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Article

Emotional Intelligence and Risk Behaviour: A Risk Domain-Dependent Relationship

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ABSTRACT

Background: It is widely accepted that emotions exert a strong influence on risk decision-making. Despite this, the literature studying the role of emotional intelligence (EI) on the tendency to engage in risky behaviour is scarce, and the results appear to be inconclusive. The present study delves into the relationship between EI and risk behaviour through various risk contexts (Ethical, Health, Financial, Social, and Recreational domains). We also examined whether this relationship is age and gender-dependent. **Method:** A Spanish sample of 1435 participants (Mage = 29.84, from 18 to 70; 61.9% women) was assessed for levels of EI and risk-taking by the TMMS and DOSPERT scales. **Results:** The results revealed that EI was negatively related to risk behaviour in the Ethical and Health domains and positively related to the Social and Recreational domains. Moreover, we confirmed the influence of gender and age on both EI and risk behaviour. **Conclusions:** EI is differentially related to risk behaviour depending on the risk domain studied, supporting the idea that risk is a domain-specific construct. We suggest that higher levels of EI could be adaptive for risk behaviour regardless of the direction of the relationship. Practical implications and future lines of research are discussed.

Inteligencia Emocional y Comportamiento de Riesgo: una Relación Dependiente del Dominio de Riesgo

Palabras clave:
Inteligencia emocional
Emoción
Toma de riesgos
Dominios de riesgo
Género
Edad

RESUMEN

Antecedentes: Las emociones ejercen una fuerte influencia en la toma de riesgos. Sin embargo, la literatura que estudia el rol de la inteligencia emocional (IE) en la tendencia a comprometerse con el riesgo es escasa e inconcluyente. Este trabajo profundiza en la relación entre la IE y el comportamiento de riesgo en diferentes contextos (Ético, Financiero, Salud, Social y Recreativo). Además, examinamos si estas relaciones dependen de la edad y del género. **Método:** Una muestra española de 1435 participantes (Medad = 29.84, entre 18 y 70 años; 61.9% mujeres) fue evaluada con las escalas TMMS y DOSPERT. **Resultados:** La IE se relacionó negativamente con el comportamiento de riesgo en los dominios Ético y de Salud y positivamente en los dominios Social y Recreativo. Además, la influencia del género y la edad sobre los niveles de IE y comportamiento de riesgo fue confirmada. **Conclusiones:** La relación entre la IE y el comportamiento de riesgo depende del contexto de riesgo, apoyando la idea de que el riesgo es un constructo específico de dominio. Sugerimos que niveles altos de IE podrían ser adaptativos independientemente del dominio de riesgo. Implicaciones prácticas y futuras líneas de investigación son discutidas.

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Individual risk behaviour represents one of the most important factors threatening our physical, psychological, and general well-being. Governments and civil societies spend an enormous amount of money, time, and effort preventing risk behaviours and the associated negative consequences. Risk behaviour is understood as any behaviour that results in the probability of significant loss — either objective or subjective — for the individual (Yates & Stone, 1992). Some common examples of risk behaviours in our society include consuming illegal substances to gain social acceptance, driving after drinking, walking down a dark and lonely street at night, gambling large amounts of money, having sex without precaution, practicing extreme sports, sunbathing too much without sunscreen, or even expressing an unpopular opinion in front of a difficult audience. Such behaviours can represent a potential threat to our physical and mental integrity.

Emotion has been shown to be crucially involved in risk-taking (Megías et al., 2015; Reyna, 2004; Weber et al., 2002). Risky contexts are often characterised by a strong emotional charge, which drives our decision-making process and determines our final behaviour (Ditto et al., 2006; Finucane et al., 2000; Gutnik et al., 2006; Megías et al., 2015; Rivers et al., 2008; Slovic et al., 2012). Previous research suggests that emotional abilities could be protective factors against risk-taking (Goudarzian et al., 2017; Rivers et al., 2013; Romero-Ayuso et al., 2016; Sánchez-López et al., 2018; Zavala & López, 2012). However, not all studies have yielded results that are compatible with this notion. Although the literature is still scarce and not sufficiently clear, the relationship between emotional abilities and risk behaviour seems to depend on the environment in which the behaviour occurs (Malinauskas et al., 2018; Panno et al., 2015; Sánchez-López et al., 2022; Vaughan et al., 2019; Weber et al., 2002).

In this regard, the concept of Emotional Intelligence (EI) could be key in the study of this relationship. EI is defined as "...the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth" (Mayer & Salovey, 1997, p. 10). A substantial body of literature has related higher EI levels with numerous psychosocial benefits, such as greater life satisfaction and well-being (Villanueva et al., 2022; Xu et al., 2021), better physical and psychological health (Domínguez-García & Fernández-Berrocal, 2018; Gómez-Leal et al., 2021; Jordana Ovejero et al., 2020; Ruiz-Aranda et al., 2012), higher professional and academic performance (Usán Supervía & Salavera Bordás, 2018; Valente et al., 2020), and lower levels of aggressiveness (Gómez-Leal et al., 2020; Megías-Robles et al., 2021; Vega et al., 2021).

An important point to note when addressing EI is that this has been considered in various forms over the years. According to Joseph & Newman (2010), we can understand EI from three different approaches as a function of the its conceptualization and the measurement instruments used: the self-reported ability model, the performance-based ability model, and the mixed model. Both ability models understand EI as a mental ability comprising a set of emotional abilities related to the EI conceptualization proposed by Mayer & Salovey (1997). The self-reported ability model uses self-report questionnaires to measure EI, while the performance-based ability model uses objective performance measures where there are right and wrong answers. The mixed model understands EI as a broader concept, in which aspects such as personality, motivation, and affect are also part of the construct and are assessed by self-report measures. While all three models are used indistinctly in the EI literature, the ability models have received greater empirical support (Gutiérrez-Cobo et al., 2016; Mayer et al., 2016). Ability models are exclusively based on emotional processing abilities, while mixed models blend these abilities with other behavioural variables and personality traits that do not focus on emotional reasoning (Fernández-Berrocal et al., 2012; Mayer et al., 2008). This lack of agreement regarding the conceptualization of EI could at least partially explain the mixed findings observed in the literature studying the relationship between EI and risk behaviour (Sánchez-López et al., 2022).

Another relevant fact to consider in this relationship is that risk behaviour does not show a rigid pattern. In other words, being risky in one area of our lives (such as social, financial, health and safety or recreational) does not necessarily mean that we are risky in all areas, even if these are interrelated to some extent (Blais & Weber, 2006; Lozano et al., 2017). That is, risk behaviour is a domain-specific construct (Weber et al., 2002). Previous studies have found a negative relationship between the concept of EI and engaging in risk behaviours, particularly in health and safety domains (Abdu et al., 2012; Ariely & Loewenstein, 2006; Cyders & Smith, 2008; González Yubero et al., 2019; Molero Jurado et al., 2019; Sánchez-López et al., 2018; 2022). However, as previously described, research studying the relationship between these two constructs has also revealed a lack of relationship or even positive relationships in other risk domains (e.g., Alipour & Mijani, 2013; Malinauskas et al., 2018; Panno et al., 2015). For example, Panno et al. (2015) reported the absence of a relationship between EI and financial risk behaviour. Likewise, Malinauskas et al. (2018) observed that higher levels of EI were related to higher tendency to engage in risky driving behaviours. In summary, this relationship appears to depend on the context of study.

In addition, it is important to note that gender and age are two factors that contribute both to the levels of EI and to the tendency to behave risky. Regarding EI, the literature supports the idea that women score higher than men on performance scales (e.g., Cabello et al., 2016; Palmer et al., 2005). However, research using self-report questionnaires show results in both directions (higher EI for men or for women, depending on the study) or a lack of gender differences (Goldenberg et al., 2006; Joseph & Newman, 2010; Sánchez-Núñez et al., 2008). The literature in general shows that EI increases with age and experience, regardless of gender (Cabello et al., 2016; 2021; Candela et al., 2002; Navarro-Bravo et al., 2019). More specifically, Cabello et al. (2016) found that EI and age were related in an inverted U curve, that is, EI increased from youth to middle-age, but decreased in older adult. With regard to risk-taking, men are more likely than women to engage in risk behaviour (Lozano et al., 2017; Navas et al., 2019; Weber et al., 2002). Moreover, as with EI, there is a quadratic relationship between age and risk-taking, in this case, the likelihood of risk-taking behaviour increase at younger ages and then declines during adulthood (Steinberg, 2010).

The present research aimed to study the relationship between EI and risk behaviour in more depth and provide new knowledge about how this relationship is determined by the risk domain

where the behaviour is conducted. Although the literature on this issue is limited and the results appear to be unclear, we suggest, based on the studies reviewed above, the existence of a negative relationship between EI and risk behaviour in those domains in which our health and safety could be under threat. We also examined whether this relationship differs according to age and gender. In addition, as a secondary aim, we were interested in testing and confirming the gender and age differences that the previous literature has revealed in both EI and risk taking. To achieve these objectives, we assessed the tendency to take risks in a sample of 1435 participants across several different risk domains: ethical, financial, health/safety, social, and recreational. We based our evaluation of EI on the EI ability model given its greater empirical support (Fernández-Berrocal & Extremera, 2008; Gutiérrez-Cobo et al., 2016; Mayer et al., 2016).

Method

Participants

A community sample of 1441 Spanish participants voluntarily agreed to take part in the study. Six participants were considered outliers (>2.5 *SD* from the mean) and were removed. Thus, the final study sample consisted of 1435 participants. The age of the sample ranged from 18 to 70 years (M = 29.84 years, *SD* = 12.85) and 61.9% were women. The sample was recruited through the snowball technique with the voluntary help of students from the University of Málaga. The only requirement for participation was being 18 years of age or older. Participants were informed of the anonymity and confidentiality of their responses and were treated according to the Helsinki declaration (World Medical Association, 2009). The study was approved by The Research Ethics Committee of the University of Málaga (approval number: 10-2019-H).

Instruments

The *Trait Meta-Mood Scale* (TMMS, Salovey et al., 1995) is an instrument extensively employed to assess EI in the adult population. In the present study we used its Spanish adaptation (Fernández-Berrocal et al., 2004). This scale measures participants' self-perceived level of EI through 24 items divided into three subscales: emotional Attention (e.g., "I think about my mood constantly"), emotional Clarity (e.g., "I almost always know exactly how I am feeling") and emotional Repair (e.g., "Although I am sometimes sad, I have a mostly optimistic outlook"). Participants are asked to indicate the degree of agreement or disagreement with each item on a 5-point Likert scale with response options from "1. Totally disagree" to "5. Totally agree". In our sample the internal consistency was good: Attention, α = .92 Clarity, α = .91, and Repair, α = .87 (George & Mallery, 2019).

The *Domain-Specific Risk-Taking Scale* (DOSPERT-30, Blais & Weber, 2006) was used to assess risk behaviour. We employed the Spanish adaptation of the scale (Lozano et al., 2017). This 30-item self-report scale assesses the likelihood of acting in a risky way in the following five domains: Ethical (e.g., "Taking some questionable deductions on your income tax return"), Financial (e.g., "Betting a day's income at a high-stake poker game"), Health and safety (e.g., "Drinking heavily at a social function"), Social (e.g., "Admitting that your tastes are different from those of a friend") and Recreational (e.g., "Taking a skydiving class"). The original scale is divided into three parallel subscales: risk-taking, risk perception and expected benefits of risk behaviour (30-items each); but we were only interested in the risk-taking subscale for this study. The instructions were "indicate the likelihood that you would engage in the described activity or behaviour if you were to find yourself in that situation", and responses range from 1= "extremely unlikely" to 7= "extremely likely" on a 7-point Likert-type format. The scale provides a global score for each subscale and a specific score for each risk domain. In our sample the internal consistency was acceptable in all domains of the risk-taking subscale: Ethical, α = .73, Health, α = .70, Financial, α = .81, Social, α = .71, and Recreational, α = .83 (George & Mallery, 2019).

Procedure

The questionnaires were administered and completed online using the *Limesurvey* platform (www.limesurvey.com). A link to the questionnaires was sent via email. Participants provided information on their gender and age and were asked to complete the questionnaires TMMS-24 and DOSPERT-30. The estimated time for completing the study was approximately 30 minutes.

Data analysis

Descriptive statistics were calculated for the three subscales of the TMMS (Attention, Clarity, and Repair), and for the five domains of the DOSPERT (Ethical, Financial, Health/safety, Social, and Recreational). Before conducting the main analyses, we checked for the assumption of normality using the Kolmogorov-Smirnov test. Normality was not met for any of the study variables (*ps* < .05), and subsequent analyses were thus computed using non-parametric statistics. Possible gender differences were examined using Mann–Whitney U tests. Age differences (and the Age X Gender interaction) were tested using non-parametric linear and quadratic regression analyses. The relationships between the subscales of the TMMS and the DOSPERT domains were determined by Spearman's correlation coefficient. In addition, we studied the possible moderating effect of age and gender on these relationships through non-parametric regression analyses. For each regression, age, gender, a TMMS subscale, and the interactions of age and gender with the TMMS subscale (both the two-way and three-way interactions) were included as predictors of a DOSPERT domain. Predictors were mean-centered. Finally, to jointly identify the TMMS subscales that best predicted the risk-taking scores in the DOSPERT domains, we developed a multivariate model where the three TMMS subscales were introduced as predictors and the five DOSPERT domains as criterion variables. Only those relationships that were previously reported to be significant (including interactions with age and gender) were introduced in the model. Gender and age were controlled.

The Mann-Whitney U tests and Spearman's correlations were conducted using SPSS 23 (IBM corp., USA). All the regression analyses were conducted using the non-parametric bootstrapping method (1,000 samples, 95% percentile confidence interval) with the IBM AMOS 26.0 software (IBM corp., USA).

Results

Table 1 displays the descriptive statistics and gender differences (Mann–Whitney U test) for each of the variables included in the study. Women, compared with men, showed significantly higher scores for Attention and Social risk-taking (*ps* < .001), and significantly lower scores for Ethical, Financial, Health/safety, and Recreational risk-taking (*ps* < .001) (see Table 1). Regarding age, linear regression analyses (by non-parametric bootstrapping) revealed a significant negative relationship between age and the Attention subscale (b = -0.02, β = -0.27, 95% CI [-0.02, -0.01], p < .01), Ethical risk-taking (b = -0.03, β = -0.08, 95% CI [-0.06, -0.01], p < .01), Financial risk-taking (b = -0.03, β = -0.06, 95% CI [-0.06, -0.00], p = .03), Health/safety risk-taking (b = -0.10, β = -0.19, 95% CI [-0.13, -0.07], p < .01), Social risk-taking (b = -0.16, β = -0.36, 95% CI [-0.18, -0.14], p < .01), and Recreational risk-taking (b = -0.21, β = -0.29, 95% CI [-0.25, -0.17], p < .01), and a significant positive relationship with the Repair subscale (b = 0.01, β = 0.06, 95% CI [0.00, 0.01], p = .04). Quadratic regression analyses also revealed a significant relationship between age and these variables, but in this case the explained variance was always similar or lower than for the linear regression results. Additional analyses of the Age X Gender interaction revealed that this interaction was significant for the TMMS subscales of Clarity (b = 0.01, β = 0.12, 95% CI [0.01, 0.02], p < .01) and Repair (b = 0.01, β = 0.08, 95% CI [0.00, 0.01], p = .03) and the DOSPERT domains of Health/safety (b = -0.14, β = -0.19, 95% CI [-0.18, -0.08], p < .01) and Recreational risks (b = -0.13, β = -0.13, 95% CI [-0.20, -0.06], p < .01). Women showed an increase in Clarity and Repair of emotions with age (*ps* < .01), while men showed no age-related changes (*ps* > .05). These differences led to significantly higher levels of emotional Clarity for women than for men in the older group of participants (p < .05; older group = +1 *SD* from the mean age). With respect to risk taking, both women and men showed a decrease in Health/safety and recreational risks takings with age (*ps* < .05), but this decrease was more pronounced in women.

Spearman's correlation coefficients between the TMMS subscales and the DOSPERT domains are presented in Table 2. The Attention subscale showed a significant positive relationship with Social risk-taking (p < .001) and Recreational risk-taking (p = .02). The Clarity subscale showed a significant negative relationship with Ethical risk-taking (p < .01) and Health/safety risk-taking (p < .01) and a positive relationship with the Social risk-taking (p < .001). The Repair subscale showed a significant negative relationship with the Ethical risk-taking (p = .01) and a positive relationship with the Social risk-taking (p < .001) and Recreational risk-taking (p < .001). In addition, all risk-taking scores of the DOSPERT correlated with each other (*ps* < .001).

Analyses studying the relationship between each EI subscale and the various risk-taking domains as a function of gender and age revealed a significant interaction between Repair and Gender for the Health/safety risk-taking domain (b = -1.05, β = -0.10, 95% CI [-1.92, -0.18], p = .02). This interaction indicated that there was a negative relationship between Repair and the Health/safety domain for women (p = .02), but not for men (p > .05).

Table 1.
Descriptive statistics (means and standard deviations) for the total sample and divided by gender, and Mann–Whitney U tests (U and Cohen's d) for gender comparisons of the TMMS subscales and DOSPERT domains.

	Mean for the total sample (SD)	Mean for men (SD)	Mean for women (SD)	Mann–Whitney U	Cohen's d
TMMS Attention	3.21 (0.90)	2.92 (0.90)	3.39 (0.86)	173237.50**	0.50
TMMS Clarity	3.15 (0.84)	3.13 (0.82)	3.17 (0.85)	236379.00	0.04
TMMS Repair	3.18 (0.79)	3.19 (0.78)	3.17 (0.80)	237782.50	0.03
DOSPERT RT Ethical	14.85 (5.85)	15.79 (6.10)	14.28 (5.62)	207618.00**	0.25
DOSPERT RT Financial	15.26 (6.68)	17.25 (7.54)	14.03 (5.77)	182157.50**	0.43
DOSPERT RT Health/safety	19.50 (6.90)	21.24 (6.75)	18.43 (6.77)	185796.00**	0.40
DOSPERT RT Social	30.52 (5.65)	29.71 (5.85)	31.02 (5.46)	200581.00**	0.30
DOSPERT RT Recreational	22.15 (9.34)	23.91 (9.20)	21.07 (9.27)	208882.00**	0.24

Note: p < .01** TMMS: Trait Meta-Mood Scale; DOSPERT: Domain Specific Risk-Taking Scale; RT: Risk-taking.

Table 2.
Spearman's correlation between the TMMS subscales and the DOSPERT domains.

	1	2	3	4	5	6	7	8
1. TMMS Attention	-	.27**	.12**	.01	-.01	.01	.18**	.06*
2. TMMS Clarity		-	.43**	-.09**	-.04	-.09**	.13**	.02
3. TMMS Repair			-	-.07*	.03	-.03	.09**	.11**
4. DOSPERT RT Ethical				-	.36**	.53**	.12**	.22**
5. DOSPERT RT Financial					-	.35**	.15**	.32**
6. DOSPERT RT Health/safety						-	.22**	.45**
7. DOSPERT RT Social							-	.35**
8. DOSPERT RT Recreational								-

Note: p < .05*. p < .01** TMMS: Trait Meta-Mood Scale; DOSPERT: Domain Specific Risk-Taking Scale; RT: Risk-taking.

Analysis of the whole model including all the TMMS subscales as predictors and the risk-taking domains as criterion variables (controlled for gender and age, and including only those relationships that were previously significant) revealed that the Clarity subscale negatively predicted the scores for the Health/safety (b = -0.64, β = -0.08, 95% CI [-1.10, -0.15], p = .02) and Ethical domains (b = -0.42, β = -0.06, 95% CI [-0.82, -0.01], p = .04) and positively predicted those of the Social domain (b = 0.53, β = 0.08, 95% CI [0.16, 0.92], p = .01). The Repair subscale positively predicted the scores for the Social (b = 0.52, β = 0.07, 95% CI [-0.12, 0.89], p = .02) and Recreational domains (b = 1.47, β = 0.12, 95% CI [0.88, 2.03], p < .01), and the Repair X Gender interaction negatively predicted the scores for the Health/safety domain (b = -1.06, β = -0.10, 95% CI [-1.95, -0.20], p = .02).

Discussion

Most theoretical models of decision making agree that emotions are a key factor in the mechanism that guides our behaviour in risk contexts (Kahneman & Frederick, 2002; Megías et al., 2015; Slovic et al., 2012). Thus, better emotional abilities could translate into benefits when making risk decisions, allowing an adequate adjustment to the situation. However, to date, relatively few studies have explored the association between risk behaviour and EI, and the results are not sufficiently clear (Sánchez-López et al., 2022). Moreover, it is important to note that the tendency towards risk does not show a rigid behavioural pattern, and instead depends on the type of context where the decision is made (Blais & Weber, 2006; Lozano et al., 2017). In this regard, the main objective of the present study was to comprehensively examine the relationship between EI and risk behaviour in the following risk domains: Ethical, Financial, Health/safety, Social and Recreational. Importantly, we also explored the role of age and gender in these relationships.

The results of this study revealed that, in line with part of the previous literature, EI was related to risk behaviour (Ariely & Loewenstein, 2006; Cyders & Smith, 2008; Malinauskas et al., 2018; Sánchez-López et al., 2018), but this relationship depended on the domain of risk being studied, thus supporting the notion that risk is a domain-specific construct (Blais & Weber, 2006; Lozano et al., 2017). We observed that higher EI was associated with a lower tendency to engage in those risk behaviours belonging to Ethical and Health/safety domains. However, higher EI was also associated with a greater tendency to take risks in the Social and Recreational domains.

Despite the change in the directionality of the relationship as a function of the studied risk domain, we suggest that the higher levels of EI could be adaptive in both cases. These differences could lie in the contextual factors associated with each domain, including the type of consequences, the capacity or perception of control of these, the expected benefits, the familiarity of the behaviour, or the social influence (Kahneman & Frederick, 2002; Loewenstein et al., 2001; Slovic, 1986; Weber & Hsee, 1998). For example, in the case of the Health/safety domain, the expected benefits that guide our actions can turn into severe negative consequences that threaten both our physical and psychological integrity. However, in the case of the Social domain, a moderate degree of risk can often be beneficial and adaptive (e.g., an assertive response that expresses our opinion). Thus, the consequences of driving a car without wearing a seat belt (health/safety issue) would be vastly different from those of disagreeing with an authority figure on an important point (social issue).

Interestingly, we decided to examine in more depth these results by considering age and gender. Our analyses revealed a moderating effect of Gender on the relationship between the Repair subscale of EI and the Health/safety risk-taking domain. In particular, a significant negative relationship between both variables was observed for women but not for men. Although further research is needed, we suggest that these findings could be due to gender differences in other personality traits involved in risk decision-making such as levels of impulsivity or sensitivity to reward/punishment (Baltruschat et al., 2020; Cloninger et al., 1991; Torrubia et al., 2001).

As secondary aim, we were also interested in examining gender and age differences in both EI and risk behaviour separately. First, regarding EI, our findings revealed that women paid more attention to emotional states - both their own and others' - than men. The literature has frequently found that better EI is more strongly associated with women than men (Cabello et al., 2016; Feldman Barrett et al., 2000; Grewal & Salovey, 2005; Palmer et al., 2005; Sánchez-Núñez et al., 2008). It has also been shown that an adequate level of attention to emotions is necessary to be able to understand and regulate our emotions accurately (Fernández-Berrocal & Extremera, 2008; Otto et al., 2001). In terms of age, we observed higher scores for the Emotional clarity and Repair subscales as age increased, but this increase was found only for women. This result is also in line with the previous literature, which has shown that EI increases as we gain experience (Cabello et al., 2016; 2021; Candela et al., 2002; Navarro-Bravo et al., 2019). However, for Attention to emotions, we observed a decreasing in the levels of this variable with age. This result could be related to the idea that attention to emotions is effective when it is at a moderate level, while excessive attention can lead to a mismatch between the individual and the situation, causing a spiral of negative emotions that do not correspond to reality (Fernández-Berrocal et al., 2001). In this study, the scores for attention in older participants were generally moderate.

Second, focusing on the variable of risk behaviour, men were riskier than women (the only exception was the social domain). These results are consistent with the previous literature, which has found that men show a greater tendency to engage in risk-taking (Lozano et al., 2017; Weber et al., 2002). Regarding age, the results revealed that as age increased, the likelihood of engaging in risk-taking decreased in the five risk domains. It should be noted that in the case of the Health/safety and Recreational domains, the age-related decrease in risk-taking was more pronounced for women than men. These results are congruent with previous evidence, as it seems that the likelihood of assuming risks decreases as we progress through the life span (Steinberg, 2010). This phenomenon could be explained by changes in the value of contextual factors (e.g., expected benefits/consequences), so that with maturity, individuals show more prudent behaviour and decreased reward sensitivity (Somerville et al., 2010; Steinberg, 2010).

We also believe that it is important to highlight the possible practical implications of this study. Risky behaviours, particularly in certain contexts such as the health and safety domain, can lead to a multitude of adverse consequences, such as physical injury, psychological problems, addictions, unwanted pregnancies, medical problems, as well as social and economic problems. The development of risk-taking prevention programs aimed at training emotional abilities from an early age or even in adulthood could translate into significant benefits when people are faced with the emotional aspects that characterize the process of decision making in risk contexts. Such interventions could therefore reduce the incidence of these behaviours and their negative impact on public health. In parallel, training emotional abilities could also favour the acquisition of skills such as assertiveness and coping, which would allow the individual to adequately adapt to their social environment (i.e., the social domain).

Before extending these findings to clinical practice and society, it is necessary to address some limitations of this work. The design of this study was of a correlational nature and therefore, it is not possible to establish cause-effect relationships between variables. Further studies should use experimental methodology to establish causality and confirm the role of EI in risk behaviour as a function of the context. Another point to note is that the variables under study were measured using self-report instruments. Although these instruments are widely accepted in the literature, they are subject to social desirability bias, which can lead to under- or over-estimation of real capacities. It would also be interesting to assess these constructs in more naturalistic situations, as the responses studied here are not emitted under the emotional pressures that might be expected to occur in reality. Finally, future research should also consider the influence of additional personality variables (e.g., levels of impulsivity) and possible cognitive dysfunctions (e.g., in elderly people).

This work contributes towards gaining a deeper understanding of the relationship between EI and risk behaviour, providing empirical evidence to support the domain specificity of risk behaviour. Our findings suggest that EI behaves differently depending on the risk domain studied. Thus, in contexts related to ethics and health, EI seems to act as a protective factor, whereas in social and recreational domains, EI could facilitate the engagement in risk-taking, which could exert an adaptive function in certain cases. In addition, our results showed that some of these relationships were gender-dependent and confirmed the prominent influence of gender and age on both EI and risk behaviour. Further experimental studies are needed to confirm the causal role of EI in risk-taking and generalize these results to more specific and realistic environments. Considering the strong impact of health-related risky behaviours on public health and individual well-being, a deeper understanding of the mechanisms underlying risk-taking could inform the development of effective risk prevention programs to reduce the incidence of these behaviours in our society.

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