental abilities in which individuals

employ higher-level processes in the context of attention to feelings, clarity of feelings, ability to discriminate between feelings, and mood-regulating strategies (Brackett & Mayer, 2003). EI also involves the ability to carry out accurate reasoning concerning emotions and to use emotions and emotional knowledge to enhance thought (Lopes, Salovey, Côté, & Beers, 2005).

Emotionally intelligent individuals are often described as well-adjusted, warm, genuine, persistent, and optimistic (Ivcevic, Brackett, & Mayer, 2007). EI has also been targeted as a good predictor of educational and occupational performance (Hackett & Hortman, 2008; Lopes, Côté, Grewal, Kadis, Gall, & Salovey, 2006). Emotional intelligence brings together the fields of emotions and intelligence by viewing emotions as a useful source of information that helps one make sense of and navigate the social environment (Villanueva & Sánchez, 2007; Weis & Arnesen, 2007).

The four-branch model of emotional intelligence (Mayer et al., 2000) maintains that EI consists of the following interrelated functions: (a) accurately perceiving emotion in the self and others; (b) using emotion to assist thinking and decision-making; (c) understanding emotion in the self and others; and (d) effectively managing emotion in the self and others. These components of emotional information processing are interrelated, so that the more integrated processes (such as understanding emotion) build on the more basic processes (such as perception of emotion). Some research studies indicate that, in addition to constituting separate factors, the functions described in the above model also combine to form an overall adaptive ability, with factors at both levels showing some evidence of validity (Mayer, Salovey, & Caruso, 2004).

### **Teaching Emotional Intelligence**

There is a growing body of evidence suggesting that emotional intelligence cannot simply be enhanced

at the intellectual or analytical level; rather, it involves an extended commitment to changing habits, patterns and hard-wired behaviors (Fernandez-Berrocal & Ruiz, 2008; Low & Nelson, 2005; Walter & Hen, 2009; Weis & Arnesen, 2007). Most reported studies have been conducted in business schools, employing short-term interventions with very small samples. These studies employed a pre-test/post-test research design, and reported significant positive changes in EI, and/or improvement in academic and job performance, dynamic leadership, and workplace success (Abraham, 2006); nonetheless, there is an absence of high-quality empirical evidence regarding the efficacy of the training provided (McEnrue, Groves, & Shen, 2010). Nelis, Quoidbach, Mikolajczak, & Hansenne (2009) developed a short-term intervention that focused on teaching theoretical knowledge about emotions and on training participants to apply specific emotional skills in their everyday life. Sessions were formulated according to Mayer et al.'s (2000) four-branch model, and empirical findings were systematically incorporated into each teaching module. The results showed a significant increase in the identification and management of emotion in the training group. Follow-up measures after six months revealed that these changes were persistent. No significant change was observed in the control group.

Other studies have focused on the education of health professionals, and employed either short-term interventions around communication skills (Fletcher, Leadbetter, Curran, & O'Sullivan, 2009); problem-based training (Wagner, Jester, & Moseley, 2001); or a concise theoretical model (Lust & Moore, 2006). Most of these studies reported a significant increase in EI; however very few EI programs have been based on a solid theoretical model, and even fewer have been rigorously tested. The majority of the studies have been conducted on very small samples using subjective evaluations, and almost none included a control group (Nelis et al., 2009).

Low & Nelson (2005) argue that in order to develop students' emotional skills, EI education models should include practice, experience-based methods, and assessment. Along these lines, they developed and studied an EI training model for teachers and students based on transformative learning. In their model, emotional intelligence is a learned ability to identify, understand, experience, and express human emotions in healthy and productive ways. A salient feature of their approach is the notion that emotional intelligence is best understood and learned when framed around specific emotional skills and competencies, which they have broken down into five steps (*Explore*: Self-Assessment, *Identify*: Self-Awareness, *Understand*: Self-Knowledge, *Learn*: Self-Development, and *Apply*: Self-Improvement). Their findings indicate that

students who completed the EI project earned significantly higher GPAs, and showed improvement in other measures of academic achievement; moreover, student retention rates increased.

Weis & Arnesen (2007) experimented with an EI teaching model that integrated both theoretical and experiential teaching modes. They began by defining emotional intelligence and its key components, and described the importance of these skills to academic and professional performance. Participants' EI attributes were also assessed, creating and refining each participant's EI self-critique. Next, they investigated the sources of participants' hard-wired personal patterns, and offered "executive" coaching as both a means to enhance EI and an expression of highly-evolved EI. In their mixed model, they used interactive group exercises; explored effective coaching, communication and listening skills; used structured feedback exercises to raise awareness; and concluded by putting together an action plan based on a heightened awareness of EI challenges evolving from the entire course. Although no objective, quantifiable changes in emotional intelligence were measured, according to the authors this is a very popular course, and their decision to continue offering it is based on the judgment of their mature clientele—graduate students who believe that the program enhances this important skill set (Weis & Arnesen, 2007).

Hen & Goroshit (2010) studied a similar model, in social work education, which found a significant increase in EI levels but no improvement in empathy. Walter & Hen (2009) examined the development of EI in education students who participated in a special movement course. They posited that engaging in specific movement routines based on the EI four-branch model would improve students' EI and enhance both their own self-awareness and their skills in teaching young children. Their findings suggested that movement routines that were focused on identifying and understanding the participants' own emotional states, combined with keeping a reflective journal, improved students' self-awareness and ability to self-regulate their emotions. This contributed to a better learning and teaching experience (Walter & Hen, 2009).

Bellizzi (2008) also found that the largely experiential nature of his EI course afforded students the opportunity to learn about themselves in a way that increases the likelihood that the learning has an impact beyond simply "knowing about the experience" (p. 38). Bellizzi (2008) argued that when students record their experience in a personal journal, detailing what they became aware of in themselves and in their interactions with others, it allows them to view their experiences in a reflective manner, and to examine them from the perspective of the various theories and models discussed in the course.

Several other studies have explored the social-emotional competencies of educators' and the importance of improving them, but in a very broad and unsystematic manner (Cohen, 2006; Shoffner, 2009). Most recently, Jennings & Greenberg (2009) proposed enhancing the social/emotional competencies of teachers through stress reduction and mindfulness programs. Sutton (2004) experimented with emotional regulation, and Chan (2004) recommended improving teachers' self-efficacy as a means of increasing their emotional intelligence. Gibbs (2003) claimed that teachers need to develop the capacity to exercise control over their internal world (emotions, thoughts, and beliefs) in order to improve their teaching abilities. Kelchtermans (2005) explored narrative-biographical work with teachers as a means of enhancing their self-understanding and social/emotional competencies, while Shoffner (2009) suggested that reflective practice provides an intellectual means by which to examine the emotional and relational aspects of teaching and learning. Louie, Coverdale, & Roberts (2006) suggested that the teaching of emotional skills requires an environment that values and exemplifies these skills. They argued that psychiatry departments and other organizations that are run in an emotionally intelligent manner are better able to impart emotional skills, since emotional intelligence should be demonstrated from the top down, starting with the department's vision and mission.

Danielsen & Cawley (2007) concluded that the best way to teach compassion, integrity, and other emotional competencies to healthcare professionals is by modeling these values to the students. The inclusion of emotional education in the curriculum is based on the rationale of empowering students to manage situations that may be highly charged emotionally. The underlying premise is that if they are able to deal capably with their own feelings, they will be able to deal with those of others confidently, competently and safely (Roberts, Zeidner, & Matthews, 2001).

In sum, several professional and academic programs have experimented with and studied EI training models; however there is insufficient evidence to support one particular model, and a lack of consensus and guidelines for constructing different models suited to diverse academic and professional programs.

The purpose of this study was to examine the effects of an academic EI course ("Doing Psychotherapy") based on the above principles, which was offered in two different undergraduate programs: social work and education (see the Appendix for the course syllabus). It was hypothesized that students in both programs would increase their level of EI over the duration of the course, though it was unclear prior to the study whether the pattern of this increase would be the same (stable) within each group.

### The "Doing Psychotherapy" EI Course

Based on the above literature, the course "Doing Psychotherapy" was designed as an experiential learning environment grounded in constructivist theory. This approach views learning as an active process that constructs meanings in the learners' minds. The learners must be engaged in building their own knowledge and adjusting their cognitive framework to accommodate new information, thereby fostering meaningful learning and deep understanding (Sassi, Monroy, & Testa, 2005).

In keeping with Mayer et al.'s (2000) four-branch EI model, the course focused on experiencing, learning, and reflecting upon the students' emotional processes. Students were encouraged to explore their own self-awareness, their interpersonal awareness, and the steps that could help them translate this knowledge into behavioral changes as well as changes in their belief systems and emotional states. Empathy, understanding of others, acceptance, and validation were also addressed in the experiential components of the course. Based on a strong developmental approach, students were encouraged to examine the impact of their early childhood experiences on their individual development. The course engaged students on several levels: verbal, non-verbal, and the learning modalities of imagery, meditation, and role play. Students were afforded the opportunity to experiment with new ways of thinking, feeling, and acting. In order for them to feel safe in doing so, a group dynamic was created in the classroom that fostered support, validation, acceptance, and community-building. Students also recorded their experience in a personal journal detailing the traits they became aware of in themselves and in their interactions with others. This cognitive activity allowed the students to engage in reflection and to examine their experiences in light of the various theories and models discussed in the course.

### Method

#### Sample and Procedure

The sample included two groups of second-year undergraduate students. The experimental group consisted of 416 students (64% from the education department and 36% from the social work department; 85% females and 15% males; mean age 25.1, SD = 4.1). The students in this group participated in a 14-week semester course entitled "Doing Psychotherapy," and completed a questionnaire at both the first and last sessions of the course. For the social work students, this was a compulsory course given as part of their professional training. For the education students, it was an elective course offered as part of the general B.A.

program in the Education Department. To ensure that the hypothesized increase in EI was due to course participation and not to other factors, we used a control group that did not participate in the course. The control group numbered 190 students (49% from the education department and 51% from the social work department; 85% females and 15% males, mean age 26.2, SD = 6.6). Participation in the study was voluntary and anonymous. There were no significant age or gender differences between the experimental and control groups or between the education and social work students.

**Instrument**

To measure emotional intelligence, we used the Schutte Self-Report Emotional Intelligence Test (SSEIT), a 33-item self-report test developed by Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke (1998). The test measures four factors: expression of self’s emotions, understanding of others’ emotions, regulation of emotions, and utilization of emotions. The items are scored on a Likert scale ranging from 1 (does not describe me well) to 5 (describes me very well). The overall reliability of the EI scale in Schutte et al.’s (1998) study was .90.

In the present study, the factorial structure of the SSEIT was supported by confirmatory factor analysis using Varimax rotation. The internal reliability coefficients were sufficient, ranging between .78 and .88. The internal consistency of the overall scale was

.78 for both time points studied (i.e., the beginning and end of the course).

**Results**

To test whether there was an increase in the overall level of emotional intelligence and its subscales from the beginning to the end of course, we performed a series of paired-sample *t*-tests (see Table 1 and Table 2). The results show a significant increase in the EI mean and its subscales at the conclusion of the course for both the social work and the education students in the experimental group. The comparison of effect sizes (Cohen’s *d* coefficients) suggests that the effect of the course on the social work students was stronger than that on the education students. There was no significant increase in EI in the control group (see Table 3 and Table 4).

To test whether or not the EI change was stable, we ran an autoregressive structural equation model using AMOS 18 (Arbuckle, 2009; Hertzog & Nesselrode, 2003; Jöreskog, 1979). Since we found no significant increase in the EI of the control group, our stability analysis focused on the experimental group only. The basic assumption underlying autoregressive SEMs is that each latent construct measured at time 1 is a function of its former value at time -1 plus stochastic error. The autoregressive process is described by stability coefficients that reflect the amount of change in the relative rank order of individuals between two or more points in time (Finkel, 1995; Jagodzinski, Kühnel, & Schmidt, 1987).

Table 1  
*Means, Standard Deviations, and Paired Sample t-test Values of EI – Experimental Group, Social Work*

Social Work (n=149)	Beginning of Course		End of Course		t	Cohen’s d
	M	SD	M	SD		
Expression of self’s emotions	15.56	2.23	16.31	1.29	3.51***	.43
Understanding of other’s emotions	19.19	2.55	19.80	1.41	3.01***	.31
Regulation of emotions	24.22	3.06	25.07	1.63	3.27***	.36
Utilization of emotions	18.15	2.23	19.26	1.71	5.08***	.56
<b>Overall EI</b>	<b>77.12</b>	<b>9.18</b>	<b>80.44</b>	<b>4.46</b>	<b>4.04***</b>	<b>.49</b>

Note. \*\*\**p* < .001 (1-tailed)

Table 2  
*Means, Standard Deviations, and Paired Sample t-test Values of EI – Experimental Group, Education*

Education (n=267)	Beginning of Course		End of Course		t	Cohen’s d
	M	SD	M	SD		
Expression of self’s emotions	15.84	2.36	16.30	1.56	3.95***	.24
Understanding of other’s emotions	19.83	2.52	20.21	1.93	2.71***	.17
Regulation of emotions	24.84	2.55	25.27	2.20	3.47***	.18
Utilization of emotions	18.59	2.57	19.28	2.09	5.55***	.30
<b>Overall EI</b>	<b>79.11</b>	<b>7.43</b>	<b>81.07</b>	<b>6.02</b>	<b>5.81***</b>	<b>.29</b>

Note. \*\*\**p* < .001 (1-tailed)

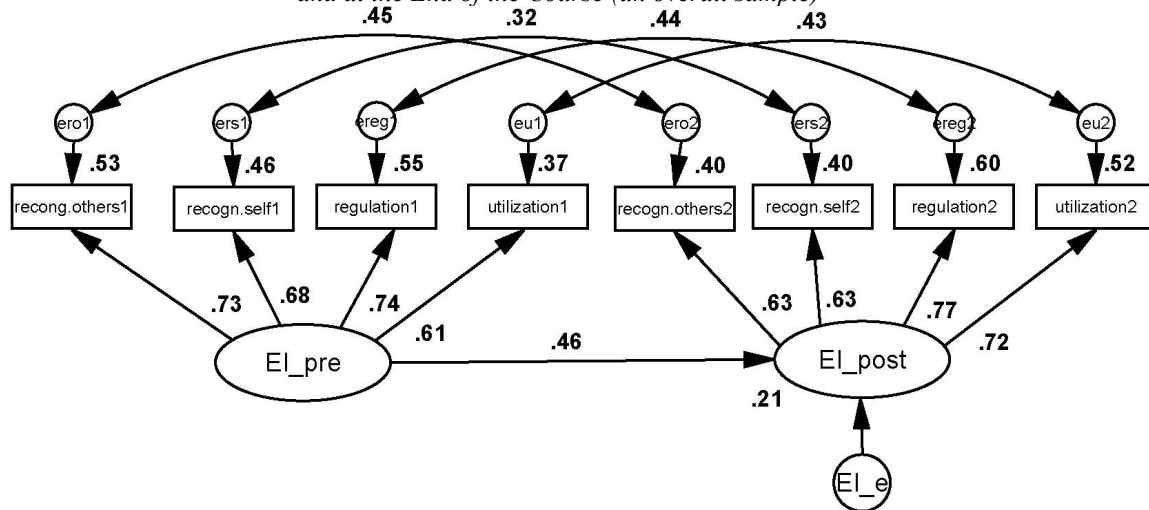
Table 3  
Means, Standard Deviations, and Paired Sample t-test Values of EI – Control Group, Social Work

Social Work (n = 97)	Beginning of Course		End of Course		t	Cohen's d
	M	SD	M	SD		
Expression of self's emotions	15.35	2.07	15.67	0.61	-1.517	0.239
Understanding of other's emotions	18.89	2.39	19.18	0.60	-1.235	0.194
Regulation of emotions	23.77	2.58	24.06	0.78	-1.105	0.173
Utilization of emotions	17.80	2.30	17.40	0.51	1.707	0.285
<b>Overall EI</b>	<b>75.81</b>	<b>6.68</b>	<b>76.32</b>	<b>1.89</b>	<b>-.747</b>	<b>0.119</b>

Table 4  
Means, Standard Deviations, and Paired Sample t-test Values of EI – Control Group, Education

Education (n = 93)	Beginning of Course		End of Course		t	Cohen's d
	M	SD	M	SD		
Expression of self's emotions	15.77	2.23	15.69	1.34	.340	0.045
Understanding of other's emotions	19.07	2.62	19.42	1.63	-1.455	0.165
Regulation of emotions	24.38	2.37	24.12	1.65	1.311	0.129
Utilization of emotions	17.63	2.30	17.67	1.14	-.212	0.023
<b>Overall EI</b>	<b>76.86</b>	<b>6.48</b>	<b>76.90</b>	<b>4.45</b>	<b>-.082</b>	<b>0.007</b>

Figure 1  
A General Model – Standardized Estimates of EI and its Indicators at the Beginning and at the End of the Course (an overall sample)

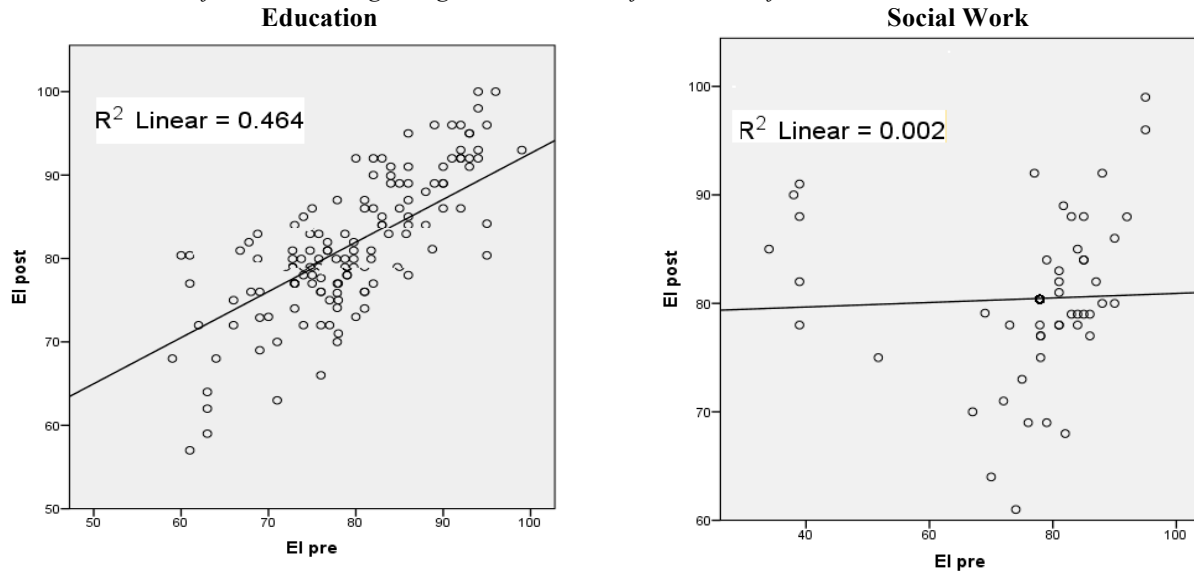


First, we ran a general model for both samples in order to test if there is an overall fit of the model to our data. In this model, we tested the four dimensions of EI, at the beginning and end of the course, as observed variables that loaded on a latent construct—the overall EI (see Figure 1). The fit indices for this model proved to be good (Schermelleh-Engel, Moosbrugger, & Müller, 2008):  $\chi^2 = 24.97$ ,  $df = 15$ ,  $p = .05$ ;  $\chi^2/df = 1.66$ ; NFI (normed fit index) = .982, RFI (relative fit index) = .966, IFI (incremental fit index) = .993, CFI (comparative fit index) = .993, Pclose ( $p$  value for testing the null hypothesis that population RMSEA is

no greater than .05) = .701, RMSEA (root mean square error of approximation) = .04. In this model, a stability index of .46 revealed that there was moderate stability in EI change for the overall sample.

Second, we divided our sample into two subsamples – social work and education – and ran the same structural equation model for each. The stability index for the education students' sample showed high stability (.76), while for the social work students it showed no stability (.01). In order to test whether the difference between the stability indices of the two groups was significant, we first allowed the path from EI at the beginning of the course to

Figure 2  
*Scatter Plots for EI at the Beginning and at the End of the Course for Social Work and Education Students*



EI at the end of course to be free for both groups. Then we constrained this path to be equal across the groups. Next, we checked the model fits of the two models. Model comparison indicated that the constrained model was significantly weaker than the unconstrained one  $\Delta\chi^2 = 66.885$ ,  $\Delta df = 1$ ,  $p = .000$ . To demonstrate the stability of the education students' sample, and the instability of the social work students' sample, we plotted the correlations between EI at the beginning and at the end of the course for each of the samples (see Figure 2).

Figure 2 shows that while the relationship between EI at the beginning and at the end of the course for the education students' sample is linear and positive, the relationship for the social work students' sample is curvilinear. As we can see from the figure, there was a group of social work students who began the course with a low level of EI, and ended the course with a dramatically increased level of EI, while a different group within the social work sample showed an EI level that was higher at the beginning of the course than at its end, thereby demonstrating the instability of EI change among the social work. These results indicate that the "Doing Psychotherapy" course had a differential effect on the education and social work students as well as on the students within each sample group.

**Discussion**

Educators face the enormous challenge of preparing students to tackle the complex realities they will face in professional practice. Emotional intelligence has been found to be a significant contributor to educational and

professional success (Abraham, 2006); however, few academic curricula adequately address this issue and research it in a comprehensive manner (Jaeger, 2003). The purpose of the present study was to contribute to the emerging literature concerning the improving of EI as part of the academic training of mental-health professionals and educators. The primary objective was to examine the effects of an academic course on the EI of social work and education undergraduates. The most significant finding of the study supports our basic hypothesis, showing a significant increase in EI at the end of the course in comparison with the beginning. Both social work and education students showed a significant rise in all EI subscales at the course's conclusion. This finding is consistent with other studies (Clarke, 2010; Fletcher et al., 2009), and suggests that EI can be improved in higher education settings, highlighting the need to explore specific teaching strategies (Boyatzis & Saatscioglu, 2008).

The course examined in the present study utilized an experiential teaching method, based on the argument that teaching emotions and emotional management should be done in a creative, experiential manner (Low & Nelson, 2005; Weis & Arnesen, 2007). While the effect sizes of EI subscale changes for social work students were small to moderate, the effects for education students were insignificant or small. These findings suggest that the effect of the course was more powerful for social work students than for education students. This may be due to the fact that the social work curriculum is part of a well-defined training program. Students participate in a two-year practicum,

are very active in the community, take many courses in intervention techniques, and feel a strong need to reinforce their learning experience by developing their emotional skills. Education students, by contrast, choose this course as part of a general B.A. program (not leading to a B.Ed. or teaching certificate). They enjoy the experiential nature of the course, and the self-exploration, but are not strongly motivated to improve their professional skills. These findings support the results of other studies, which have shown a greater effect of EI interventions in graduate versus undergraduate students (Pau & Croucher, 2003); teachers versus pre-service teachers (Shoffner, 2009); and managers versus management students (Clarke, 2010; Lloyd-Walker & Turner, 2008).

Another possible explanation for the differential impact of the course in the present study is the fact that the education students chose the course as an elective, and were presumably highly motivated to study this topic, as opposed to the social work students, who were obligated to attend it. At the same time, those prospective healthcare providers who had lower EI scores appear to have benefited greatly from the experiential nature of the course, and the warm and supportive atmosphere that characterized the learning process. The type of course described in this study can also contribute to the emerging literature which suggests that strategies for teaching EI should differ depending on the objectives of the EI training, the participating population, and the general theoretical framework (Boyatzis & Saatioglu, 2008; McEnrue et al., 2010).

### Conclusions

Empirical research has produced evidence suggesting that emotional intelligence is important to the performance of health and education professionals; however, very little comprehensive research has been conducted on academic courses centered on EI for prospective healthcare providers and educators. The contribution of the present study lies in demonstrating that an academic course that utilizes experiential teaching modes (reflective journal writing, role playing, and problem solving, inter alia), that maintains a warm and supportive learning atmosphere, and that models self-acceptance and self-awareness, can play a role in developing emotional competencies among undergraduate social work and education students. The study also emphasizes the difference in effect and stability measures between the two faculties, suggesting that an academic course aimed at enhancing emotional intelligence should take into consideration the goals, participants and setting in which it is conducted in order to achieve the best results.

A key limitation of this study is that it evaluated the course's contribution in a quantitative manner rather

than assessing the learning process, thereby limiting the information gathered and the applicability to other programs. Although the sample of the present study was of a good size, the internal validity of the findings is somewhat limited due to the fact that other factors such as home, work, socioeconomic status, etc. were not controlled for, and that emotional intelligence was evaluated by one instrument only, meaning that the increased EI scores may not be attributable to participation in the class "Doing Psychotherapy."

Future research should address these limitations, and employ qualitative instruments to learn more about the development of emotional intelligence in mental-health and education professionals. It is hoped that the teaching strategies employed in this course will be the subject of further study to determine how they can be applied specifically in each discipline to yield the best results.

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Appendix  
Course Syllabus

Theme	Teaching Strategy	Assignment
<p><b>What is psychotherapy?</b> Introduction to the process and goals of psycho- therapy</p>	<p><u>Introduction:</u> Brief 20-minute lecture on the goals of psychotherapy. <u>Reflective:</u> Students are asked to list five things they think and feel about therapy, and to share their answers in small groups.</p>	<p><u>Reading:</u> Berman, E. (2001). Psychoanalysis and life. <i>Psychoanalytic Quarterly</i>, 70, 35-65.</p>
Identifying one's own emotional states	<p><u>Case study:</u> Students read 4 short vignettes regarding conflict situations, and are asked to express their thoughts and feelings in each situation. They share this information in groups of two, examining the differences in emotional perception.</p>	<p>Prepare a summary of the sharing, to be used in the following class. <u>Reading:</u> Cohen, Y. (2003). Psychotherapy: Art or craft? <i>Sichot</i>, 17(3), 283-290 (in Hebrew).</p>
Identifying one's own emotional states	<p><u>Group work:</u> Students share and analyze the information from last class, this time in groups of 6. They are asked to prepare short presentations on identifying emotions and emotional states (including a search for theoretical information).</p>	<p><u>Reading:</u> Beresford, P., Croft, S., &amp; Adshead, L. (2008). "We don't see her as a social worker": A service user case study of the importance of the social worker's relationship and humanity. <i>British Journal of Social Work</i>, 38(7), 1388-1407.</p>
Identifying one's own emotional states	<u>Presentations</u>	<p><b>Empathic listening -</b> <u>Reading:</u> Omer, H. (1997). Narrative empathy. <i>Psychotherapy: Theory/Research/Practice/Training</i>, 34(1), 19-27.</p>
Expression of emotions	<p><u>Role-playing:</u> Each group receives a short story to act out in class. Students from other classes are invited to join the group and express their thoughts and feelings about the situation in the short story, and about the actors. Discussion about the way people express their feelings.</p>	<p>Students prepare a short summary about how they felt in class and how they expressed these feelings.</p>
Identifying others' emotional states	<p><u>Reflective:</u> Students are shown a short film about an anorexic teenager. In small groups, they talk about their feeling towards the teenager, her family, teacher, and therapist, and try to identify their emotional states.</p>	<p><u>Reading:</u> Reupert, A. (2007). Social worker's use of self. <i>Clinical Social Work Journal</i>, 35(2), 107-116.</p>

Understanding emotions in oneself (why do I feel the way I do?).	<u>Reflective</u> : Students are shown part of the film again. They are requested to look at the feelings they had in the last class and try to understand why they felt the way they did towards each character in the film, followed by sharing in small groups.	<u>Reading</u> : Lum, W. (2002). The use of self of the therapist. <i>Contemporary Family Therapy</i> , 24(1), 181-197.
Regulation of emotions	<u>Lecture</u> : The relationship between thoughts and feelings.	<b>Difference between non-verbal sounds and verbal content in the helping encounter</b> <u>Reading</u> : Landau, M. (1996). Sounds and words in the therapeutic encounter. <i>Sichot 10</i> (2), 125-134 (in Hebrew).
Regulation of emotions	<u>Case study</u> : Students read 4 short vignettes regarding conflict situations, and are requested to identify their feelings and thoughts in each situation. Then they are asked to find ways to regulate their feelings by means of their thoughts. This information is shared in small groups and discussed with the entire class.	<u>Reading</u> : Duan, C., & Hill, C. E. (1996). The current stage of empathy research. <i>Journal of Counseling Psychology</i> , 43(3), 261-274.
Utilization of emotions	<u>Short film</u> on the fish market in Seattle. Class discussion about how we use our emotions in the relational context and in therapy.	<u>Reading</u> : Neumann, M., Bensing, J., Mercer, S., Ernstmann, N., Ommena, O., & Pfaff, H. (2009). Analyzing the “nature” and “specific effectiveness” of clinical empathy: A theoretical overview and contribution towards a theory-based research agenda. <i>Patient Education and Counseling</i> , 74, 339-346.
Utilization of emotions: What does it mean to be empathic?	<u>Lecture</u> : Describe what empathy is and what it is not. Discuss the emotional dimension of empathy and the five emotional competencies that make up this category. <u>In small groups</u> : Relate how empathy is critical to superior performance whenever the job focus is on people.	<u>Reading</u> : Mayer, J. D., Roberts, R. D., & Barsade, S. G. (2008). Human abilities: Emotional intelligence. <i>Annual Review of Psychology</i> , 59, 507-536.  Mayer, J. D., Salovey, P., & Caruso, D. R. (2000). Models of emotional intelligence. In R. J. Strenberg (Ed.), <i>Handbook of intelligence</i> (pp. 396-420). New York, NY: Cambridge University Press.

Theory: Emotional Intelligence	<u>Lecture:</u> Defining emotional intelligence and its key components, according to Mayer, & Salovey (1997).	<u>Reading:</u> Morrison, T., (2007). Emotional intelligence, emotion and social work: Context, characteristics, complications and contribution. <i>British Journal of Social Work</i> , 37(2), 245-263.
Theory: Emotional Intelligence and Social Work	<u>Small groups:</u> Work on Morrison's (2007) article, and class discussion.	<u>Reading:</u> Skinner, C., & Spurgeon, P. (2005). Valuing empathy and emotional intelligence in health leadership: A study of empathy, leadership behavior and outcome effectiveness. <i>Health Services Management Research</i> , 18, 1-12.
Theory: Emotional Intelligence and Social Work.	<u>Case study:</u> In groups of two, students are asked to analyze a case study, emphasizing their and others' emotional intelligence and trying to apply theory to course experience.	Students are expected to prepare a written reflection on the process they experienced in this course. <u>Reading:</u> Jaeger, A. J. (2003). Job competencies and the curriculum: An inquiry into emotional intelligence in graduate professional education. <i>Research in Higher Education</i> , 44, 615-639.
Summary	<u>Class discussion:</u> Can emotional intelligence be taught? How does it apply to social work and to me (the student) as a developing health professional?	<u>Final paper:</u> 1. Reflection: My class experience during this course. 2. Theoretical background: Emotional intelligence and empathy (based on readings). 3. Integration of personal experience with EI theory.