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Original Research

The Role of Reactive Coping on the Relationship Between Emotional Intelligence and Adolescent Psychological Adjustment

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Abstract

Background: This study examines the relationship between emotional intelligence (EI), coping, and two psychological adjustment indicators (Subjective Well-being/Perceived Stress) and the mediating role of coping on the relationship between EI and psychological adjustment. **Method**: 611 Spanish adolescents (14–18 years) were included in the study. **Results**: EI dimensions showed different patterns of association with coping and psychological adjustment. Emotional clarity and repair showed independent and positive associations with adaptive coping and negative with non-adaptive coping. They were also negatively related to Perceived Stress and positively to Subjective Well-being. Emotional attention was positively related to non-adaptive as well as to Socially supported coping. Likewise, it was positively associated with Perceived Stress and negatively with Subjective Well-being. Results of the indirect effects model highlighted two coping-related mechanisms through which the impact of EI on psychological adjustment is conveyed. **Conclusions**: Firstly, the pathway regarding a reduced use of maladaptive/dysfunctional coping strategies. Secondly, the search for Social support as an action mechanism of EI in adjustment. These data have meaningful implications, allowing the development of tailored programmes that tackle these mechanisms. Implementing preventive measures within adolescents' school environments to discourage Disengagement/Self-blame while promoting seeking Social support as a coping mechanism—particularly for those with heightened Emotional attention—can play a pivotal role in mitigating the rising prevalence of mental health disorders during adolescence.

Keywords: emotional intelligence; reactive coping; subjective well-being; perceived stress; adolescents

El Papel del Afrontamiento Reactivo en la Relación Entre Inteligencia Emocional y Ajuste Psicológico en la Adolescencia

Resumen

Antecedentes: Este estudio examina la relación entre la inteligencia emocional (IE), el afrontamiento y dos indicadores de ajuste psicológico (Bienestar Subjetivo/Estrés Percibido), así como el papel mediador del afrontamiento en la relación entre IE y ajuste psicológico. **Método**: Se incluyeron en el estudio 611 adolescentes españoles (14–18 años). **Resultados**: Las dimensiones de la IE mostraron diferentes patrones de asociación con las variables de afrontamiento y criterio. La Claridad emocional y la Reparación mostraron asociaciones independientes y positivas con el afrontamiento adaptativo y negativas con el no adaptativo. También se relacionaron negativamente con el Estrés Percibido y positivamente con el Bienestar Subjetivo. La Atención Emocional se asoció positivamente con el afrontamiento no adaptativo, así como con el Socialmente apoyado. De igual forma se relacionó positivamente con el Estrés Percibido y negativamente con el Bienestar Subjetivo. Los resultados del modelo de efectos indirectos pusieron de manifiesto la existencia de dos mecanismos relacionados con el afrontamiento a través de los cuales se transmite el impacto de la IE en el ajuste de los adolescentes. **Conclusiones**: En primer lugar, la vía relativa a un menor uso de estrategias de afrontamiento desadaptativas/disfuncionales. En segundo lugar, la búsqueda de Apoyo social como mecanismo de acción de la IE en el ajuste. Estos datos tienen implicaciones significativas, permitiendo el desarrollo de programas a medida que aborden estos mecanismos. La implementación de medidas preventivas en el entorno escolar de los adolescentes para desincentivar la Desvinculación/Autoculpabilización, al tiempo que se promueve la búsqueda de Apoyo social como mecanismo de afrontamiento—particularmente para aquellos con mayor Atención Emocional—puede desempeñar un papel fundamental en la mitigación de la creciente prevalencia de trastornos de salud mental durante la adolescencia.

Palabras Claves: inteligencia emocional; afrontamiento reactivo; bienestar subjetivo; estrés percibido; adolescentes

1. Introduction

The number of adolescents reporting poor mental health is increasing. Data report a significant increase in the prevalence of mental disorders such as anxiety and depression in this age group (Duffy et al, 2019; Klaufus et al, 2022). Although the coronavirus disease 2019 (COVID-19) pandemic has had a strong negative impact on adolescent mental health (Panchal et al, 2023), this trend of worsening mental health has been observed for some time before. In the 10 years before the pandemic, persistent feelings of sadness and hopelessness—as well as suicidal thoughts and behaviours—increased by about 40% among young people, according to the Centers for Disease Control and Prevention (CDC) report (Abrams, 2023). In this scenario, it is of particular importance to identify which personal factors can influence psychological adjustment, especially considering that adolescence is a period of transition and development characterised by multiple changes and demands whose ineffective management could impact the individual's psychological adjustment and affect their Well-being (Alderman et al, 2019; Cunsolo, 2017).

In this line, two constructs stand out as important variables among those studied as capable of influencing psychological adjustment outcomes: coping and emotional intelligence.

Coping has been defined as the cognitive and behavioural efforts made by people to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources (Carver and Connor-Smith, 2010; Lazarus and Folkman, 1984). Research results show that coping plays a key role in adolescents' psychological adjustment by influencing the management of stressors (Markova and Nikitskaya, 2017) and acting, accordingly, as a mediator and/or moderator of the effects that stress may have on current and future psychological adjustment (Compas et al, 2001). In particular, previous studies have shown that problem-focused coping is linked to better psychological adjustment (Compas et al, 2001; Seiffge-Krenke, 2011), whereas avoidance/Disengagement coping predicts increased psychological disorders and emotional distress (Cicognani, 2011; Herres, 2015; Markova and Nikitskaya, 2017; Seiffge-Krenke, 2011).

Building on these findings, research on the adolescent population has emphasised a model that categorises coping strategies into three general dimensions: Self-sufficient, socially supported, and disengaged coping (Frydenberg and Lewis, 1997; Frydenberg, 1997; Seiffge-Krenke, 2011). These dimensions provide a comprehensive framework for understanding coping and highlight their connection to another crucial factors in adolescent psychological adjustment: emotional intelligence. Emotional intelligence (EI) is broadly defined as an individual's knowledge and competencies to deal effectively with emotions to regulate their social and emotional behaviours (Petrides, 2010; Salovey and Mayer, 1990; Zeidner et al, 2008). The right balance of the skills included in the EI plays an adaptive and functional role in multiple life domains (Gómez-Baya and Mendoza, 2018). In adolescents, literature has shown EI's adaptive and functional role in psychological adjustment (Gómez-Baya and Mendoza, 2018; Salguero et al, 2012). It acts as a protective factor against the development of psychological maladjustment by reducing the experience and duration of negative emotions (Mayer and Salovey, 1997; Zeidner et al, 2009). Specifically, previous studies have revealed a negative relationship between EI and perceived stress (Jung et al, 2016; Urquijo et al, 2016; Villanueva et al, 2022; Zysberg et al, 2017) and positive with Subjective Well-being (Azpiazu et al, 2023; Llamas-Díaz et al, 2022; Tejada-Gallardo et al, 2022).

Previous research results have also suggested a relationship between EI and coping. Specifically, EI would (i) influence the selection and control of coping strategies during stressful situations (Matthews and Zeidner, 2000) and (ii) determine the efficacy of these strategies, amplifying the beneficial effects of active coping and minimising the effects of avoidant coping to reduce psychological disorders (Davis and Humphrey, 2012). Much scientific research has focused on testing and confirming these relationships. In this regard, the data reveal that high EI is associated with more adaptive and problem-focused coping (MacCann et al, 2011; Mikolajczak et al, 2008; Petrides et al, 2007), which leads them to experience positive emotions and, likewise, to the management of negative emotions, which ultimately favours the retention of a positive cognitive appraisal of life in general (Palmer et al, 2002).

The idea underlying the above is that a key mechanism of the influence of EI on psychological adjustment would be the use of more effective coping. That is, EI could favour the selection of adaptive strategies that would lead to better psychological adjustment. However, there is a lack of empirical research on the specific role of coping in the EI-psychological adjustment linkage. The few studies that have addressed this question reveal that the mechanism by which EI affects Well-being may be due to less frequent use of ineffective coping strategies rather than more frequent use of effective ones (Downey et al, 2010; MacCann et al, 2022). That is, it is not the adaptive coping strategies that people with high EI use but the maladaptive coping strategies they do not use (e.g., avoidant coping/non-productive coping strategies) that are related to their lower ill-being.

In light of the above, this study will try to expand on the previous findings given the significant knowledge gap, particularly in the adolescent population. To this end, the

present study will focus on two main objectives: (i) to examine the relationship between EI, coping, and two psychological adjustment indicators (Subjective Well-being and Perceived Stress); and (ii) to test the role of coping in the relationship between EI and psychological adjustment variables.

2. Method

2.1 Participants

The participants were 611 Spanish adolescents (303 females and 308 males) aged 14–18 years (M = 15.49, SD = 1.00). Of the students, 40.9% were in the 3rd year of secondary school, 32.9% in the 4th year of secondary school and 26.2% in the 1st year of baccalaureate.

2.2 Instruments

Trait Meta-Mood Scale (TMMS-24; Salovey et al, 1995; Spanish adaptation of Fernández-Berrocal et al, 1998) is a self-report questionnaire of emotional intelligence. It comprises 24 items whose responses are collected using a 5-point Likert scale. It evaluates the following emotional intelligence dimensions: attention, the ability to attend to feelings adequately; clarity, the ability to understand my feelings; and repair, the ability to regulate emotional moods. Cronbach's alpha values for the scales of this instrument in the current sample ranged from 0.83 to 0.89.

Brief Coping Orientation to Problems Experienced (Brief-COPE; Carver, 1997; Spanish version of Morán et al, 2010) is a self-report measure of coping strategies. It contains 28 items rated on a 4-point Likert scale. The low reliability of some coping scales has not always allowed their use as different scales and has led to considerable variability in the 'ad hoc' structures of the Brief-COPE in the literature (e.g., Baumstarck et al, 2017; Doron et al, 2014; Mate et al, 2016). Its use in the present work will follow the structure of 5 factors supported in a recent study on the adolescent population (Serrano et al, 2021). This structure maintains *Self-blame* and *Religion* as independent subscales, while supporting the grouping of the remaining strategies into three dimensions most commonly used in the adolescent population: (1) *Disengagement coping*, which includes denial, substance use, and behavioural Disengagement subscales; (2) *Self-sufficient coping*, which encompasses positive reframing, humour, acceptance, self-distraction, active coping, and planning subscales; (3) *Socially supported coping*, representing instrumental support, emotional support, and venting subscales. In the current sample, Cronbach's alpha values for the five factors were acceptable (α range 0.65–0.78).

Perceived Stress Scale (PSS, Cohen et al, 1983; Spanish version of Remor and Carrobles, 2001) is a self-reported instrument of 14 items rated on a 5-point Likert scale that assesses the degree of Perceived Stress in the last month. Cronbach's alpha value for this study was satisfactory (α = 0.79).

Subjective Happiness Scale (SHS, Lyubomirsky and Lepper, 1999; Spanish version of Extremera et al, 2009) is a self-report instrument of four items rated on a 7-point Likert scale. Two items ask respondents to describe themselves using absolute ratings and ratings relative to peers. In comparison, the other two items offer brief descriptions of happy and unhappy individuals and ask respondents about the extent to which each description describes them. This instrument showed an adequate Cronbach's alpha value in this study (α = 0.76).

2.3 Procedure

Several secondary schools in the Community of Valencia (Spain) were contacted by email to inform them about the study and request their participation. The questionnaires were administered in groups at those schools that approved the study. After providing written consent, adolescents completed a paper-and-pencil survey of approximately 45 minutes under the supervision of a research collaborator. The research received approval from the Ethics Committee of the University of Valencia (Registration Code: H1542116174900).

2.4 Data Analysis

Descriptive statistics were calculated to summarise the socio-demographic and psychological characteristics. The results of the multivariate analysis of variance (MANOVA) showed a significant main effect for sex, $\Lambda = 0.807$; $F(10, 600) = 14.31$; $p < 0.001$ (see Table 1). According to univariate analysis boys presented upper levels of Social support, Self-blame, Perceived Stress and Emotional attention but showed lower score on Emotional repair than girls.

Correlations were calculated among the variables of EI, coping strategies, Perceived Stress, and Subjective Well-being to check for a prior relationship between the target variables (see Table 2). Then, several structural equation models were calculated using latent variables. Thus, the corresponding items for each strategy (2 items) and Subjective Well-being (4 items) were used as indicators. At the same time, the latent variables of Emotional attention, clarity, repair, and Perceived Stress were defined from clusters of items, as there were no defined factors. All the items of the factor were distributed sequentially in three clusters, in each of which one third of the items were added together.

To test the effect of EI on Subjective Well-being and Perceived Stress and the role of coping strategies, Holmbeck's (1997) procedure for calculating indirect effects was used in conjunction with the bootstrapping technique, thus avoiding the problems of significance testing (Hayes, 2009). This strategy was complemented with the steps of Baron and Kenny (1986) to, despite its limitations, try to ensure a prior relationship between the variables under study and to have a complete picture of the relationship between the variables (MacKinnon, 2008).

Table 1. Descriptive statistics and MANOVA according to gender.

	α	Entire sample		Boys		Girls		F value
		M (SD)	Range	M (SD)	Range	M (SD)	Range	
Disengagement	0.68	3.36 (0.91)	2.00–7.00	3.36 (0.89)	2.00–6.00	3.37 (0.94)	2.00–7.00	0.016
Socially supported	0.78	17.07 (3.44)	6.00–24.00	18.21 (3.31)	7.00–24.00	15.95 (3.20)	6.00–24.00	7.85***
Self-sufficient	0.67	33.21 (4.35)	17.00–45.00	32.94 (4.36)	22.00–24.00	33.48 (4.34)	17.00–45.00	2.33
Self-blame	0.65	5.10 (1.59)	2.00–8.00	5.37 (1.54)	2.00–8.00	4.83 (1.61)	2.00–8.00	17.91***
Religion	0.76	2.97 (1.43)	2.00–8.00	2.93 (1.42)	2.00–8.00	3.01 (1.45)	2.00–8.00	0.47
Perceived stress	0.79	27.24 (7.18)	6.00–50.00	29.18 (7.42)	11.00–50.00	25.33 (6.39)	6.00–48.00	47.10***
Subjective Well-being	0.76	20.00 (4.40)	5.00–28.00	19.59 (4.43)	6.00–28.00	20.40 (4.33)	5.00–28.00	5.28
Emotional attention	0.89	24.45 (6.70)	8.00–40.00	26.22 (6.50)	8.00–40.00	22.72 (6.44)	8.00–40.00	44.61***
Emotional clarity	0.87	25.03 (6.19)	8.00–40.00	24.95 (6.58)	9.00–40.00	25.11 (5.80)	8.00–40.00	0.11
Emotional repair	0.83	26.56 (6.31)	11.00–40.00	25.92 (6.36)	11.00–40.00	27.19 (6.22)	12.00–40.00	6.24*

Note: α, Cronbach's alpha; M, mean; SD, standard deviation; EI, emotional intelligence; MANOVA, multivariate analysis of variance.
*$p \leq 0.05$; ***$p \leq 0.001$.

Table 2. Correlations between the variables assessed.

	EA	EC	ER	SWB	PS
Disengagement	0.094*	–0.100*	–0.143***	–0.218***	0.340***
Socially supported	0.401***	0.196***	0.058	0.096*	0.173***
Self-sufficient	0.169***	0.278***	0.480***	0.292***	–0.263***
Self-blame	0.161***	–0.091*	–0.143***	–0.240***	0.364***
Religion	0.114**	–0.038	0.005	–0.045	0.100*
Perceived Stress	0.248***	–0.342***	–0.394***	–0.507***	-
Subjective Well-being	0.021	0.347***	0.503***	-	-

Note: EA, emotional attention; EC, emotional clarity; ER, emotional regulation; SWB, Subjective Well-being; PS, Perceived Stress.
*$p \leq 0.05$; **$p \leq 0.01$; ***$p \leq 0.001$.

3000 Bootstrap samples were extracted from the original data (N $\leq$611) to calculate the interval of each of the indirect effects of EI on Perceived Stress and Subjective Well-being. Suppose zero does not fall between the resulting lower and upper bound confidence intervals of the bootstrapping method. In that case, the researcher can conclude that the indirect effect is not zero with 95% CI. In this regard, we tested whether the EI factors predicted Perceived Stress, Subjective Well-being or both (A→C, or direct effects model) and whether all coping factors predicted Perceived Stress, Subjective Well-being or both (B→C). The A→B model was also estimated, i.e., whether each EI factor predicted any or all of the coping strategies. Likewise, the indirect effects model (A→B→C) was estimated, where the direct effects (A→C) are restricted to zero and the coefficients of the relationships A→B and B→C are examined, taking into account that all these relationships should be significant in the directions noted. Finally, the fit of a mediating effects model (A→B→C, including the relationship A→C) is analysed. In this last step, we test whether the mediating model improves the fit with respect to the previous indirect model (the difference between the χ^2 statistics of the two models). If there is a full mediation effect, adding the relationship A→C will not improve model fit, and the significant relationship observed in the first step between A and C will be non-significant in the third step.

It is worth mentioning that in the model B→C, the Religion variable (as a coping strategy) showed no relationship with Subjective Well-being or Perceived Stress, so it was omitted from the analysis. Therefore, the latent variables with which the models were finally constructed were Emotional attention, clarity, and repair (group A); Disengagement, Self-sufficient, Socially supported, and Self-blame (group B); Perceived Stress and Subjective Well-being (group C). Finally, in a previous calculation, all independent latent variables in each model were related to each dependent latent variable. If any of these paths were not significant, the model was recalculated by removing the non-significant path.

3. Results

Tables 1,2 present descriptive statistics of the TMMS-24, Brief-COPE, SHS, and PSS, correlations and MANOVA analysis. Once the correlations were checked, successive structural equation models were calculated with EQS (Bentler and Wu, 2002). Due due to the deviation of the multiformity present in the data (normalised mardia

Table 3. Fit indices of the calculated models.

Model*	S-Bχ^2	df	S-Bχ^2/df	CFI	IFI	NNFI	RMSEA (95% CI)
Measurement	357.99	190	1.88	0.96	0.96	0.95	0.038 (0.032, 0.044)
A→C (1)	82.91	43	1.93	0.99	0.99	0.98	0.039 (0.026, 0.051)
B→C	201.36	101	1.99	0.95	0.96	0.94	0.040 (0.032, 0.048)
A→B	252.44	127	1.99	0.96	0.96	0.95	0.040 (0.033, 0.047)
A→B→C (2)	590.37	205	2.88	0.91	0.91	0.89	0.056 (0.050, 0.061)
A→B→C $_{(A\rightarrow C)}$ (3)	392.58	200	1.96	0.96	0.96	0.94	0.040 (0.034, 0.045)

* Steps of Holmbeck are showed in parenthesis.

Note: Model A→C includes the correlation between two Well-being items; Model B→C and successive models do not include religion in the group of variables B. It includes a correlation between two items in regulation and Socially supported; also two correlations for self-sufficiency; a correlation for Disengagement; Model A→ B includes the correlation within regulation and also Socially supported; two correlations in Self-sufficiency.

S-Bχ^2, Satorra-Bentler scaled chi-square; df, degrees of freedom; CFI, comparative adjustment index; IFI, incremental adjustment index; NNFI, non-normative adjustment index; RMSEA, root mean square error of approximation.

coefficient: 32.78), the estimation method used was the robust Maximum Likelihood method.

First, the measurement model was estimated to ensure the adequacy of the latent factors created. The fit of the measurement model was adequate and included a correlation between factors as well as between four pairs of errors (successive models incorporate such correlation between factors; see Table 3 for details).

The different models relating EI, coping and Subjective Well-being and Perceived Stress were then estimated. In the following paragraphs we will refer to Subjective Well-being and Perceived Stress as just Well-being and Stress.

A→C Model (Step 1 of Holmbeck). This model has a good fit, and all the relationships are significant, as seen in Table 4. The three EI dimensions (Emotional attention, clarity and repair) show significant associations with Well-being and Stress.

B→C Model. In this model, Disengagement is only positively related to stress and Socially supported coping to Well-being; Self-sufficient coping is positively related to Well-being and negatively to stress, while Self-blame shows the opposite pattern (negatively related to Well-being and positively to stress) (see Table 4).

A→B Model. In this model, Emotional attention is positively related to Disengagement, Social support, and Self-blame; Emotional clarity is positively related to social support and negatively related to Self-blame; finally, Emotional repair is negatively related to Disengagement and positively to Self-sufficiency (see Table 4).

A→B→C Model (Step 2 of Holmbeck) and A→B→C $_{(A\rightarrow C)}$ Model (Step 3 of Holmbeck). In the A→B→C Model, Emotional attention was a predictor of disengagement and Social support; Emotional clarity was related to Social support, while Emotional repair had significant relationships with Disengagement, self-sufficiency, and Self-blame. This model also found significant relationships between Well-being, Social support, and Self-blame. Stress was predicted by Disengagement and self-sufficiency.

Once the indirect effect model A→B→C$_{(A\rightarrow C)}$ was calculated, it was found that the difference between this model and A→B→C was significant ($\Delta\chi^2_5$ = 197.79). It is, therefore, necessary to maintain the direct paths that relate Emotional repair to both Well-being (0.674) and stress (–0.601), also the relationship between Emotional clarity and stress (–0.249) and, finally, the relationship between Emotional attention and Well-being (–0.168) and stress (0.381). Thus, the previous relationship between emotional clarity and Well-being disappears, and Emotional clarity indirectly affects Well-being through Social support (0.024). Emotional attention also has a significant indirect effect on Well-being through Social support (0.056). An indirect effect on Well-being and stress is found regarding Emotional repair. In the former, its effect is through Self-blame (0.040); for the latter, the indirect effect is through Disengagement (–0.129).

4. Discussion

This study examined the relationship among all the variables included, that is, the different direct effects or predictive models among EI, coping, and psychological adjustment, as well as the mediating role of coping on the relationship between EI, Subjective Well-being, and Perceived Stress in a sample of Spanish adolescents.

Consistent with previous studies, EI dimensions showed different patterns of association with coping and psychological adjustment. Emotional clarity and repair showed independent and positive associations with adaptive coping strategies and negative associations with non-adaptive coping strategies (Downey et al, 2010; MacCann et al, 2022; Macías-Espinoza et al, 2022). At the same time, they were negatively related to Perceived Stress and posi-

Table 4. Direct effects and indirect effects for the five models calculated.

Model (Holmbeck)	Dependent	Independent variables			
A→C (1)		Emotional attention	Emotional clarity	Emotional repair	
	Well-being	–0.118*	0.206***	0.549***	
	Stress	0.450***	–0.384***	–0.410***	
B→C		Disengagement	Self-sufficient	Socially supported	Self-blame
	Well-being	--	0.410***	0.192**	–0.418***
	Stress	0.305***	–0.320***	--	0.374***
A→B		Emotional attention	Emotional clarity	Emotional repair	
	Disengagement	0.200***	--	–0.358***	
	Self-sufficient	--	--	0.786***	
	Socially supported	0.387***	0.175***	--	
	Self-blame	0.241***	–0.288***	--	
A→B→C (2) and A→B→C $_{(A\rightarrow C)}$ (3)		Disengagement	Self-sufficient	Socially supported	Self-blame
	Well-being	--	--	0.186*** (0.459***)	–0.215*** (–0.571***)
	Stress	0.421*** (0.758)	0.221* (–0.097*)	--	--
		Emotional attention	Emotional clarity	Emotional repair	
	Disengagement	0.131*** (0.313***)	--	–0.304*** (–0.614***)	
	Self-sufficient	--	--	0.744*** (0.740***)	
	Socially supported	0.363*** (0.299***)	0.170*** (0.268***)	--	
	Self-blame	--	--	–0.193** (–0.342***)	
	Well-being	–0.168***	--	0.674***	
	Stress	0.381***	–0.249***	–0.601***	
	Indirect effects	Beta	Lower CI	Upper CI	B
	Stress←Disengagement←Attention	0.055	–0.001	0.119	0.055
	Well-being←Socially sup.←Attention	0.056	0.009	0.118	0.057
	Well-being←Socially sup.←Clarity	0.024	0.001	0.060	0.025
	Stress←Self-sufficient←Repair	0.193	–0.002	0.700	0.220
	Stress←Disengagement←Repair	–0.129	–0.248	–0.070	–0.146
	Well-being←Self-blame←Repair	0.040	0.011	0.077	0.039

Note: beta values of Step 2 of Holmbeck are showed in parenthesis.

*$p \leq 0.05$; **$p \leq 0.01$; ***$p \leq 0.001$.

tively to Subjective Well-being (Azpiazu et al, 2023; De la Barrera et al, 2023; Serrano and Andreu, 2016). On the other hand, because of the ruminant and negative thoughts that it involves (Martínez-Marín and Martínez, 2019), Emotional attention was positively associated with Perceived Stress (Veytia-López et al, 2019; Villanueva et al, 2017) and negatively with Subjective Well-being (De la Barrera et al, 2023; Fernández-Berrocal and Extremera, 2008; Guerra-Bustamante et al, 2019; Martínez-Marín and Martínez, 2019; Vergara et al, 2015). Finally, and also consistent with the literature (Moskowitz et al, 2009; Serrano et al, 2021; Sirois and Kitner, 2015), Self-sufficient and Socially supported coping showed relationships (positive with Well-being and negative with Perceived Stress) supporting their functional and adaptive nature, while Disengagement and Self-blame showed the opposite pattern (negative relationship with Well-being and positive with Perceived Stress), supporting their characterisation as maladaptive coping strategies (Garnefski et al, 2001, 2002, 2003; Massey et al, 2009; Panahi et al, 2016; Waugh et al, 2021).

Results also showed that Self-blame and Disengagement partially mediated the effect of Emotional repair on Well-being and Perceived Stress, respectively. Specifically, people high in Emotional repair use both coping strategies to a lesser extent, thereby favouring a better adjustment. These data are in line with those very few studies that have addressed the mediation effect of coping on the relationship between EI and adjustment, which have been focused on undergraduate psychology students aged between 17 to 51 (MacCann et al, 2022) and adolescents aged between 11 to 13 (Downey et al, 2010). The results obtained in these studies lead the authors to argue that what really explains the mechanism by which EI affects higher Well-being and lower ill-being is the less frequent use of maladaptive or ineffective coping. The lack of empirical support for Self-sufficient coping as a mediator should be noted.

In addition to the lower use of maladaptive coping strategies, our results also showed the relevant role of Socially supported coping in the relationship between EI and adjustment results. This coping strategy assumes the total effect of Emotional clarity and part of the influence of Emotional attention on Well-being, increasing it in both cases. These results underline the high functionality of this type of coping in the adolescent population. Not only is it the mechanism by which Emotional clarity seems to increase Well-being, but it was also able to reverse the direct negative association between Emotional attention and Well-being. Social support seeking promoted by Emotional attention did not decrease but increased adolescent Well-being. These results make perfect sense if we take into account that the search for Social support as a coping strategy would, in turn, involve, among others, factors such as emotional engagement, instrumental help, communication, etc., (Montes-Berges and Augusto, 2007), which would undoubtedly result in greater psychological adjustment.

Our results also support the different behaviour that tends to characterise the Emotional attention component compared to the other two EI components assessed (Fernández-Abascal and Martín-Díaz, 2015; Macías-Espinoza et al, 2022). Whether directly or indirectly related, Emotional clarity and repair are associated with higher Well-being and lower Stress. However, since high Emotional attention can lead to some rumination (Blasco-Belled et al, 2020; Guerra-Bustamante et al, 2019; Palomera et al, 2011), their direct relationship with Stress and Well-being is dysfunctional. Only when its influence is conveyed through Social support as a coping strategy, it favours an increase in Well-being.

In short, this study highlights the existence of two coping-related mechanisms through which the impact of EI on adolescent psychological adjustment is conveyed and which would allow the development of interventions to increase them. Firstly, the pathway suggested by other authors regarding a reduced use of maladaptive or dysfunctional coping strategies (Downey et al, 2010; MacCann et al, 2022) is supported. In this sense, although levels of Disengagement among participants were not high, levels of Self-blame were. It is possible that in the adolescent age range studied, reducing the use of this dysfunctional strategy should be a particular focus of attention. Secondly, the search for Social support emerges as an action mechanism of EI in adjustment. Although this variable was included in the study conducted by MacCann et al (2022) on undergraduate students, it did not show any mediating role. Differences in age between study participants may be a relevant factor to consider. Thus, it could be that while lower use of maladaptive coping strategies impacts high EI adjustment in a generalised way, the role played by functional coping strategies could be different according to life stage, as the use of different coping strategies evolves and changes with age (Diehl et al, 1996; Skinner and Zimmer-Gembeck, 2007). Searching for Social support may be a strategy still developing in adolescence when the subject establishes peer relationships. Its use seems to increase with age, especially in late adolescence and early adulthood (Amirkhan and Auyeung, 2007). Future studies could explore the mediating role of different coping strategies in the relationship between EI and Well-being, and also according to age.

As with coping skills, the ability to manage and control emotions, adapt to change and solve personal and interpersonal problems also tends to improve with age (Bar-On, 2006; Sharma, 2017). In addition to the possibility of accelerating their development in earlier stages of life characterised by multiple changes and demands, such as adolescence, the results obtained allow us to broaden the focus of such interventions to some of the coping strategies used by the adolescent. This is an interesting finding, given the evidence suggesting that coping may be a moderator that

increases or decreases the likelihood of developing mental health problems in response to a stressor (Cheng et al, 2022; Compas et al, 2005). Preventive interventions in the adolescent's school environment aimed at discouraging the use of Disengagement and Self-blame while encouraging the search for Social support as a coping strategy (especially in those subjects with high Emotional attention) can be key elements in the attempt to alleviate the increase in the prevalence of mental disorders such as anxiety and depression in this age group (Duffy et al, 2019; Klaufus et al, 2022).

To our knowledge, this is the first study that has assessed the mediating role of coping in the relationship between EI and adjustment in a large sample of adolescents. In addition, the model used to explore coping (Serrano et al, 2021) is based on a long tradition of studies about coping distinctions and groupings as well as corresponds closely to the model emphasised by research on the adolescent population (Frydenberg and Lewis, 1997; Frydenberg, 1997; Seiffge-Krenke, 2011). Such a model increases the results' relevance, applicability, and comparability. Nevertheless, some limitations should be noted, such as the assessment only by self-report measures and the transversal nature of the study design. Further longitudinal studies that use a sequential temporal evaluation of the variables should be performed to demonstrate a causal relation between EI and Perception of Stress and Subjective Well-being through coping. Likewise, although the sample size was large, it was limited to a specific population of adolescents aged between 14 and 18. As noted above, perhaps some coping strategies, such as the search for Social support, are particularly relevant only in this sub-population, and at younger and older ages, other coping strategies may come into play. Future research should explore whether these results can be replicated in different contexts and ages in an attempt to gain a broader understanding as to the stability of the mediating role of coping between EI and Perceived Stress and Well-being, that is, to obtain a general landscape about the direct and indirect effects of EI on psychological adjustment at different stages of life.

Despite these limitations, this study constitutes a step forward in understanding the mechanisms by which EI impacts the psychological adjustment of adolescents. The data obtained have meaningful, practical implications, allowing the development of tailored programmes that tackle the mechanisms by which EI influences Perceived Stress and Subjective Well-being of adolescents, ensuring a good psychological adjustment in such a challenging stage as adolescence.

5. Conclusions

The data from this study support two mechanisms of action of EI in adolescent adjustment via coping: (1) less use of maladaptive/dysfunctional coping strategies and (2) greater use of Social support seeking. These findings are relevant for the implementation of preventive intervention programmes in the school environment of adolescents aimed at discouraging Disengagement/Self-blame, while promoting the search for Social support as a coping mechanism, particularly for those with greater emotional attention.

Availability of Data and Materials

The data supporting this study's findings are available from the corresponding author upon reasonable request.

Author Contributions

BGJ: Leadership of the article writing process and active participation in the research project. BGJ, SM, YA, CS, CP, and ASR contributed to conceptualization, methodology, fieldwork and data collection, data curation, and literature review. All authors participated in writing the original draft and in reviewing and editing the manuscript, approved the final version, and accept responsibility for all aspects of the work.

Ethics Approval and Consent to Participate

The study was carried out in accordance with the guidelines of the Declaration of Helsinki, and the protocol was approved by the Ethics Committee of the University of Valencia (approval number: H1542116174900). After providing written consent, adolescents completed a paper-and-pencil survey of approximately 45 minutes under the supervision of a research collaborator.

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Conflict of Interest

The authors declare no conflict of interest.

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