

Integrating Emotional Intelligence and Mental Education in Sports to Improve Personal Resilience of Adolescents

Integración de la inteligencia emocional y la educación mental en el deporte para mejorar la resiliencia personal de los adolescentes

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Abstract. Adolescents are the nation's future leaders, so their immediate environment, including their families, schools, and the government, must promote a healthy environment for them both physically and mentally. This is necessary because improving an adolescent's psychological condition is one of the most crucial investments for raising a good generation, but more and more young people are developing psychological disorders. This study employed a pseudo-experiment method of research. The findings of the study in the treatment group, as shown in the "Paired Samples Test" output table above, indicate that the t count negative value is -45,020. This difference between the average Pre-Test and the average Post-Test is what causes the t count negative value to be negative. A negative t-count may turn positive in this situation. As a result, the computed t-value is 45,020. While in the control group, it is evident from the "Paired Samples Test" output table above that the negative value t count of -7,760 t counts is due to the average Pre-Test value being lower than the average Post-Test value. A negative t-count may turn positive in this situation. Consequently, the computed t value is now -7.760. Despite the fact that both groups have an impact on pre- and post-test results, the outcomes can be seen if there is a sizable difference between the treatment and control groups. This demonstrates that the treatment group receiving mental education achieves greater results than the group not receiving such treatment. Teenagers' pre-test and post-test personal endurance results for each group show this.

Keywords: emotional intelligence, mental health education, youth resilience, physical education

Abstracto. Los adolescentes son los futuros líderes de la nación, por lo que su entorno inmediato, incluidas sus familias, escuelas y el gobierno, debe promover un entorno saludable para ellos tanto física como mentalmente. Esto es necesario porque mejorar la condición psicológica de un adolescente es una de las inversiones más cruciales para formar una buena generación, pero cada vez más jóvenes desarrollan trastornos psicológicos. Este estudio empleó un método de investigación pseudo-experimental. Los hallazgos del estudio en el grupo de tratamiento, como se muestra en la tabla de salida "Prueba de muestras pareadas" anterior, indican que el valor negativo de recuento t es -45,020. Esta diferencia entre el pre-test promedio y el post-test promedio es lo que hace que el valor negativo de t count sea negativo. Un t-count negativo puede volverse positivo en esta situación. Como resultado, el valor t calculado es 45.020. Mientras que en el grupo de control, es evidente a partir de la tabla de salida "Prueba de muestras emparejadas" anterior que el valor negativo de t de -7760 t de recuento se debe a que el valor promedio de la prueba previa es menor que el valor promedio de la prueba posterior. Un t-count negativo puede volverse positivo en esta situación. En consecuencia, el valor t calculado ahora es -7.760. A pesar de que ambos grupos tienen un impacto en los resultados previos y posteriores a la prueba, los resultados se pueden ver si hay una diferencia considerable entre los grupos de tratamiento y control. Esto demuestra que el grupo de tratamiento que recibe educación mental logra mejores resultados que el grupo que no recibe dicho tratamiento. Los resultados de resistencia personal antes y después de la prueba de los adolescentes para cada grupo muestran esto.

Palabras clave: inteligencia emocional, educación en salud mental, resiliencia juvenil, educación física

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Introduction

The prevalence of psychological issues is increasing, and they have many different root causes. The level of help available in every nation differs greatly, and cultural variables can occasionally have an impact on psychiatric issues, particularly in adolescents. The World Health Organization (WHO) reported that 12 percent of people worldwide had mental problems in 2000; this percentage rose to 13 percent in 2001; and it is expected to reach 15 percent by 2020. WHO even projects that by 2015, 15% of the world's population would have a mental condition. Six percent of people in Indonesia aged 15 and older have a mental-emotional condition (37,728 people out of 703,946), according to Indonesia's 2013 Basic Health Research (Riskesdas) (Mutiar Puspita 2019). The younger generation is at risk from psychological issues, particularly those

involving mental health. Teenagers with psychiatric illnesses typically have bad parenting in their families, communities, and educational settings.

Studies have shown that emotional intelligence might serve as a barrier to psychological resiliency, particularly in adolescents (Ilham, Woro, and Kumbara 2023). Teenagers' personal resilience is their capacity for self-control and their rejection of all criminal behavior, including drug use, stealing, free sex, and physical altercations. An approach that helps us better understand how society may offer distressed teenagers self-help is the idea of social resilience (Assmann et al. 2021). The goal of identifying positive teenagers is to gauge their resilience to any negative influences that could harm them in the future. Adolescents are directed away from harmful influences like drug misuse and toward constructive pursuits through participation in sports.

In today's sports, understanding of the physical and

cognitive aspects is crucial. When faced with this circumstance, one's actions, particularly in daily activities, are influenced by managing and understanding one's feelings toward oneself and others. Teenagers who are emotionally intelligent will be able to keep themselves motivated and persevere in the face of setbacks, control impulses and refrain from exaggerating pleasure, regulate mood and prevent stress from impairing their ability to think, while still being able to sympathize and pray (Subarjah et al. 2019). Additionally, boosting teenage accomplishment in both academics and sports depends on their level of emotional intelligence (José Luis Ubago-Jiménez et al. 2019).

The Oxford English Dictionary defines emotion as "any mental, feeling, vibration of aspiration or mobility; a violent or aroused mental state" after discussions between psychologists and philosophers (Soylu et al. 2016). A person's intrinsic capacity to manage and regulate one's own emotions, recognize others' emotions, and use feelings and emotions as a springboard for decisions and actions is known as emotional intelligence (EI) (Goleman 1990). EI is the capacity to feel, understand, and control emotions associated to knowing oneself and others and responding to various demands in order to produce better results (Ferrer-Caja & Weiss, 2000), Emphasizes the value of developing a greater understanding of emotions, exercising control over them, being able to express them in oneself, as well as recognizing them in others. (Zeidner, Roberts, and Matthews 2008).

Another discovery illustrates how emotional intelligence mediates the connection between temperament and coherence (Szcześniak & Stochalska, 2020). It is undeniably true that emotional intelligence can influence a person to refrain from acting negatively and endangering both themselves and other people. Additional research indicates that teams playing complicated sports like cricket, football, volleyball, and other team sports may benefit from emotional intelligence (Crombie et al., 2009). Therefore, it is crucial to acknowledge athletics as a form of fundamental education in order to ensure that adolescents learn how to control and manage their emotions (Amado-alonso et al., 2019).

The development of these psychological components can help a person avoid concern and enhance his performance because negative thinking, automaticity, goal setting, and emotional regulation are all factors that affect emotional intelligence (Gatsis et al., 2021). A fresh idea in the realm of intelligence theory, emotional intelligence has been successfully used to innovation in psychology, education, and organizational development (Codier et al., 2009). According to research findings, exercise has a positive impact on people's attitudes and can increase their emotional intelligence and resilience (Pieroni et al., 2021). Men have higher levels of emotional intelligence than women, according to a Chinese study (Kong et al., 2012). This demonstrates that men have better emotional restraint than women.

Physical and mental health are two crucial,

interconnected factors that need to be controlled and balanced (Rosidin et al., 2022). Adolescents are known risk factors for mental health issues; in this situation, they frequently choose harmful forms of distraction, including using drugs or going to clubs (Putukian, 2016). A crucial cornerstone in preserving adolescent mental health is the family, which serves as the first teacher for teenagers (Arini & Pudjiati, 2016). In Europe and the UK, concerns about children's and teenagers' mental health have become a problem. Commitment and policies to create a whole-school approach are one step in addressing mental health issues in adolescents (Haycock et al., 2020). Human development is the outcome of interactions between individual variables and ecological and environmental elements, according to the Ecological Systems Theory, which also holds that each individual exists in a series of mutual effects (Shuo et al., 2022). Since the environment in which teenagers live is the primary cause of both good and negative adolescent mental health, the theory's major claim is that environmental factors are the primary determinants of adolescent mental health.

Since the environment in which teenagers live is the primary cause of both good and negative adolescent mental health, the theory's major claim is that environmental factors are the primary determinants of adolescent mental health (Daining and DePanfilis 2007). This is one of the key markers for identifying a teen's good or bad mental health when dealing with various issues. Teenagers and their academic performance now serve as two indicators of their overall mental and physical well-being. Adolescents' quality of life is enhanced by knowledge about mental health and general wellbeing (Simons & Bird, 2022). The importance of practitioners in creating health treatments and education for mental health is equal to that for physical health (Park et al., 2021). In an endeavor to strengthen the mental health of adolescents, improving mental health through a sports lifestyle refers to instances of self-stability and behavioral traits (Wang and Park 2021)

Adolescents' personal resilience to avoid falling into negative things can be increased by the effects of physical education on emotional intelligence and adolescent mental health (Roccliffe et al., 2023). Other findings showed that the particular factors of teenage personal resilience were school involvement and good parenting (Kothari et al., 2021). People with poor levels of resilience may find it difficult to recover from any setbacks they encounter (Morgan et al., 2022). Youth should be able to adapt to any new changes (Ungar, 2011). Adolescents must possess emotional maturity and strong mental health. Effective coping mechanisms are necessary for managing mental health, including emotional and stress management; if they are ineffective, difficulties with psychological resilience will result. Therefore, one of the common goals to minimize negative difficulties frequently brought on by adolescents is to integrate emotional intelligence and mental education into sports to develop personal resilience.

Materials and Methods

A study needs a research design since it serves as a valuable manual for how the research should be conducted. The intended research object will be known and observed in the research procedure in order to create the necessary data for the research objectives. This implies that the difficulties and research topics that emerge will determine the research methods used. This study employed an experimental methodology with a variety of research design options. Pre-test-post-test Control Group Design with More Than One Experimental Group was the methodology employed in this investigation.

The design's application is modified to account for the study's topic and its research features. The study employs a quasi-experimental approach, also known as a pseudo-experiment, in which all of the individuals are healthy (referred to as the intact group) and receive treatment (treatment). An experimental design type where the researcher does not place subjects into groups at random (Creswell and Poth 2018).

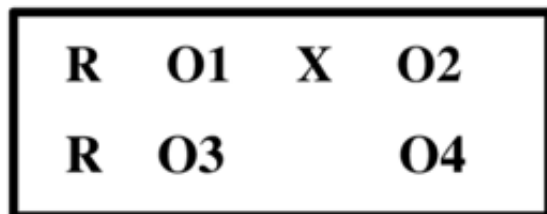
Information:

R : Treatment Group and Control Group

O1 : Pre-test (personal endurance) treatment group

O2 : Post-test (personal endurance) treatment group

O3 : Pre-test (personal endurance) control group



O4 : Post-test (personal resilience) control group

X : Treatment, mental education and emotional intelligence

Participant

Students in high school participated in this study. consists of two groups, each with 50 members. The treatment group is the first group, and the control group is the second. In this investigation, random sampling was performed.

Procedure

Emotional Intelligence (Austin et al. 2004)

To gather data that the author anticipated, the author employed the questionnaire as an emotional intelligence research tool. The creation of questionnaire questions is tailored to the topic under investigation. An emotional intelligence assessment from Global Star Enterprises served as the basis for the questionnaire used in this study. This organization seeks to offer psychological advice and instruction. The results of this survey are used to determine emotional intelligence. Five markers include self-awareness, self-regulation, motivation, empathy, and social skills, according to psychologist Daniel Goleman.

Personal Resilience (Schutte et al. 1998)

Resilience is the process and result of overcoming difficult or demanding life situations, particularly through mental, emotional, and behavioral flexibility and adaptation to internal and external challenges.

Statistical Analysis

IBM SPSS statistical software version 25 and Microsoft Excel 2016 were used to process the data for this study. After ensuring normality and homogeneity, inferential statistical analysis is carried out. Because each variable to be evaluated in parametric statistics must have a normal distribution and the data from two or more groups investigated must be homogeneous. When research data are neither homogeneous or normally distributed, non-parametric statistics are used in data analysis. The gain score value tries to assess the efficacy of a particular technique or therapy in studies involving a control group (quasi-experiment or true experiment). The gain score test is conducted by comparing the results of the pre-test (the test conducted before to the use of a certain method or therapy) with the post-test (test after applying a certain method or treatment). It will next be determined whether

Results

It is possible to say whether or not a method is used or applied. with the use of the SPSS program version 25 in order to calculate the gain score. The post-test-pre-test, maximum-pre-test score is used in the gain score formula. The Shapiro-Wilk (2-tailed) significance value in all pre-test and post-test data has a value more than 0.05 (>0.05), according to the SPSS output table. The results of the Kolmogorov-Smirnov normality test can then be used to determine if the data are regularly distributed. As a result, the regression model's criteria for normality have been satisfied.

Table 1
Tests of Normality

	Class	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Treatment	Pre-Test	.072	50	.200*	.984	50	.728
	Post-Test	.123	50	.056	.979	50	.505
Control	Pre-Test	.103	50	.200*	.975	50	.366
	Post-Test	.105	50	.200*	.978	50	.478

*. This is a lower bound of the true significance.

Lilliefors Significance Correction

Table 2.
Test of Homogeneity of Variance

		Levene Statistic	df1	df2	Sig.
Treatment	Based on Mean	.429	1	98	.514
	Based on Median	.446	1	98	.506
	Based on Median and with adjusted df	.446	1	97.7	.506
	Based on trimmed mean	.426	1	98	.515
Control	Based on Mean	1.092	1	98	.299
	Based on Median	1.095	1	98	.298
	Based on Median and with adjusted df	1.095	1	94.9	.298
	Based on trimmed mean	1.065	1	98	.305

From the output above, it can be inferred that the

variance of the experimental class Post-test group and the control class Post-test is the same or homogeneous since the value of Significance (Sig) Based on the Mean is larger than 0.05 (>0.05). As a result, one of the independent sample t-conditions—which test's is not an absolute—can be satisfied.

Table 3.
Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Treatment	Pre-Test	44.08	50	3.932	.556
	Post-Test	89.10	50	3.507	.496
Control	Pre-Test	47.10	50	4.473	.633
	Post-Test	54.86	50	5.380	.761

An overview of the descriptive statistical findings, including the Pre-Test and Post-Test scores, was shown in the report for this treatment group. The average or mean for the Pre-Test score was 44.08. The average result on the post-test was 89.10 points. There could have been as many as 50 responders or students included in the research sample. In the Pre-Test, the standard deviation was 3.932, while in the Post-Test, it was 3.507. Finally, the Pre-Test Std. Error Mean value is 0.556, and the Post-Test Std. Error Mean value is 0.496.

The output for this control group, namely the Pre-Test and Post-Test values, was displayed as a summary of the descriptive statistical findings examined. The average or mean score for the Pre-Test was 47.10. The average score on the post-test was 54.86. There could have been as many as 50 responders or students included in the research sample. In the Pre-Test, the standard deviation was 4.473, and in the Post-Test, it was 5.380. Finally, the Pre-Test Std. Error Mean value is 0.633, and the Post-Test Std. Error Mean value is 0.761.

Table 4.
Paired Samples Correlations

		N	Correlation	Sig.
Treatment	Pre-Test & Post-Test	50	.030	.834
Control	Pre-Test & Post-Test	50	.055	.705

Because of this, there is a descriptively significant difference between the results of the Pre-Test and the Post-Test for all groups, as indicated by the average score on the Pre-

Table 5.
Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Treatment	Pre-Test - Post-test	-45.020	5.188	.734	-46.494	-43.546	-61.358	49	.000
Control	Pre-Test - Post-test	-7.760	6.805	.962	-9.694	-5.826	-8.063	49	.000

The treatment group's "Mean Paired Differences" result of -45,020 is likewise disclosed in the dance output table "Paired Samples Test" above. This number is the difference between the typical Pre-test and typical Post-test, which is $44.08-89.10=-45.020$ and ranges from -46.494 to -43.546. (95 percent Confidence Interval of the Difference

Test Post-Test. Additionally, we must analyze the paired sample t-test findings shown in the output table "Paired Samples Test" in order to demonstrate whether the Difference is actual (significant).

The output from the correlation test, the relationship between the treatment group and the two sets of data, or the association between the Pre-Test variable and the Post-Test variable are all displayed above. The correlation coefficient (Correlation) is known to be 0.030 with a significance value (Sig.) of 0.834 based on the output mentioned above. It can be concluded that there is no association between the Pre-Test variable and the Post-Test variable because the value of Sig. $0.834 >$ probability 0.05.

The output up top displays the findings of the correlation test, the relationship between the two sets of data and the control group, or the relationship between the Pre-Test variable and the Post-Test variable. The correlation coefficient (Correlation) is known to be 0.055 with a significance value (Sig.) of 0.705 based on the output mentioned above. It can be concluded that there is no association between the Pre-Test variable and the Post-Test variable because the value of Sig. $0.705 >$ probability 0.05.

Guidelines for Decision Making in the Paired Sample T-Test: The following are the guidelines for making decisions in the paired sample t-test based on the significant value (Sig.) of the data from SPSS.

1. If the value of Sig. (2-tailed) < 0.05 , then H_0 is rejected, and H_a is accepted.
2. Conversely, if the value of Sig. (2-tailed) > 0.05 , then H_0 is accepted, and H_a is rejected.

It may be deduced from the "Paired Samples Test" output table above that the treatment group's value of Sig. (2-tailed) is $0.000 < 0.05$, H_0 is rejected, and H_a is accepted. We can therefore draw the conclusion that there is a difference between the average Pre-Test and Post-Test, indicating that a group impact incorporates mental training in sports to boost teenage endurance. According to the output table for the "Paired Samples Test" above, the control group's value of Sig. (2-tailed) is $0.000 < 0.05$, H_0 is rejected, and H_a is approved. The average Pre-Test and Post-Test scores differ, indicating that a group influence does not incorporate mental training into sports to increase teenage endurance.

Lower and Upper). The result table above also provides information about the "Mean Paired Differences" number for the control group from the "Paired Samples Test," which is -7,760. The average Pre-Test to Average Post-Test Difference, or $47.10-54.86=-7.760$, and the Average Difference from -9.694 to -5.826 are shown in this value (95 percent

Confidence Interval of the Difference Lower and Upper).

Because the average value of the Pre-Test is lower than the average Post-Test, the findings of the "Paired Samples Test" output table above reveal that the negative value t count is -45,020 in the treatment group. A negative t-count could be favorable in this scenario. Thus, 45,020 is the computed t-value. While in the control group, it is known that the negative value t count of -7,760 t counts negative value is caused by the average value of the Pre-Test being lower than the average Post-Test in the "Paired Samples Test" output table above. A negative t-count could be favorable in this scenario. Consequently, -7.760 is the computed value of t. The findings can be seen if there is a sizable difference between the treatment and control groups, despite the fact that both groups have an impact on pre-test and post-test outcomes. This demonstrates that the treatment group receiving mental education has superior outcomes to the group receiving no such treatment. The pre-test and post-test personal endurance of teenagers in each group demonstrates this.

Discussion

The promotion of healthy habits and styles are recommended, such as guidelines for physical-sporting activities and healthy eating (Hernández-Beltrán et al. 2023). Sports intervention as an adolescent lifestyle as a practice as well as a strategy for creativity and innovation in evaluating students' mental health (Maldonado-fuentes et al. 2023). Pedagogical practices that are oriented towards strengthening the physical, social and affective aspects of transiting socio-cultural interactions can be a discourse in supporting adolescent resilience in critical times (López Sánchez, Arrieta-Rivero, and Carmona-Alvarado 2022).

One of the fundamental requirements of people as social creatures is to have relationships with other people. As a result, maintaining relationships with friends and family during adolescence is crucial for preventing and successfully treating psychological issues like stress and sadness brought on by loneliness (Rosidin et al., 2022). The outcomes of sports treatments are beneficial for enhancing mental health and important community development assets (Ho et al., 2017).

Everyone's mental health can be impacted by stress or internal pressure (Sungkowo et al., 2020). Self-awareness is a crucial skill for recognizing how one behaves and feels about others (Fitri Amalia 2020). Teenagers receive mental coaching to help them develop their concentration, self-control, decision-making, and coordination skills in high-stakes situations (Widohari et al., 2022). While a person's relationships with others and adaptation to their environment are important to overcome social and individual demands or mental health, emotional intelligence is related to a person's awareness of themselves and others (Zamanian et al., 2011). This implies that adolescent mental resilience is tightly correlated with emotional intelligence, mental health, and self-awareness.

Physical activity is considered of vital importance for maintaining an optimal health status in the different facets of humans (Ramírez-gomez et al. 2023). Increasing interventions and sports programs for adolescents as an approach to supporting a lifestyle that focuses on improving their physical and mental condition (Alexander et al. 2023). A study states that taking advantage of rest time by exercising or listening to music can help students achieve a higher GPA in terms of their level of enthusiasm and lifestyle (Alfonso-asencio 2023).

People who are physically active will be more resilient, be able to control their emotions, and have less psychological anguish (Román-Mata et al., 2020). When under stress, having emotional control is a sign of emotional intelligence (Lane et al., 2010). The research results demonstrating a positive correlation between emotional intelligence and resilience (Trigueros et al., 2020). Learning activities that encourage students to consider the effects of close family relationships, the importance of feelings and emotions, and the connection between stress, anger, and pitfalls can have an impact on mental health. Students' sense of enjoyment, participation, and accomplishment can be increased by incorporating pertinent learning activities relating to psychological difficulties through sports activity content, which is crucial for developing their knowledge and awareness of mental health (Haycock et al., 2020).

Adolescents' daily environments have an impact on how resilient they are personally. Many kids lose their resolve simply as a result of how others treat them, whether it's their family or a toxic society. The capacity to sustain open communication in the face of typical life challenges has been linked to one's mental health (Bissett et al., 2020). The youth sports scene is growing in importance as a center for youth activities and coaching for potential success (Nursey-Bray et al., 2022). Good environmental qualities such as adequate social support, combating bullying in schools and reducing family conflict are needed to increase adolescent EI and resilience to help them face future challenges (Zheng et al., 2021).

Conclusions

In the age of globalization, adolescents' psychological resilience has a negative emotionality that affects their mental health. The study's findings support the assertion that the treatment group receiving mental education has superior outcomes to the group not receiving such care. The pre-test and post-test personal endurance of teenagers in each group demonstrates this. It is anticipated that future researchers will continue and build on the findings of this study, for instance, by examining additional confounding factors or characteristics that can affect the variables of this study, as well as other indicators that can affect psychological resilience, particularly in adolescents.

Participation in sport has been identified as a key resilience factor for young people who have experienced many Adverse Childhood Experiences. Youth sports can have a

significant positive impact on young people's well-being, reducing stress and providing a way to bond and practice collaboration while gaining the physical and mental health benefits of exercise. There is evidence that participation in sport can improve the mental health of children and young people due to the many beneficial opportunities for building social relationships. Additionally, there is research on the relationship between exercise and mental health in adults, with evidence that participation in sports in high school may protect against future anxiety symptoms. While sport can play an important role in a child's emotional development, it may be especially important for building self-esteem in children with mental health and learning disorders. Coaches and parents should be aware that these children may need extra support to acquire needed skills and manage their emotions successfully on the field.

Integrating emotional intelligence and mental health education into exercise can further enhance the benefits of exercise for personal resilience. Coaches can help children who struggle to master skills and learn new games, as well as support children who have difficulty managing big feelings like frustration and disappointment. By identifying the specific difficulties, a child is facing, coaches can adapt their approach to provide the necessary support.

In short, integrating emotional intelligence and mental health education into exercise can increase the benefits of exercise for personal resilience. Participation in sports has been shown to have a positive impact on mental health and well-being, and coaches and parents can provide extra support to children with mental health and learning disorders to help them thrive on the field.

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Conflicts of Interest

The authors declare no potential conflicts of interest concerning the research, authorship, and publication of this article

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