CHAPTER 6

Emotional Intelligence and Human Frailty at Work: Can We Be Too Emotionally Intelligent?

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Introduction

Our aim in this chapter is to consider the nexus of emotional intelligence and human frailty at work. Burke (2010) recently equated frailty with personal shortcomings and moral weakness. He argues this is manifested in immoral or unacceptable behaviors such as lying, cheating, excessive gambling, and substance abuse. This interpretation has been used by a number of authors in relation to smoking (Higgs, 1993), making risky decisions (Méro, 1998), lying and cheating (Mazar and Ariely, 2006), criminal acts (Hocking, 1999), and visceral over-indulgence (Ozdenoren, Salant and Silverman, 2012). Burke (2010) also argued that these fragile behaviors can be linked to extreme emotions such as passion or revenge. In this regard, social psychologist Roy Baumeister and his colleagues have made a strong case for a link between emotion and behavior (see Baumeister and Tierney, 2011; Baumeister et al., 2007).

Underlining our arguments in this chapter is the idea that emotion can act as both a precursor and a response to workplace behaviors; for example, verbal abuse (i.e., expressed anger) can come about in response to felt anger triggered by injustice perceptions (Weiss, Suckow and Cropanzano, 1999). We note the word “emotion” comes from the Latin verb *emovere*, which translates “to move out,” and is intended to portray emotion as an underlying motivator of human action (Calne, 1999). In the case of human frailty, we argue in line with Weiss and his colleagues that it can also be generated in response to behaviors. In this respect, we note with interest that Burke’s (2010) focus was on emotion intensity as a cause of human frailty with either positive (passion) or negative (revenge) emotion contributing to frailty.

While psychology literature has traditionally focused on negative emotions, more recently we have seen the emergence of positive psychology (Seligman, 2002), which promotes potential, human growth and emphasizes flow, meaningfulness, self-efficacy, human flourishing, and happiness (Seligman and Csikszentmihalyi, 2000).
From a positive psychology perspective, it is broadly assumed that positive emotions promote positive behaviors and outcomes, and that negative emotions tend to promote negative behaviors and outcomes (i.e., that include human frailty). Although we accept these relationships as generally valid, we also note that some emotions researchers have challenged the naive association of positive emotions and positive outcomes (and negative emotions and negative outcomes). In this respect, Lindebaum and Jordan (2012) recently called for researchers to focus on more interesting problems and to consider the utility of emotions for both positive and negative outcomes. These authors commented in particular, that positive emotions sometimes can give rise to negative outcomes (e.g., the use of inappropriate humor, see Smeltzer and Leap, 1988) and negative emotions can sometimes lead to positive outcomes (e.g., complaining leading to problem resolution, see Kowalski, 2002).

One construct in particular that has been offered as a set of abilities to improve human behavior (and therefore to minimize frailty) is emotional intelligence (Mayer and Salovey, 1997). In this respect, Mayer and Salovey defined emotional intelligence as “the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth” (p. 10, italics added).

More recently, Mayer, Roberts and Barsade (2008) refined this definition to, “the ability to carry out accurate reasoning about emotions and the ability to use emotions and emotional knowledge to enhance thought” (p. 511, italics added). Brackett and Mayer (2003) argue, in particular, for a nexus of emotional intelligence and personal and subjective well-being. Similarly, Mayer and his associates (2008) commented that emotional intelligence researchers have traditionally associated emotional intelligence with positive traits including achievement motivation, flexibility, positive affectivity, and high self-esteem. The key issue here is that, based on Baumeister’s Ego Depletion Theory (Baumeister et al., 1998; Baumeister, Muraven and Tice, 2000), researchers have come to understand that there is a link between emotional regulation (one of the abilities of emotional intelligence), and the types of behaviors and traits that may be seen to ameliorate human frailty (e.g., see Gino et al., 2011).

But is this necessarily so? Can individual emotional abilities serve to exacerbate (rather than to ameliorate) human frailty? In other words, as Baumeister and Alquist (2009) ask, “Is there a downside to good self-control?” (p. 115). And, if there is, under what circumstances? These are the specific questions we address in this chapter.

As we noted earlier, Burke (2010) equated human frailty with personal moral shortcomings. In other words, frailty is a weakness or susceptibility or fallibility of humans that is then likely to provide them with negative experiences down the track (e.g., a drug addict who suffers illness as a result of her addiction). If we accept that humans have aspirations to lead better lives and to improve themselves (i.e., as a path to happiness, see Seligman, 2002), then it follows that humans also have a need to ameliorate or to address any personal shortcomings. But to understand how we address these weaknesses and fallibilities and their relationship to emotions, we need a better picture of what behaviors constitute frailty.
The *Oxford Shorter Dictionary* refers to frailty as a “weakness in morals or character,” while the *Merriam-Webster Dictionary* refers to frailty as a “fault due to weakness of moral character.” It seems the concept of human frailty is generally defined as being linked to some form of character weakness. But this also begs the question: What is character? Shand (1896, p. 210) argues that “character ... includes ... thoughts and experiences as well as ... emotions and will.” This view seems to have been sustained, despite the once popular view that intellect and character are separate (fine intellect/weak character, see Damasio, 1994).

In line with Shand (1896), Burke (2010) notes that frailty both affects us internally (through our thoughts) and is manifested externally (though our behaviors). Internally, frailty emerges in our thoughts in terms of doubts and a lack of resilience and self-pitying thoughts, while externally, it is manifested in our treatment of ourselves (e.g., low self-esteem and self-loathing); and particularly in our treatment of others and the relationships we form (e.g., parasitic/abusive relationships). If frailty emerges as thoughts and behaviors (driven by emotion and cognition), then the likelihood of a link between emotional intelligence (as a nexus between cognition and emotion), and frailty (specific behaviors) is possible. Still, the question remains as to the particular behaviors that reflect human frailty.

Hogan and Hogan (1989) offer an insight to the outcomes of what they term poor reliability of employees, and go on to develop a personality measure of organizational delinquency that includes a range of behaviors including “substance abuse, insubordination, absenteeism, excessive grievances, bogus worker compensation claims, temper tantrums, and various forms of passive aggression” (p. 273). Hogan and Hogan link this measure to counterproductive work behaviors and lower organizational performance. Clearly, within the scope of Burke’s (2010) definition of frailty, these work behaviors certainly seem to fit the category of poor behaviors (identified by others, e.g., Higgs, 1993; Hocking, 1999; Mérô, 1998). We accept this view, and so we define human frailty at work as a form of character weakness associated with undesirable behaviors and poor decision-making.

**HUMAN FRAILTY AND EMOTIONS**

This then brings us to consider the specific relationship between emotions and human frailty. We distinguish in particular between emotions (short duration, usually intense, and associated with specific stimuli) and mood (long duration, chronic rather than acute, and usually not associated with a specific stimulus), and focus on emotions as a reaction to workplace stimuli. As we have already identified, emotions can be both precursors and responses to specific workplace behaviors (Elfenbein, 2007).

From the perspective of positive psychology, Peterson and Seligman (2004) identify 24 positive character strengths, including courage, bravery, persistence, kindness, and love. These types of behaviors represent the antithesis of human frailty, so the link between positive emotions and these character strengths is clear. On the other hand, when examining the links between negative emotion and human frailty, we find that emotions can be considered to be outcomes of human frailty (e.g., in the form of guilt and shame and remorse, Taylor, 1996) or precursors to human frailty (e.g., the effects of anger, see Hocking, 1999; or fear, see Clough, 2010).

As we noted above, we seek in this chapter to challenge the oft-stated assumption that there is necessarily an association between negative emotion and frailty, or the
idea that negative emotions always induce frailty, or indeed are always a manifestation of frailty (noted by Keifer, 2002). We proffer that the experience of negative emotion is not analogous to the experience of frailty. We argue further that the experience of specific negative emotions is also not necessarily linked to the expression of specific types of frailty. For example, we reject the view, often stated in the positive psychology and emotional intelligence literature, that expressions of anger are indicative of personal weakness (Thomas, 1989).

On the contrary, anger is a natural human reaction (a response to perceived injustice, Weiss, Suckow and Cropanzano, 1999) and the expression of anger can generate a range of behaviors from inappropriate aggression to finding the strength to fight an injustice. Anger can also serve to promote passion (that in itself can be positive or negative); it can strengthen commitment to completing a course of action (particularly in relation to perceived injustice). Finally, we note that anger can also be generated when protecting specific personal values that are not related to human frailty (e.g., environmental protection or social justice).

So the experience of the emotion of anger per se is not always a source of human frailty. Instead, it may be the way emotion is expressed (and the behaviors that ensue) that determine if anger is, or is not, a precursor to human frailty (Geddes and Callister, 2007). Thus, on the one hand, an individual who chooses to use her or his anger arising from a social injustice to correct the situation would not normally be seen to be exhibiting human frailty. On the other hand, however, if the individual chooses to berate a fellow worker for no apparent reason in an angry outburst, then s/he will most likely be seen to be demonstrating human frailty.

Having established an association between emotions and human frailty and having questioned some of the assumptions regarding the link between negative emotions and frailty, it is appropriate now for us to move to the central aim of this chapter: to examine the links between emotional intelligence abilities and human frailty at work.

Emotional Intelligence

Emotional intelligence was proposed by Salovey and Mayer (1990) as a means to link thinking and feeling. Over the years since 1990, emotional intelligence has undergone the sort of refinement that is typical of emerging constructs (Wieck, 1989), with a general consensus now emerging (see Ashkanasy and Daus, 2002) that emotional intelligence comprises four abilities: emotional awareness (perception and expression), emotional facilitation, emotional understanding, and emotional regulation/management (Mayer and Salovey, 1997; Mayer, Salovey and Caruso, 2000). Mayer, Caruso and Salovey (1999) present this “four-branch ability model” of emotional intelligence in a hierarchically and sequentially organized form, referred to by Joseph and Newman (2010) as the “cascading model” of emotional intelligence. In this model, the complexity of emotional abilities increases from simple emotional awareness though the facilitation and understanding to emotional management.

1 Although the term first appeared in a doctoral dissertation by Payne (1986), the concept was not developed fully, and the dissertation never published. Consequently, the Salovey and Mayer (1990) article is generally regarded as the initial introduction of emotional intelligence in the published literature.
In terms of understanding how emotional intelligence may be related to human frailty at work, it is useful to consider a concrete example outlined by Ashkanasy and Daus (2002) in terms of the cascading model. Ashkanasy and Daus describe the reactions of Ruth, an angry shop assistant, who eventually channels her feelings of anger at work into an act of sabotage (jamming a cash register). Ashkanasy and Daus reason that, in order to avoid this spontaneous act of sabotage and exercise her emotional intelligence, Ruth must first become aware that she is experiencing the emotion of anger. We consider, however, that this rationale may be overly simplistic. In this respect, it is instructive to consider the neurological processes underlying Ruth’s emotional awareness.

To do this, we examine Ruth’s actions in terms of her cognitive processing (LeDoux, 2003). In this instance, LeDoux, Farb and Romanski (1991) identified the pathways linking aural stimuli to behavior, which are first activated by initial recognition of the stimulus in the hypothalamus. This information is initially relayed to the amygdala, which stimulates hormonal and behavioral responses to the stimulus, and only then to the cerebral cortex (where it is subsequently cognitively processed). This primitive short-cut process via the amygdala is hardwired as a means to enable fast response to threat. Thus, it is possible that Ruth’s initial processing of anger leads to a conditioned short-cut route between the hypothalamus and the amygdala (i.e., jamming the cash register without processing the consequences of her actions via the cortex). Weiss and Cropanzano (1996) refer to this as “affect-driven” behavior.

Ashkanasy and Daus (2002) then go on to discuss how Ruth might utilize her emotional intelligence to seek to understand the nature of her anger, and to reason with and about her anger to determine how this emotion might change over time. There is considerable evidence to show that anger often arises in response to perceptions of injustice (Solomon, 2000). In Ruth’s case, it might be better understanding her feelings of anger are in response to perceived injustice (the organizational display rules that were at odds with her real feelings, Diefendorff and Greguras, 2009). Greater emotional understanding would also be shown by Ruth if she also recognized that her co-workers are subject to the same rules and that it is important for the organization that customers have a positive experience while shopping. Finally, Ashkanasy and Daus (2002) argue that Ruth needed to manage her anger in such a way that it would not impinge negatively, either on herself or her organization. In terms of addressing human frailties in the workplace, this may mean that Ruth has to channel her anger towards resolving the issues that she sees as being unfair in her work environment, rather than reacting so impulsively.

Essentially, Ruth’s behavior comes down to an issue of self-control, also known as emotional regulation. According to Ego Depletion Theory (Baumeister et al., 1998; Baumeister, Muraven and Tice, 2000), when people engage in emotion regulation over a period of time, their “ego resources” become depleted, and they are less able to control their impulses – in Ruth’s case to sabotage her cash register. Baumeister and Alquist (2009) note in particular that such lack of control can often be a downside of engaging in good self-control for an extended period, especially when the individual is in a negative mood state.

On the basis that self (emotional) control is the ultimate purpose of emotional intelligence (recall that emotional management is the last branch identified by Mayer and Salovey, 1997), we see this as supportive of our position that emotional intelligence is a key consideration in Ruth’s behavior. In this respect, despite early concerns over the incremental predictive validity of some models of emotional intelligence (Cherniss,
2010), there is now evidence that emotional intelligence predicts positive outcomes in organizations. Thus, in recent meta-analyses, Joseph and Newman (2010) and O'Boyle et al. (2011) reported that, across a wider range of situations, studies, and models, emotional intelligence predicted job performance. These authors therefore concluded that the construct is valid and provides incremental predictive validity for positive organizational outcomes over and above general intelligence and personality.

Looking now at the specific research evidence, we find that emotional intelligence and emotional regulation in particular have been shown to be associated with a range of positive outcomes in organizations such as better team performance (Troth et al., 2012), improved leader performance (Ashkanasy and Tse, 2000; DeWall et al., 2011), reduced turnover and higher job satisfaction (Jordan and Troth, 2011), higher levels of organizational citizenship behaviors (Côté and Miners, 2006; Ramachandran et al., 2011), more constructive conflict resolution outcomes (Jordan and Troth, 2004), and reduced job insecurity (Jordan, Ashkanasy and Hårtel, 2002). Researchers have also investigated how emotional intelligence contributes to improved social relationships (Lopes et al., 2004) and higher levels of wellbeing (Mayer, Roberts and Barsade, 2008).

In summary, and as Cherniss (2010) noted, “most of the major theorists seem to accept (the Mayer and Salovey definition) as a common definition” (p. 115) of emotional intelligence. Moreover, a consensus seems to be emerging that emotional intelligence is in general associated with positive behaviors and outcomes in organizations.

But there is also a downside to this. Jordan, Ashston-James and Ashkanasy (2006), for example, note that popular writers have offered emotional intelligence as a universal panacea for a range of individual problems and organizational issues, in effect taking the concept to the brink of fad status. Avid promoters of emotional intelligence (e.g., Goleman, 1995) argue that the connection between emotional intelligence and better interpersonal outcomes (less personal shortcomings) is clear without further examination. Ignoring the hyperbole over emotional intelligence, we take the opportunity in this chapter to undertake a more objective view of the contribution of emotional intelligence to behavior and, in particular, its association with human frailty.

To this end, it is appropriate to step back from the multidimensional construct of emotional intelligence and to assess specific emotional intelligence abilities to determine if they serve either to reduce or to enhance human frailty in workplace settings. Building on a request to consider context in assessing emotional intelligence by Jordan et al. (2010) and heeding the calls of Lindebaum and Jordan (2012), we specifically examine the link between specific emotional abilities and human frailty and ask the question: Are there circumstances under which particular individual emotional abilities might serve to exacerbate human frailty in workplace settings?

This question emerges from two basic premises. The first is that occasionally people can be too smart, finding complicated causes for simple phenomena (Fine and Nevo, 2008). For example, a “smart” employee who devises a complicated accounting framework that other employees cannot understand, and therefore are reluctant to use, is not really contributing to the workplace. The idea may be brilliant in theory, but fails to take into account the practicality of day-to-day work practices that demand a simpler, more practical approach.

The second premise is exemplified in research by Foo et al. (2004), who suggested that high emotional intelligence is not always a good thing. In their research, Foo and his colleagues found that individuals who have high emotional intelligence actually do
worse in negotiation outcomes than their low emotional intelligence counterparts. These authors reported that individuals with high emotional intelligence spent too much time ensuring that the relationship with their partners was good and as a result suffered in the fiscal outcomes of the negotiation. As a result of this type of research some researchers have begun to question whether the outcomes of high emotional intelligence are always positive (e.g., “the curse of emotions,” Antonakis, Ashkanasy and Dasborough, 2009, p. 250). Overall, and in line with Sternberg (1985), we argue that the hallmark of an intelligence ability is that it should be purposive – directed towards goals and useful in resolving problems. In the next section of this chapter, we examine in particular the two EI abilities – emotional awareness (or perception) and emotional management (or regulation) – to determine the usefulness of these abilities in solving real-world problems and addressing human frailty.

Emotional Intelligence and Human Frailty

While we earlier referred to all four branches of emotional intelligence, in examining the relationship between individual emotional abilities and human frailty, we focus on the two pivotal abilities identified by Joseph and Newman (2010) in their cascading model. These are the start and end points of emotional intelligence: emotional awareness (or perception) and emotional management (or regulation). We focus in particular on the broader research relating to these abilities and examine the impact of extreme levels of emotional awareness and extreme levels of emotional management on human frailty.

EMOTIONAL AWARENESS/PERCEPTION

Joseph and Newman (2010) argue the link between improved human behavior and higher levels of emotional intelligence (and specifically emotional awareness) and suggest that:

individuals who are more aware of the verbal and nonverbal cues in their environments, as well as their own emotional states, subsequently have a larger base of emotional information.

The accrual of a larger and more accurate base of emotional information then enables more accurate appraisal … and more appropriate response formation. (p. 57)

The clear inference here is that higher levels of awareness produce better outcomes (and by extension can address human frailties).

In fact, research into emotional awareness has been ongoing across a range of disciplines and beyond the emotional intelligence sphere. Lane et al., (1990) define emotional awareness in terms of how individuals cognitively process their emotional experiences. Lane and his colleagues go on to identify five types of awareness: (1) how we feel (sensations); (2) what we want to do (action); (3) experience of single emotions; (4) blends of emotions; and (5) combinations of blends of emotion.

Concomitantly, we argue that an individual’s level of emotional awareness can be assessed on a continuum from high to low awareness. At the extreme low end, an individual’s behavior is represented by the condition known as alexithymia (inability to experience emotions). Parker, Taylor and Bagby (2001) note in this respect that alexithymic individuals have difficulty monitoring and reading the feelings of others.
and in describing their own feelings; in other words, they have low (or even no) emotional awareness. Research identifies alexithymia as being problematic (the inability to experience emotions) and linked to the human frailties of alcohol abuse (Thorberg et al., 2009), poor nutrition and a sedentary lifestyle (Helmers and Mente, 1999), and self-injurious behaviors (Zlotnick et al., 1996). Clearly, raising emotional awareness abilities would be positive in this case, assisting to ameliorate human frailty.

At the other (high) end of the emotional awareness spectrum we find extreme emotional sensitivity (susceptibility to feeling emotions). In this case, Guarino, Roger and Olason (2007) note the strong relationship between the personality trait of neuroticism and extreme emotional sensitivity. Emotional sensitivity has also been noted in anxiety disorders (Novick-Kline et al., 2005). In this extreme state, individuals become so sensitized to emotions in themselves and others that this awareness becomes debilitating for them. In this respect, Davis (1983) found that individuals can become so sensitive to the emotions of others that they then begin to experience the same emotions and become incapacitated.

Researchers have found in particular high levels of emotional sensitivity to be associated with lessened self-control (Flett et al., 1989) and increased susceptibility to emotional contagion (Hsee et al., 1990). Again, high levels of emotional awareness are linked to behaviors associated with decreased human effectiveness, which (according to our definition) constitute human frailty. Thus, and in line with Jordan et al. (2010), it seems the relationship between emotional awareness and behavior may be curvilinear; both extremely low and extremely high levels of emotional awareness can contribute to human frailty.

While the discussion above is framed in general terms, it is clear that our conclusions can be applied in work settings. An employee who has either no emotional awareness or is over-sensitive emotionally is likely to exhibit human frailties in terms of counterproductive work behavior (rather than pro-social citizenship behavior (see Spector and Fox, 2010). Thus, the inability to perceive emotions can lead to aggression (Fox and Spector, 1999), while super-sensitivity to emotion can lead to loss of self-control (Flett et al., 1989) or susceptibility to emotional contagion (Hsee et al., 1990), both of which are sources of workplace ineffectiveness.

EMOTIONAL MANAGEMENT/REGULATION

The second branch of emotional intelligence we discuss is emotional management/regulation, defined by Mayer, Caruso and Salovey (1999, p. 270) as “the management and regulation of emotion, such as knowing how to calm down after being angry or being able to alleviate the anxiety of another person.” In this respect, Gross defines emotional regulation as “the process by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions” (1998, p. 275). Lawrence and her colleagues (2011) develop a model explaining emotional regulation at work and identify a common thread in which emotional regulation is not exclusively a trait or an ability, but better considered as a process. Drawing on Gross’s extensive work on emotional regulation (Gross, 1998, 1999; Gross and Thompson, 2007), Lawrence et al. (2011) describe emotional regulation to include “behavioral strategies aimed at increasing, maintaining, or decreasing one or more components of emotion [experiential, behavioral (expressions), physiological], depending
on an individual’s goals” (p. 203, italics added). The significance of the Lawrence et al. (2011) model is that emotional regulation is a complex process that can occur at many stages of an interaction. It is not just about simply increasing control of emotion. In relation to human frailty, the question we need to address is whether extremes of emotional regulation exist and their impact on behavior.

In terms of Ego Depletion Theory, Baumeister and his colleagues (Baumeister et al., 1998; Baumeister Muraven and Tice, 2000) argue that individuals engaging in emotion regulation eventually become “tired” (Mead, Baumeister, Gino, Schweitzer and Ariely, 2009, p. 594), and their ability to regulate their emotions decreases and individuals (like Ruth in Ashkanasy and Daus’s [2002] vignette) show signs of faulty decision-making and counter-productive behavior.

Given that a lack of emotional control (or regulation) is likely to be counterproductive in workplace settings (e.g., throwing tantrums at work, see Hogan and Hogan, 1989), it is instructive to ask if, at the other extreme, the opposite might be true. What of individuals who are able to regulate their emotions completely; or who are totally unemotional?

In the popular literature, this is what “Mr. Spock,” a fictional character in the TV/movie series Star Trek, represents. Spock makes decisions in a completely rational and emotionless fashion and is presented in the show as a sort of human computer whose decision-making is uncolored by human frailties and is therefore invariably impeccable. As such, he is regularly cited in the literature (e.g., see Baumeister and Lobbestael, 2011; Brotheridge and Lee, 2008; Tice, 2009) as the epitome of emotion regulation.

But is this real? Can someone devoid of emotions make perfect decisions? Evidence from the behavioral finance literature might seem to be supportive of this idea. Shiv et al. (2005) found that investors suffering from neurological deficiencies in emotion processing made better investment decisions than investors without such deficits. But, in fact, the deficiencies reported in this research were relatively mild. The results essentially tell us that mild levels of emotional deficiencies help in financial decision-making; not that high levels of deficiency (or indeed a total lack of emotional processing skill) improves decision-making. In fact, the evidence suggests that this is not at all facilitative of decision-making accuracy. For instance, Damasio (1994) describes the case of “Patient Elliot” who suffers from a brain lesion that prevents him from accessing his emotional feelings. Despite a high level of intellectual intelligence (as measured using standard IQ tests), Patient Elliot was incapable of making even simple decisions. Thus, and despite the perceived infallibility of Mr. Spock, the fact is that total rationality is a myth. As Damasio emphasizes, effective decision-making is made with reference to (what he calls) “somatic markers,” or body states that provide essential references for human decision-making. As a consequence, elimination of emotional information does not lead to improved decision-making; on the contrary, it leads to deficiencies in decision-mailing, resulting in increased human frailty.

Research into the effects of low levels of emotional control focus on emotional outbursts and include outcomes such as aggression and emotional abuse (Keashley, 2001). In terms of specific emotional outbursts in the form of extreme anger, the literature shows that this type of extreme emotional expression has an impact on the development of dysfunctional working relationships (Defenbacher, Oetting and DiGiuseppe, 2002) and antisocial behavior such as theft, sabotage, and vandalism (Fox and Spector, 1999; Robinson and O’Leary-Kelly, 1998). Clearly, in this case, raising the level of emotional regulation will address human frailty and produce more positive outcomes.
As was the case in our analysis of emotional awareness/perception, we conclude that too much emotional management can be counterproductive and so increase human frailty, especially in workplace settings. At the high end of emotional management we have an inability to make decisions and a lack of appreciation of context in decision-making (Damasio, 1994). At the extreme low end of emotional management, we find more human frailty caused by extreme emotional outbursts. As such, and consistent with the conclusions reached by Jordan et al. (2010), we conclude that moderate levels of emotional management may be necessary to reduce human frailty, while high or low levels can actually serve to increase frailty.

Conclusion

In this chapter, we introduce the notion of human frailty at work, which we define as “a form of character weakness associated with undesirable behaviors and poor decision-making.” We note that human frailty is related to emotions and make the case that emotional intelligence, as defined in the Mayer and Salovey (1997) “four branch” model, is likely to play an important role. We present evidence that, while emotional intelligence abilities are important factors underlying human effectiveness and decision-making, and hence in ameliorating human frailty, too much emotional intelligence can sometimes have an opposite effect. In this respect, we questioned in particular the naïve assumption that more emotional intelligence is the answer to solving human frailty. Indeed, our arguments lead to the conclusion that, although emotional awareness and emotional regulation abilities are useful in reducing human frailty, that more is not always better. In this regard we note that excessive emotional abilities may result in more, rather than less, human frailty in workplace settings.

References


Emotional Intelligence and Human Frailty at Work


