For many years, Attention-Deficit/Hyperactivity Disorder (ADHD) has been studied in children. Children with ADHD may have trouble paying attention in class, may fidget when required to sit for long periods of time, and may have a hard time waiting their turn (Diagnostic and Statistical Manual of Mental Disorders, 4th ed. [DSM-IV]; American Psychiatric Association [APA], 1994; Koyama, Tachimori, Osada, Kurita, 2006; Maniadaki, Sonuga-Barke, Kakouros, & Karaba, 2007). Only recently has research begun to focus on ADHD found in adults. Much of this research indicates that the symptoms of ADHD can be found in adults as well as in children. For example, Young (2000) has found that about 0.5% to 1% of young adults have continuing symptoms from childhood ADHD. Another estimate given by Weiss and Murray (2003) suggests that anywhere from 2%-6% of adults suffer from ADHD. In a self-report study done on university students, 2.9% of men from the United States and 3.9% of women reported symptoms of ADHD that would classify them as having ADHD (DuPaul et al., 2001).

The symptoms included in a diagnosis of ADHD for adults consist of behaviors that may not be as extreme as the behaviors found in childhood ADHD. This is apparent in the Diagnostic and Statistical Manual of Mental Disorders (APA, 1994) which states that ADHD symptoms are usually at their most prominent stage in elementary school. Also according to the DSM-IV, ADHD in adults can cause a person to miss details and make mistakes, and ADHD can cause adults to perform messy work that may never be completed. Adults with ADHD also may show symptoms of hyperactivity and impulsivity (e.g., restlessness) in situations that require a person to be still, and then may show impatience and an inability to wait (APA, 1994).

In order to be diagnosed with ADHD, a person must meet at least six of the nine DSM-IV criteria in either the inattention category or the hyperactivity-impulsivity category, or six of the nine criteria in both categories. Included in the inattention category are symptoms such as not paying attention to details, not finishing tasks, being unorganized, and getting distracted easily. With these symptoms present, a person would be labeled as having attention-deficit/hyperactivity disorder, predominantly inattentive type. A second type, called attention-deficit/hyperactivity disorder, predominantly hyperactive-impulsive type,
Young (2000) found similar information in many studies following the law than those without ADHD. Jackson and Farrugia also found that adults with ADHD tend to be overly aggressive and tend to have a harder time following the law than those without ADHD. Drugs is that adults with ADHD want to find some way to cope with the symptoms and the effect those symptoms have on their lives (Jackson & Farrugia, 1997). Jackson and Farrugia also found that adults with ADHD tend to be overly aggressive and tend to have a harder time following the law than those without ADHD. Young (2000) found similar information in many studies that supported the evidence of children with ADHD facing serious problems of behavior, emotion, and relationships in adulthood. ADHD was found to increase the likelihood of criminal activity in adulthood and to increase the likelihood of alcohol abuse. Depression and anxiety were also found at higher rates in people with ADHD, and more suicide attempts were made by hyperactive adults (Young 2000).

Peer relationships have also shown to be a problem in those identified as having ADHD (Young, 2000). The DSM-IV recognizes that children with ADHD experience peer rejection and social adjustment problems (APA, 1994). Many studies show that interpersonal relationships are still affected as ADHD continues into adulthood. Canu and Carlson did a study (as cited in Weyant & DuPaul, 2006) revealing that men with ADHD, predominantly inattentive type, showed heterosexual impairment and were more likely to face rejection from females than males without ADHD, predominantly inattentive type. Shaw-Zirt, Popali-Lehane, Chaplin, and Bergman (2005) discovered that participants of their study who had ADHD reported fewer social skills than their peers. Problems with attention that people with ADHD face seem to carry over into their relationships, and emotional incompetence could be a reason for this, though it has not been studied in adults (Rapport, Friedman, Tzelepis, & Van Voorhis, 2002). The affects of ADHD on adults can be very serious, and there are many ways to evaluate the symptoms and types of ADHD in order to control those affects.

ADHD is often assessed in adults using self-report methods. The Conners’ Adult ADHD Rating Scale (CAARS) is an adult self-report method that consists of 18 items that correspond with the 18 diagnostic criteria listed in the DSM-IV (Reimherr et al., 2005). Each item is rated on a 4-point scale and measures the inattention, hyperactivity, and impulsivity subscales of adult ADHD. The SNAP-IV is a revision of the Swanson, Nolan, and Pelham Questionnaire (Swanson et al., 2001) and is a second self-report method commonly used in assessing ADHD in adults. The SNAP-IV includes questions on ADHD symptoms and questions on Oppositional Defiant Disorder (ODD) symptoms (Swanson et al., 2001). Each question is based off DSM-IV criteria. The SNAP-IV has been used in multiple studies measuring ADHD and ODD in participants (MTA Cooperative Group, 2003; Swanson et al., 2001), showing its reliability and validity in measuring symptoms of ADHD and ODD. A third self-report instrument that is commonly used to assess adult ADHD is the Adult ADHD Self-Report Scale (ASRS; Kessler et al., 2005). The ASRS contains questions based on DSM-IV criteria and consists of
Emotional Intelligence in Adults With ADHD

Emotional intelligence has been defined by Salovey and Mayer as the ability to evaluate and express emotions in one’s self and others, and the ability to use this information to motivate one’s thoughts and actions. These three aspects of emotional intelligence combine to provide a way for people to interact successfully with others and to form and maintain proper social relationships with others. Those with a high level of emotional intelligence tend to be highly aware of personal feelings and feelings of others, which may add to the overall well-being of a person (Mayer & Salovey, 1993). Several researchers have studied the effects of emotional intelligence on mental health. Mayer and Stevens (1994) researched information on the emotionally intelligent person who is very proficient at understanding and handling his or her feelings. These emotionally open individuals are thought to be healthy in their personalities by showing an ability to work well with others and communicate openly. Monsen, Eilertsen, Melgard, and Odegard (1996) state that a person with high emotional awareness should have good mental health, allowing intimacy and closeness with others, allowing control over his or her social life, and allowing for motivation to achieve goals. In people with personality disorders, long-term therapy addressing affect consciousness helped considerably in treatment of the disorders (Monsen, Odland, Faugli, Daae, & Eilertsen, 1995).

In another study, emotional intelligence is identified as the point where the cognitive system and the emotional system meet (Mayer & Salovey, 1995). When children are young, the two systems seem to be separate, but as a person grows and matures, the systems seem to combine to form something complex. The emotional intelligence of an individual also affects that person’s ability to solve problems (Mayer & Geher, 1996). In order to understand and solve emotional problems, a person must first be able to recognize and process emotional information, which is a basic aspect of a person’s emotional well-being (Mayer & Geher, 1996).

Recently, researchers have begun studying the important role emotional intelligence plays in people’s lives. Salovey and Mayer (1990) researched the effect of emotional intelligence on the well-being of individuals. They concluded that people with high emotional intelligence are aware of their own feelings and the feelings of those around them, and they are able to label and communicate both positive and negative aspects of internal experiences. Salovey and Mayer also stated that those with high emotional intelligence are pleasant to be around and make others feel better. Emotional intelligence can help people regulate emotions in order to achieve goals, and it can help a person to focus on what is best in the long run rather than letting emotions control what happens in the present. Monsen and Monsen (1999) state...
that emotions are a main aspect to organizing self-experience, and emotions influence the formation and maintenance of organizing principles. Emotional intelligence has also been credited for preventing emotional dissonance and ethical role conflict in a person’s life (Abraham, 1999).

Levine, Marziali, and Hood (1997) researched emotional processing in patients with borderline personality disorder (BPD). Patients with BPD were less able to recognize, differentiate, and integrate emotions than those without BPD, and patients with BPD had more intense negative emotions. Western (as cited in Levine et al., 1997) said that dysregulation of emotions underlies most of the diagnostic criteria for BPD. Salovey and Mayer (1990) also found issues faced by those with low levels of emotional intelligence: an inability to regulate emotions properly may lead to becoming enslaved to emotions, an inability to recognize emotions in others may make others feel bad and lead to isolation of the one with low emotional intelligence, and an inability of recognition of emotion in one’s self may lead to a life that is not emotionally fulfilling, leading to depression or even suicide.

To measure emotional intelligence, Salovey, Mayer, and their colleagues developed two self-report instruments. The State Meta-Mood Scale (SMMS; Mayer & Stevens, 1994) measures an individual’s state of mood at a given time. The Trait Meta-Mood Scale (TMMS; Salovey et al., 1995) is used to measure an individual’s lasting qualities of mood and the consistent individual differences in the way people pay attention to emotions, the amount of clarity people have between emotions, and the way people regulate emotions. Mayer and Gaschke (as cited in Salovey et al., 1995) defined meta-mood experience as the continuous process of regulating, evaluating, monitoring, and thinking about feelings. A different self-report method of emotional intelligence is the Multidimensional Emotional Awareness Questionnaire (MEAQ), which consists of 20 questions and measures three aspects of emotional awareness (Leible & Snell, 2004). The three aspects of emotional awareness that are measured include private emotional attention (the tendency to pay attention to one’s own emotions), private emotional preoccupation and rumination (the tendency to think about and meditate on one’s own emotions), and public emotional monitoring (the tendency to notice and be concerned with other’s reactions of one’s own emotions; Leible & Snell, 2004).

**Summary**

Some individuals with psychological disorders are found to have impairments in emotional intelligence (Levine et al., 1997; Salovey et al., 1995). There has been no previous research on the disorders of ADHD and ODD that shows a direct relationship with emotional intelligence, but the purpose of the present study was to determine if emotional intelligence in young adult college students would be associated with ADHD and ODD. Adult ADHD was measured using the ASRS (Kessler et al., 2005) and the SNAP-IV (Swanson et al., 2001) self-report scales. The ASRS contains 18 questions measuring two aspects of adult ADHD (inattentiveness and hyperactivity-impulsivity) (Kessler et al., 2005). The SNAP-IV is comprised of 100 questions, including questions on the inattentiveness and hyperactivity-impulsivity aspects of ADHD, and questions measuring ODD in individuals (Swanson et al., 2001). Emotional intelligence was measured using both the TMMS (Salovey et al., 1995) and the MEAQ (Leible & Snell, 2004) self-report scales. The TMMS measures three facets of emotional intelligence: a person’s ability to pay attention to emotions, a person’s ability to experience clarity of emotions, and a person’s ability to regulate emotions (Salovey et al., 1995). The MEAQ measures three other aspects of emotional awareness: private emotional attention, private emotional preoccupation and rumination, and public emotional monitoring (Leible & Snell, 2004).

**Hypotheses**

It was predicted that university students with adult ADHD would report lower scores on the measures of emotional intelligence. The particular aspects of emotional intelligence that were anticipated to characterize college students with adult ADHD were emotional clarity and emotional repair. More specifically, the inattentiveness subscale of the ASRS was predicted to be negatively correlated with the emotional clarity subscale of the TMMS. Also, the hyper-activity-impulsivity subscale of the ASRS was predicted to be negatively correlated with the emotional repair subscale of the TMMS. This prediction was based on previous research by Rapport et al. (2002), who found that adults with ADHD did not recognize emotions in others as well as adults without ADHD. In another study by Casey (as cited in Rapport et al., 2002), affect recognition was reported to be more difficult for children with ADHD than for children without ADHD. The emotional clarity subscale of the TMMS addresses the awareness of a person’s feelings and the ability to differentiate between feelings (Salovey et al., 1995), and thus it was expected to be negatively correlated with adult ADHD inattentiveness. In one study conducted by Reimherr et al. (2005), researchers examined the prevalence of emotional dysregulation in adults with ADHD. They found that emotional dysregulation was fairly prevalent in adults with ADHD, and especially in
adults with ADHD hyperactive-impulsiveness. The TMMS subscale of emotional repair may also be conceptualized as involving emotional regulation in that it addresses people’s ability to control their moods and emotions (Salovey et al., 1995), and thus emotional repair was expected to be negatively correlated with adult ADHD hyperactivity-impulsivity.

Method

Participants

The participants in the present research came from a sample drawn from several lower division psychology courses at a small Midwestern university. The sample consisted of 87 participants (39 males and 48 females) who were assessed during the spring of 2007. The participants volunteered to participate in the research projects as one way to partially fulfill requirements in their course. About 80% of the sample (n = 69) were lower-division students, and the others were juniors (n = 11), seniors (n = 6), or some other academic status (n = 1). About 90% of the sample (n = 79) reported that they had never been married, and the others were either currently in their first marriage (n = 5), divorced (n = 2), or else remarried (n = 1). Roughly 71% of the sample (n = 62) were 16 to 20 years of age, and the others were older (n = 25). About 87% (n = 76) reported being European American, about 8% (n = 7) reported being African-American, about 2% (n = 2) reported being Hispanic American, and the others (n = 2) were some other ethnicity.

Measures

Demographics. Twelve questions were included in the survey, designed to measure the following demographics: age, academic class, gender, marital status, number of children, income, and ethnic heritage. Questions were also included to determine the participant’s current relationship status, as well as to determine if the participants believed they were in love at the time of the survey and if they had ever been to a therapist concerning love. Participants were also asked to gauge their maturity level and to indicate if they were currently engaged in an exclusive dating relationship. The participants also responded to four romantic relationship questions: (1) What type of relationship are you currently involved in? [none (1) vs. cohabiting/married (5)]; (2) Are you in love now? [yes (1) vs. no (2)]; (3) Have you ever seen a therapist about relationship issues/problems? [yes (1) vs. no (2)]; and (4) Are you currently dating someone exclusively? [yes (1) vs. no (2)].

ASRS measure of adult ADHD. The Adult ADHD Self-Report Scale (ASRS; Kessler et al., 2005) was designed to assess the inattentiveness and hyperactivity-impulsivity characteristics of adult ADHD. Eighteen questions were generated about ADHD symptoms commonly exhibited by adults, and these questions were then overlapped with the 18 DSM-IV Criterion A symptoms (Kessler et al., 2005). Nine of the eighteen questions reflect inattentiveness symptoms, and the remaining half of the questions reflects hyperactivity-impulsivity symptoms (Kessler et al., 2005). In responding to the ASRS measure of adult ADHD, the participants were asked to indicate how much each statement characterized them over the past 6 months, using a 5-point Likert scale with each item being scored from 0 to 4: never (0), rarely (1), sometimes (2), often (3), very often (4). Subscale scores were calculated by summing the item scores within the domains of inattentiveness (I) and hyperactivity-impulsivity (HI). Higher scores corresponded to greater inattentiveness (I) and/or hyperactivity/impulsivity (HI). There is evidence for the reliability and validity of the ASRS (e.g., Kessler et al., 2005).

SNAP-IV measure of adult ADHD and adult ODD. The Swanson Nolan and Pelham-IV (SNAP-IV; Swanson et al., 2001) was designed to measure both ADHD and ODD in adult participants. More specifically, the SNAP-IV is designed to measure inattention, hyperactivity/impulsivity, and opposition/defiance characteristics in respondents. The questionnaire consists of 26 multiple choice questions pertaining to symptoms associated with ADHD and ODD. The responses were to be marked on a 4-point Likert scale based on severity described by the participant: (0) not at all; (1) just a little; (2) quite a bit; or (3) very much. Higher scores corresponded to greater ADHD or ODD symptoms. The reliability and validity of the SNAP-IV was cited by March et al. (2000) who stated that the SNAP-IV showed excellent construct validity and test-retest reliability in ADHD samples. Evidence has also been provided for the reliability and validity of the SNAP-IV measure of ODD (MTA Cooperative Group, 1999; Swanson, et al., 2001).

Multidimensional Emotional Awareness Questionnaire. The Multidimensional Emotional Awareness Questionnaire (MEAQ; Snell, 1999) consists of 20 items designed to measure 3 aspects of emotional awareness: (a) private emotional attention (defined as the dispositional tendency to pay attention to, to be concerned with, and to be aware of one’s internal and privately felt emotional experiences), (b) private emotional preoccupation and rumination (defined as the dispositional tendency to be preoccupied with and to ruminate about one’s internal and privately felt emotional experiences), and (c) public emotional monitoring (defined as the dispositional tendency to pay attention to, to be concerned with,
and to be aware of public reactions to one’s privately felt emotional experiences). The research participants were asked to respond to the MEAQ statements based on how much each statement characterized them using a 5-point Likert scale with each item being scored from 0 to 4: (0) not at all characteristic of me; (1) slightly characteristic of me; (2) somewhat characteristic of me; (3) moderately characteristic of me; and (4) very characteristic of me. Higher scores corresponded to greater emotional consciousness and emotional monitoring, respectively. Evidence for reliability and validity for the Multidimensional Emotional Awareness Questionnaire was provided by Snell (1999) and Leible and Snell (2004).

**Trait Meta-Mood Scale.** The Trait Meta-Mood Scale (TMMS; Salovey et al., 1995) is an objective self-report instrument designed to measure several aspects of emotional intelligence. The scale is divided into 3 primary item domains: the degree of attention devoted to feelings, clarity of the experience of those feelings, and the regulation of those feelings. Items in each domain are divided into half worded positively and half worded negatively. Attention items were scored based on the highest positive loaded item (e.g., “I pay a substantial amount of attention to how I feel.”) and the highest negative loaded item (e.g., “I do not pay a substantial amount of attention to my feelings.”). Items on clarity of feeling were scored based on the highest positive loaded item (e.g., “Most of the time I am very clear about my feelings.”) and the highest negative loaded item (e.g., “I do not understand my feelings.”). Finally, regulating items (mood repair) were scored based on the highest positive loaded item (e.g., “Even though I am sometimes sad, I am mostly optimistic.”) and the highest negative loaded item (e.g., “Even though sometimes I am happy, I am mostly pes-

### TABLE 1

Correlations Between the Measures of Adult ADHD/ODD and both the Multidimensional Emotional Awareness Questionnaire (MEAQ) and the Trait Meta-Mood Scale (TMMS) Among University Students

<table>
<thead>
<tr>
<th>Adult ADHD and ODD</th>
<th>MEAQ</th>
<th>TMMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PEA</td>
<td>PEP</td>
</tr>
<tr>
<td><strong>ASRS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inattention (I)</td>
<td>-.04</td>
<td>.11</td>
</tr>
<tr>
<td>Hyperactivity/Impulsiveness (HI)</td>
<td>-.10</td>
<td>.10</td>
</tr>
<tr>
<td>Total (I &amp; HI)</td>
<td>-.09</td>
<td>.12</td>
</tr>
<tr>
<td><strong>SNAP-IV:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inattention (I)</td>
<td>-.17</td>
<td>-.10</td>
</tr>
<tr>
<td>Hyperactivity/Impulsiveness (HI)</td>
<td>-.19</td>
<td>-.06</td>
</tr>
<tr>
<td>Total (I &amp; HI)</td>
<td>-.21</td>
<td>-.09</td>
</tr>
<tr>
<td><strong>SNAP-IV:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ODD</td>
<td>-.20</td>
<td>-.08</td>
</tr>
</tbody>
</table>

Note. N = 87. PEA = private emotional awareness. PEP = private emotional preoccupation/rumination. PEM = private emotional monitoring. EC = emotional clarity. EA = emotional attention. ER = emotional repair. ODD = oppositional defiant disorder. Higher scores on the measures of adult ADHD correspond to greater amounts of the symptoms associated with each instrument. Higher ODD scores correspond to greater symptomatology associated with operational defiant disorder. Higher MEAQ scores correspond to greater private emotional consciousness (PEC), private emotional preoccupation (PEP), and public emotional monitoring (PEM), respectively. Higher TMMS scores correspond to greater emotional clarity (EC), emotional attention (EA), and emotional regulation and repair (ER), respectively.

\(^{1}p < .10. ^{2}p < .05. ^{3}p < .01. ^{4}p < .005. ^{5}p < .001.\)
Participants responded to randomly ordered items along a 5-point scale anchored by 1 = strongly disagree and 5 = strongly agree. Mayer and Gaschke (1988) used Cronbach’s coefficient alpha to evaluate internal consistency in all three scales. The results were attention = .86; clarity = .87; and repair = .82. Intercorrelations among the three subscales were basically insignificant except for the correlation of .44 between clarity and repair.

**Procedure**

When the participants arrived at the testing room, the purpose of the study was briefly described to them and they were asked to read and sign an informed consent form. They were guaranteed complete anonymity and were assured that their responses would be kept in complete confidentiality. All participants who entered the experiment agreed to participate. Each participant then received a questionnaire booklet containing the various measures. The presentation order was as shown above. Following the completion of the measures, the participants received a written debriefing form that explained the purpose of the study. The completion of the questionnaire booklet required approximately 30 to 45 minutes. Small groups of up to 20 participants were tested during each session of the 8 separate sessions.

**Results**

The correlations between the measures of adult ADHD and ODD and the measures of emotional intelligence are presented in Table 1.

**Results for ASRS Measure of Adult ADHD**

An inspection of Table 1 indicates that there was a negative correlation between ADHD hyperactivity/impulsivity and both emotional clarity ($r = -.28, p < .01$) and emotional repair ($r = -.23, p < .04$). There was also a negative correlation between ADHD inattentiveness and both emotional clarity ($r = .28, p < .01$) and emotional repair ($r = -.25, p < .02$). Finally, a negative correlation was found between the total ASRS score and both emotional clarity ($r = -.32, p < .01$) and emotional repair ($r = -.27, p < .02$). These results support the predictions stated previously between the relationship of hyperactivity/impulsivity and emotional repair, and between the relationship of inattentiveness and emotional clarity; furthermore, the results indicate that more relationships are present than expected.

**Results for SNAP-IV Measure of Adult ADHD**

An inspection of Table 1 indicates that the ADHD measure of inattentiveness was found to be negatively correlated with emotional clarity ($r = -.25, p < .02$), emotional repair ($r = -.38, p < .001$), and emotional attention ($r = -.23, p < .04$). Negative correlations were also found to exist between ADHD hyperactivity/impulsivity and both the emotional repair ($r = -.33, p < .01$) and the emotional attention ($r = -.23, p < .04$) subscales of the TMMS. The overall ADHD score was also found to be negatively correlated with emotional clarity ($r = -.25, p < .02$), emotional repair ($r = -.39, p < .001$), and emotional attention ($r = -.27, p < .02$). These results support the previously made predictions of relationships and also indicate that other unpredicted relationships are present between the overall scores of ADHD and the overall scores of emotional intelligence.

**Results for SNAP-IV Measure of Adult ODD**

An inspection of Table 1 indicates that the SNAP-IV measure of ODD was found to be negatively correlated with emotional repair ($r = -.24, p < .001$) as well as with emotional attention ($r = -.33, p < .01$). As ODD symptoms are found to be positively correlated with symptoms of ADHD, these results support the relationships predicted between ADHD/ODD and emotional intelligence.

**Discussion**

The present study focused on the symptoms of attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) in young adult college students; more specifically, this research examined the relationship between ADHD and emotional intelligence in young adults. It was predicted that the inattentiveness aspect of ADHD would be inversely related to the emotional clarity facet of emotional intelligence. It was also predicted that the hyperactivity-impulsivity aspect of ADHD would be similarly related in an inverse fashion to the emotional repair facet of emotional intelligence. The research findings provided support for both of these predictions, indicating that ADHD inattentiveness predicted emotional clarity and that ADHD hyperactivity-impulsivity predicted emotional repair. Thus, the results of the present investigation showed that young adults who have symptoms of ADHD inattentiveness and hyperactivity, respectively, were more likely to report less emotional clarity and less emotional repair than young adults without symptoms of ADHD.

Several unexpected findings were also revealed in the present research study. Some of the subscales on the ASRS (Kessler et al., 2005) and the TMMS (Salovey et al., 1995) were found to be indirectly associated. In particular, ADHD inattentiveness was found to be inversely associated with emotional repair and ADHD.
hated with emotional clarity. Several other unanticipated findings were associated with the SNAP-IV (Swanson et al., 2001): (a) the SNAP-IV measure of ADHD inattentiveness was found to be inversely related to the TMMS measures of emotional clarity, emotional repair, and emotional attention; (b) the SNAP-IV measure of ADHD hyperactivity-impulsivity was found to be inversely related to the TMMS measures of both emotional repair and emotional attention; and (c) the SNAP-IV measure of ODD was found to be inversely related to the TMMS measures of emotional repair and emotional attention. These findings may have occurred because when people lack a relatively clear sense of their feelings and emotions, they may not be able to properly regulate those feelings and emotions. Moreover, without the ability to identify their emotional problems (i.e., those adults with ADHD), such individuals would probably be unable to repair (to regulate and moderate the intensity of their emotional states) their emotional problems. Emotional repair and emotional clarity are both facets that work together to comprise people’s overall emotional intelligence (Salovey et al., 1995).

A third facet of emotional intelligence involves emotional attention, and the present results revealed that the SNAP-IV measure of ADHD inattentiveness was inversely associated with the TMMS measure of emotional attention, which demonstrates even more how the three subscales of emotional intelligence are interrelated. Finally, some unexpected findings were associated with the SNAP-IV measure of ODD: The SNAP-IV measure of ODD was inversely associated with the TMMS measures of emotional repair and emotional attention. The SNAP-IV results for ODD support the growing evidence of a comorbidity between ADHD and ODD (APA, 1994), demonstrating the similarities between the effects of ODD on emotional intelligence and the effects of ADHD on emotional intelligence.

The results of the present study were consistent with results from previous studies, including a study by Rapport et al. (2002) which revealed that adults with ADHD showed less accuracy at recognizing and identifying others’ emotions than adults without ADHD. A second study also confirmed that people with ADHD have a difficult time understanding others’ emotions from their facial expressions (Wasted lives – missed opportunities, n.d.). In the present study, a deficit in emotional clarity was found to characterize adults with symptoms of ADHD, which is consistent with the previous studies that have similarly found a deficit in emotional clarity among adults with ADHD. Although further research is necessary in this area to clarify the nature of the parallels between the previous results and the results from the current study, it may be possible that the lack of a clear understanding of one’s own emotions may be similarly related to the lack of a clear understanding of other people’s emotions as well. The study by Rapport also revealed that emotions seem to be experienced more intensely by adults with ADHD, relative to adults without ADHD. The present study revealed a diminished ability of young adults with ADHD symptoms to regulate and repair their own negative emotional states, which would result in a more intense and uncontrolled experience of those emotions. Another study by Jensen and Rosen (2004) focused on children with ADHD who showed higher levels of emotional reactivity than children without ADHD, which also demonstrates the diminished ability of people with ADHD to regulate and repair emotions.

Several important implications are associated with the present research findings. Given the results of the present research, it is apparent that emotional intelligence and ADHD inversely relate to each other. There are also several studies suggesting that emotional intelligence has an influence on the social aspects of people’s lives, and this influence first emerges in children with ADHD (Wasted lives – missed opportunities, n.d.; Young, 2000; Young, Heptinstall, Sonuga-Barke, Chadwick, & Tayler, 2005). Hyperactivity was found to be a good predictor of social problems in girls, particularly regarding any interpersonal relationship problems that they may experience (Young et al., 2005). While hyperactivity may play a huge role in peer relationships in youngsters, almost all children with any type of ADHD face significant social problems (Young, 2000). Since symptoms of ADHD continue into adulthood (APA, 1994; DuPaul et al., 2001; Weiss & Murray, 2003; Young, 2000), it is likely that effects of childhood ADHD continue into adulthood, emphasizing the importance of addressing interpersonal relationship problems and the reasons for these problems. Another study revealed the diminished ability of people with ADHD to read others’ emotions by their facial expressions, which is an important element of any social interaction (Wasted lives – missed opportunities, n.d.). Unidentified and untreated symptoms of ADHD that affect emotional intelligence (i.e., the ability to evaluate and express emotion in one’s self and others, the ability to regulate emotions in one’s self and others, and the ability to use this information to motivate one’s thoughts and actions) may result in people’s failure to reach their full potential in relationships and social aspects of life. Thus, clearly there is a need to help such individuals.
Several limitations of the present study must be acknowledged. The sample size of 87 was rather small for the research topic, and the majority of participants were unmarried undergraduate students. A larger sample size would be beneficial for future studies, along with the use of a wider variety of individuals with varying age and marital status. Another restriction in the current research study concerned the use of self-report techniques to assess the symptoms of ADHD and emotional intelligence in individuals. While such self-report instruments may be useful, a more complete and accurate assessment could probably be obtained from a multimodal assessment approach that includes such things as history checks, parent evaluations, and other methods of evaluating symptoms. If it was actually known which students were identified as having ADHD and which students were not, this would make the results more clear and precise.

Further research should be conducted on the topic of adult ADHD to help identify the underlying nature of the relationships found. The present study revealed that ADHD symptoms are associated with a lower level of emotional intelligence, but the mediating nature of this finding is unknown. More research should be conducted in the future to determine the reason people with the inattentiveness aspect of ADHD are unclear about their feelings, and more research should be conducted to determine why people with ADHD hyperactivity-impulsivity have a difficult time in controlling and regulating their emotions. It is also important to study the difficulties that such adults have in their interpersonal relationships. Many studies have been conducted to examine the problems that children with ADHD have in their relationships, but the social difficulties of adults with ADHD have barely been studied. It would also be beneficial for future research to identify possible ways to address and treat the emotional deficits of those with ADHD. Since people’s ability to have and maintain peer relationships are affected by their ability to be emotionally aware, the issue of deficits in emotional intelligence could have great consequences if unaddressed. Emotional intelligence is an integral part of people’s interpersonal relationships, and thus this topic should be addressed in the lives of those with ADHD.

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