

COGNITIVE DISTORTIONS AND SELF-ESTEEM: THE MEDIATING ROLE OF EMOTIONAL INTELLIGENCE

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Abstract

This study aimed to explore the relationships between cognitive distortions, emotional intelligence and self-esteem in young adults and to explore the mediation of the relationship between cognitive distortions and self-esteem by emotional intelligence. A correlational research design was used to examine 300 University students (18-25 years). Participants filled out the Cognitive Distortion Scale, Schutte Self-Report Emotional Intelligence Test and Rosenberg Self-Esteem Scale. Pearson product-moment correlations and Hayes' PROCESS mediation analyses were used to analyze the data. The results showed that there was significant negative relationship between cognitive distortions and emotional intelligence and cognitive distortions and self-esteem. Self-esteem was significantly and positively related to emotional intelligence. In addition, each aspect of cognitive distortions (self-criticism, self-blame, helplessness, hopelessness, and danger preoccupations) was negatively correlated with emotional intelligence and self-esteem. The mediation analysis indicated that the relationship between cognitive distortions and self-esteem was mediated by emotional intelligence. The indirect effect was also important and suggested that emotional intelligence buffered the negative influence of the cognitive distortions on self-esteem. The findings indicate that there are relationships between cognitive distortions scores and emotional intelligence scores and emotional intelligence scores and self-esteem. Emotional intelligence seems to act as a protective factor and moderate the effects of unhealthy thinking patterns on self-esteem. The results provide evidence that emotional awareness and regulation are important factors in psychological well-being for young adults, and that these processes should be promoted to foster psychological well-being in them. The findings of the study have significant implications for counseling, educational and mental health interventions for reducing the cognitive vulnerabilities and reinforcing self-esteem in youth.

Keywords: Cognitive distortion, Emotional intelligence, Self-esteem

1. Introduction

Cognitive distortions (CD) are systematic errors in thinking patterns that negatively affect how one perceives and interprets experiences and contribute to the development and maintenance of various psychological issues (Beck, 1976; Beck, 1991). Psychological studies have long focused on the key role of cognition in eliciting emotional and behavioral response patterns in individuals. People who tend to have cognitive distortions may have unhelpful thoughts, including catastrophizing, overgeneralizing, personalizing, and thinking in extreme categories.

These maladaptive Interpretations may contribute to heightened emotional responses and reduced

psychological functioning (Wright et al., 2006). Cognitive distortions are based on Beck's cognitive theory, suggesting that distorted and biased thinking stems from dysfunctional schemas developed originally in childhood experiences. These schemas are cognitive schemata that direct the interpretation of information and reactions to the environment (Beck et al., 1985). These schemas can be rigid and difficult to change, leading to the recurrence of negative automatic thoughts and thus perpetuating negative feelings and behaviors (Corey, 2016).

Emotional Intelligence (EI) is often seen as having four components: perceiving emotions, managing one's own emotions, managing others' emotions, and using emotions. It is described as the adaptation of emotions to promote thinking, involving the recognition, understanding, management, and use of one's own emotions and those of others (Salovey et al., 1995). EI was added to this study as a mediator because emotional states are theorized to influence reasoning processes, based on previous research (İşmen, 2001). In addition, Moboçoğlu (2006) examined the relationship between cognitive distortions and emotional intelligence. Likewise, Mayer and Salovey (1993) claim that people who know how to feel can sense shifts in their emotional states and make them more accountable for their negative emotional impact. The literature lends credence to the notion that emotional intelligence might mediate between cognitive distortions and emotional responses.

In Rosenberg's (1965) view, self-esteem (SE) is the evaluative aspect of the self-concept, representing an individual's general perception of his self-worth. Mruk (2013) further expands on self-esteem, identifying two components: the cognitive component of self-evaluation and the affective component. On the other hand, people with low self-esteem tend to have emotional disturbances, as well as maladaptive patterns of thinking and higher rates of cognitive distortions. For example, higher levels of cognitive distortions such as mind-reading and catastrophizing have been reported to be associated with changes in emotional expression (Mercan et al., 2023). Likewise, studies by Yazıcı et al. (2022) and Poorshirazi and Nasrolahi (2021) in substance-dependent samples found a significant negative correlation between cognitive distortions and emotional intelligence, indicating that low EI increases cognitive distortions. As cognitive distortions are systematic thinking errors (Beck, 1991; Corey, 2016), and emotional intelligence is related to the recognition and management of emotional responses. (Mayer & Salovey, 1993), EI can act as a buffer against cognitive distortions (Druskat et al., 2006; Zeidner et al., 2004). In general, higher emotional intelligence promotes healthier thinking patterns and emotional regulation, which minimizes the risk for psychological problems (Barbuto & Story, 2010; Sears & Kraus, 2009; Keser & Traş, 2019).

Previous studies have consistently shown a strong negative relationship between thoughts and self-esteem, such that people with more frequent thoughts have lower self-esteem in a variety of groups. For instance, Yazdany and Ara (2024) found this correlation among the employees of banks in Bangladesh; women had higher CD and lower SE. Blank et al. (2018), however, noted a higher level of self-esteem in child sexual abuse offenders, despite these offenses also signifying a higher degree of cognitive distortions, indicating more complex coping strategies. However, other studies conducted by Yavuzer (2015) and Nasir et al. (2011) revealed that increasing the scores of the cognitive distortions, the students' self-esteem, and juvenile delinquents' self-esteem, respectively, decreased. Moreover, Abdullah et al., (2011) found that.

Massey and Pollock (2007) found a similar link between increased cognitive distortions and decreased self-esteem, with adolescent rape victims experiencing reduced self-esteem, and Nasir et al. (2010) found a similar link between high cognitive distortions and low self-esteem for women from Malaysia in prostitution who were Muslim.

While Marshall et al. (2009) suggested that in sexual offenders, low self-esteem and cognitive distortions reinforce one another, thus negatively affecting treatment results, Pervan and Hunter (2007) did note distinct patterns of cognitive distortion among rapists and child molesters, both of whom had lower self-

esteem than students. Focusing on low self-esteem and depression, Tems et al. (1993) have found that high cognitive distortions are associated with low self-esteem in depressed children, which supports Beck's theorizing. Similarly, strong positive correlations between emotional intelligence and self-esteem have been observed across diverse groups. In studies by Miezah and colleagues (2025), university students with higher EI scores reported higher self-esteem, and, in Frantzikinaki and Ieridou (2025), the same was observed among Greek students about to enter secondary school. The authors of the study by Ailpour et al. (2024) in the healthcare sector reported that self-esteem was related to academic performance for the paramedical students, but not for the EI in the same context; whereas the study conducted by Bsharat (2024) in healthcare reported that EI was positively related to self-esteem among the nursing students. Ramos-Luna and Oliver (2024) showed that the relationship between differentiation of self and SE among Spanish adults was mediated by the EI construct, and Jurado et al. (2022) found that the relationships between EI and SE differed depending on gender in the healthcare sector.

In addition, Barragán Martín et al. (2021) and Casino-García et al. (2021) reported high SE-EI correlations for gifted youth and high school students, respectively. Previous research by Kaur and Maheshwari (2015) and Cheung et al. (2015) suggested that EI predicts SE and serves as a mediator between academic achievement and SE, highlighting the importance of emotional regulation and emotional appraisal. Abbass (2008) and Sameer (2008) have reported similar results in Pakistan and India, respectively.

Furthermore, both Petrides and Furnham (2006) and Schutte et al. (2002) agreed that high emotional intelligence is associated with better psychological functioning and positive self-esteem, because emotionally intelligent people regulate their emotions well, are in a positive emotional state, and accept themselves, which helps them develop a positive sense of self-worth. Gender specific sociocultural expectations and pressures may be responsible for the higher cognitive distortions observed in females than males in the cultural context of Pakistan, and lower self-esteem (Malik, Rehman & Hanif, 2022). Given the interrelationships between cognitive distortions, EI and SE, this study attempts to explore these constructs in young adults living in Pakistan and to test whether there is a mediator effect of EI between cognitive distortions and SE.

The Research questions formulated for this Study are:

1. Is there a link between the cognitive distortions (self-criticism, self-blame, helplessness, hopelessness and preoccupation with danger) and emotional intelligence and self-esteem among young adults?
2. Is there a mediating effect of emotional intelligence between cognitive distortions and self-esteem in young adults?

The Objectives formulated for this Study are:

1. To Examine the relationships among cognitive distortions (viz., self-criticism, self-blame, helplessness, hopelessness, preoccupation with danger), emotional intelligence, and self-esteem among young adults.
2. To examine the mediating role of emotional intelligence in the relationship between cognitive distortion and self-esteem.

The hypotheses formulated for this study are:

H1: To investigate the correlation between cognitive distortions , Emotional Intelligence and self- esteem in youth.

H2: To examine the mediating role of emotional intelligence in the relationship between cognitive distortions and self-esteem.

2. Method

2.1 Research Design

The research type of this study was correlational research because the researcher decided to investigate

the association between cognitive distortion, emotional intelligence and self-esteem. in terms of direction and intensity. It took the mediating role of emotional intelligence, between cognitive distortions and self-esteem, into account.

2.2 Participants

Based on a power analysis (G*Power version 3.1.9.77; Faul et al., 2007) a minimum sample size of 109 participants was required. The final sample (N = 300) did meet this requirement. The participants were young adults (18-25 years old) who were recruited from different universities. The sample consisted of 77 males (25.7%) and 223 females (74.3%).

2.3 Data Collection Tools

Cognitive Distortion Scale: Briere's (2000) Cognitive Distortion Scale (CDS) was used to measure cognitive distortions. This is a 40 item self-report scale that consists of 5 dimensions (8 items each): Self-Criticism, Self-Blame, Helplessness, Hopelessness, and Preoccupation with Danger. Each item is rated using a 5-point Likert scale (1 never, 5 very often). The overall score ranges from 40 – 200; the higher the score, the greater the level of cognitive distortion. The CDS has been shown to be highly reliable (Cronbach's alpha = .97).

Measures of emotional intelligence: The Schutte Self-Report Emotional Intelligence Test (the Assessing Emotions Scale; Schutte et al., 1998) was used to measure emotional intelligence. It is a 33-item instrument, which is divided into four factors: Perception of Emotions (10 items), Managing One's Own Emotions (9 items), Managing Others' Emotions (8 items), and Utilization of Emotions (6 items) (Ciarrochi et al., 2001). Each participant is asked to respond to each question on a five points scale: 1 = strongly agree and 5 = strongly disagree. Items 5, 28 & 33 are reverse-scored and the total scores range from 33 – 165 with higher scores representing higher levels of emotional intelligence. This scale shows a good level of reliability ($\alpha \approx .90$).

The Rosenberg Self-Esteem Scale (RSE): The RSE (Rosenberg, 1965) is a 10-item unidimensional self-esteem scale. It reflects positive and negative self-attitudes. Responses are scored on a scale from 0 (strongly disagree) to 3 (strongly agree) and items 2, 5, 6, 8 and 9 are reverse coded. The higher total scores will have higher self-esteem. Rosenberg (1965) had a Cronbach's alpha of .77 for the original RSE.

2.4 Statistical Analysis

IBM SPSS (version 23) was used for data analysis. Pearson correlations were used to explore relationships between variables. To test whether emotional intelligence mediated the relation between cognitive distortions and the results, mediation analysis was performed using Hayes' PROCESS macro. Self-esteem The level of significance was set at $p < 0.05$.

3. Findings

3.1 Pearson Product-Moment correlation

Table 1

Pearson product-moment correlation among Cognitive Distortions and Subscales, Emotional

Intelligence, and Self-Esteem (N=300)

Variables	N	M	SD	1	2	3	4	5	6	7	8
1.CD	300	130.4	34.87	-							
2.SB	300	26.4	7.140	.93**	-						
3.SC	300	25.6	7.43	.95**	.87**	-					
4.HLP	300	26.0	7.10	.95**	.88**	.88**	-				
5.HOP	300	26.0	8.08	.93**	.81**	.86**	.87**	-			
6.PWD	300	26.2	7.09	.95**	.84**	.89**	.89**	.86**	-		
7.EI	300	83.5	27.4	-.53**	-.47**	-.53**	-.50**	-.51**	-.51**	-	
8.SE	300	14.2	4.19	-.49**	-.42**	-.48**	-.45**	-.51**	-.44**	.38**	-

Note. *. $p < .05$; **. $p < .01$; ***. $.001$; M=Mean; SD= Standard Deviation; CD=Cognitive

distortion; SB=Self-Blame; SC=Self Criticism; HLP=Helplessness; HOP=Hopelessness; PWD=Preoccupation with danger; EI= Emotional intelligence; SE= Self-esteem

Table 1 indicates significant negative correlations between cognitive distortions and both emotional intelligence and self-esteem. A positive correlation is observed between emotional intelligence and self-esteem.

3.2 Mediation Analysis

Table 2

Mediating Role of Emotional Intelligence in the Relationship between Cognitive Distortion and Self-Esteem

Variables	B	SE	P	95% LL-UL
Total effect X on Y	-.059	.006	.000	[-.071, -.047]
Direct effect X on Y	-.048	.007	.000	[-.062, -.034]
Indirect effect X on Y	-.011	.004		[-.019, -.004]

Note. B=Effect, 95%CI=Confidence interval (Lower limit and Upper limit)

The mediation analysis revealed a significant total effect of cognitive distortions on self-esteem, $B = -.059$, $SE = .006$, $p < .001$, 95% CI [-.071, -.047]. The direct effect remained significant, $B = -.048$, $SE = .007$, $p < .001$, 95% CI [-.062, -.034]. Importantly, the indirect effect through emotional intelligence was also significant, $B = -.011$, 95% CI [-.019, -.004], indicating partial mediation.

3.3 Pictorial Description of Mediation Analysis

Table 3

Mediation Pathways of Emotional Intelligence between Cognitive Distortions and Self-Esteem

	Ab	95%CI		A	b	C	c'
		LL	UL				
Emotional Intelligence	-0.01	.00	.04	-.05***	.02***	-.05***	-.04***

*** $p < .001$, ** $p < .01$, ab= Estimated indirect effect, Pathc1 direct effect, path c total effect

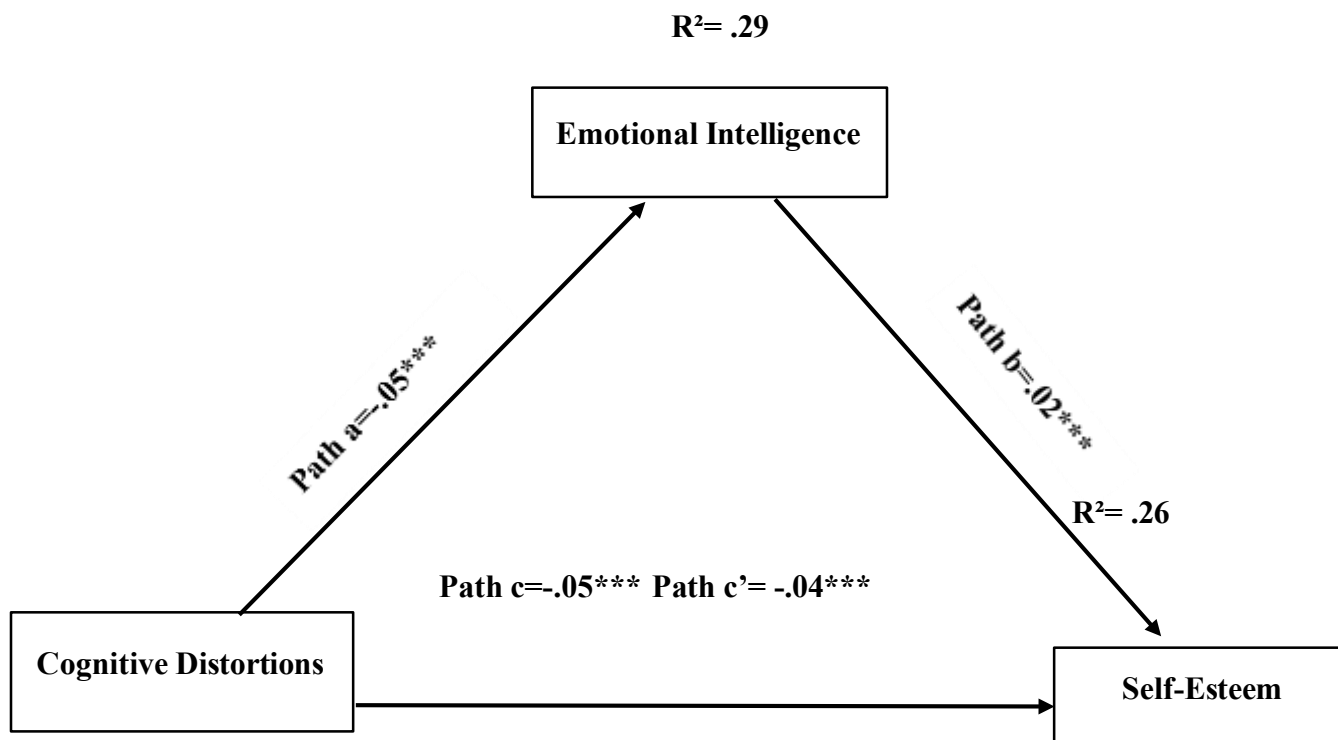


Figure 1. The prediction of Self-Esteem by cognitive distortions through the mediation of emotional intelligence.

4. Discussion and Conclusion

The present study aimed to explore the associations among CD, EI, and SE in young adults in Pakistan, with EI mediating the relationship between CD and EI. It revealed a significant negative correlation between CD and EI and SE, while a significant positive correlation between EI and SE. Results are consistent with previous studies that found negative thinking patterns are associated with less emotional intelligence and self-esteem (Beck, 1991; Corey, 2016; Yazdany & Ara, 2024).

The negative association between CD and SE observed here is in line with earlier studies, people who have a high number of frequent cognitive distortions have a low level of self-esteem (Yavuzer, 2015; Nasir et al., 2011; Abdullah et al., 2011). For instance, self-blame, helplessness, and hopelessness can be reinforced by distortions. Thus, negative self-schemas lead to chronic low self-esteem and heightened vulnerability to psychological distress (Marshall et al., 2009; Beck et al., 1985). Likewise, the positive correlation between EI and SE is consistent with prior studies that have reported a relationship between high EI and greater self-acceptance and self-regard (Schutte et al., 2002; Petrides & Furnham, 2006; Miezah et al., 2025). Interpretation of negative experiences and thoughts in an adaptive manner is related to a higher level of Emotional intelligence, which helps to maintain a stable sense of self-worth (Cheung et al., 2015; Ramos-

Luna & Oliver, 2024).

Mediation results proved that EI served as a psychological buffer by partially mediating the relationship between CD and SE. In other words, while cognitive distortions lower and self-esteem directly, higher EI can mitigate the negative effects by encouraging more adaptive emotional understanding, responses, and healthier self-evaluations (İşmen, 2001; Poorshirazi & Nasrolahi, 2021). Emotional intelligence (EI) acts as a buffer to control the negative consequences of biased thinking is supported by this finding (Druskat et al., 2006; Zeidner et al., 2004). Young women in Pakistan are constrained by several factors, such as rigid gender roles and cultural pressure, which may exacerbate cognitive distortions or biased thinking patterns. (Malik, Rehman, & Hanif, 2022). These results highlight the importance of culturally informed approaches that focus on emotional awareness and regulation, especially since many of our participants were women. Clinical and educational efforts to improve EI could help reduce negative thoughts and improve positive self-esteem in young adults. Emotional Intelligence (EI) development could also be integrated into school programs and counseling to support youth in developing their psychological health and resilience to negative thinking.

Conclusively, the current study adds to the large volume of research by giving useful insights regarding the relationship between cognitive distortions, emotional intelligence, and self-esteem within the context of Pakistani young adults. The results indicate that these psychological constructs are highly related to each other and suggest that emotional intelligence (EI), is one of the important protective factors that may buffer the impact of the negative thought patterns on self-esteem. In addition, the fact that EI was found to mediate between the cognitive distortions and the maintenance of positive self-worth suggests that individuals with high levels of emotional awareness, regulation and management will be better equipped to maintain a positive sense of self-worth despite the presence of the cognitive distortions. The study also highlights the need for further research exploring the efficacy of EI-based interventions by implementing experimental and longitudinal research designs to determine causality and the long-term effects. Future studies should also examine the implementation of EI-focused interventions in educational, counselling and mental health practices to determine the effects of EI development on the psychological well-being of the youth. In conclusion, promoting emotional intelligence is a potential and culturally relevant approach to empowering young adults in self-esteem, increasing their resilience, and mitigating psychological issues.

5. Limitations and Recommendations

Key limitations to the study are its geographically limited sample, self-report measures, and its correlational research design. Future research would be strengthened by employing experimental or longitudinal designs, recruiting more gender-balanced and diverse populations, and employing a variety of evaluation techniques. From a practical perspective, embedding culturally relevant emotional intelligence teaching and learning in clinical and educational settings could be a helpful approach to enhancing self-esteem and reducing cognitive biases among young adults in Pakistan.

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