Emotional Intelligence And Perceived Symptoms Of Social Phobia: A Comparative Study Among Young Adults

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ABSTRACT

It has been a long endeavor to find out how Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia are related, which is an elusive topic in psychological research. According to Goleman , Emotional Intelligence is "the capacity to recognize, evaluate, and regulate one's own emotions as well as those of others and groups.". In general, the ability to recognize, comprehend, and regulate one's own emotions as well as those of others is referred to as emotional intelligence. A form of anxiety condition called social phobia, sometimes referred to as social anxiety disorder, is typified by a recurrent fear of social settings and a strong desire to avoid a stranger or an individual. Despite the apparent disconnect between the two, research points to a strong correlation between emotional intelligence and the perception of social anxiety symptoms in a person or an individual irrespective of gender, or age. That is why, the design of the study is to investigate the relationship between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among Young Adults. The present study has used purposive sampling. A sample of adults between the ages group 19-45 has been taken residing in India. The Schutte Self-Report Emotional Intelligence Test (SSEIT) and Social Phobia Inventory Scale (SPIN) have been the tools used in this study. It was established that there was a significant positive relationship between EI and Perceived symptoms of social phobia among young adults (at 0.01 value). There is also a significant positive relationship between EI and perceived social phobia symptoms in both males and females (at 0.01 value). It was also established that there was no major difference between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among men and women. Also, EI significantly predicts perceived symptoms of social phobia among young adults (at 0.01 value).

CHAPTER 1: INTRODUCTION

1.1 Background

The ability to recognize, comprehend, and regulate one's own emotions as well as those of others is referred to as emotional intelligence. A form of anxiety condition called social phobia, sometimes referred to as social anxiety disorder, is typified by a recurrent fear of social settings and a strong desire to avoid them. Despite the apparent disconnect between the two, research points to a strong correlation between emotional intelligence and the perception of social anxiety symptoms. Also, there are only a few studies which are conducted on EI and social phobia who do not have social anxiety disorder. One of the studies was done by Ali Mashlouk et al. (2021), people with higher emotional intelligence had lower rates of social anxiety symptoms, such as avoidance behaviors and fear of unfavorable assessment. Higher emotional intelligence was linked to decreased levels of social avoidance, a crucial feature of social anxiety disorder, according to a different study by Ho et al. (2020). This shows that those with higher emotional intelligence might be more adept at navigating social settings and have greater self-assurance when interacting with others.

On the other hand, individuals with lower emotional intelligence may struggle with managing their emotions, leading to higher levels of social anxiety. They may also have difficulty understanding and interpreting the emotions of others, making social interactions more challenging and anxiety-provoking. Additionally, more research can be conducted to learn more about this relationship's nature and how to apply it to the management and treatment of social anxiety.

1.2 Emotional Intelligence (EI)

"The word emotion comes from the Latin verb "Emovare," which means to change and move continuously (Callahan & McCollum, 2002). Since humans create their personalities and interpretations of reality through their subjective emotional world, they are assumed to play a crucial role in the advancement of learning.

Scientists have been investigating human abilities and capacities to reason, understand, and effectively recognize emotions, as well as to regulate and control them, due to the importance of emotions (Salovey & Mayer, 1990). Since then, the term "Emotional Intelligence" (EI) has spread to practically every country in the world.

According to Goleman (1998), the concept of EI explains why two people with similar IQs can achieve wildly distinct levels of success in life. In certain situations, people succeed not because of their knowledge but rather because of their ability to connect with people on a social and emotional level by using a charming temperament in their interactions (St.Clair, 2004).

There's no denying that achieving and fulfilling happiness is practically everyone's life goal. It appears to be crucial for success in this endeavour, regardless of the field being studied and thus must be taken into consideration.

Being emotionally intelligent is a skill. It aids in our understanding of both our own and other people's sentiments. We can control and regulate these feelings thanks to this ability. During our life, we employ it in a variety of situations, such as when we're joyful, sad, or furious.

To reduce stress, communicate successfully, empathize with others, and overcome obstacles, you need to have emotional intelligence (EQ), which is the capacity to recognize, utilize, and control your emotions.

The capacity to recognize, understand, express, regulate, assess, and make use of emotions in order to interact and connect with people in a positive and productive way is known as emotional intelligence (EQ, short for "emotional quotient"). For instance, you can soothe a friend more effectively if you know why they're upset.

The capacity to see, comprehend, and regulate one's own emotions is just as important as the capacity to express and regulate emotions in others. According to some experts, EI is more crucial for success in life than IQ.

Theories of Emotional Intelligence

There are many theories of Emotional Intelligence (EI) which are as follows:-

1.   Goleman's Theory of Emotional Intelligence

Daniel Goleman is a renowned psychologist and scientific journalist who is widely recognized as the pioneer of emotional intelligence. According to him , it is "the capacity to recognize, evaluate, and regulate one's own emotions as well as those of others and of groups." The model of emotional intelligence that Daniel Goleman presented in his book "Emotional Intelligence: Why It Can Matter More Than IQ" during the 1990s is arguably the most well-known in the corporate sector. It provides a framework for comprehending how emotions affect relationships, behaviour, and decision-making in people.

He gave five components which are as follows:-

- Self-awareness :- Understanding and recognizing one's own emotions, strengths, and limitations is a necessary component. It entails knowing one's own emotional triggers and behavioral patterns in addition to realizing how emotions influence one's judgments, ideas, and actions.

- Self-regulation :- It describes the capacity to control one's own emotions and actions in order to fulfill the responsibilities related to both one's personal and professional life. Stress management,

adaptability, and impulse control are all part of it. Goal-setting and self-accountability for achieving them are also included in this domain.

● Motivation :- Goleman says it's not a good thing to be motivated solely by money or material gains. It is considerably better for your EI to have a passion for what you do. This promotes long-term motivation, rational decision-making, and a clearer understanding of the organization's objectives.

● Empathy :- In addition to being aware of your own feelings, it's critical to comprehend other people's feelings and respond appropriately. Building relationships can greatly benefit from your ability to recognise and respond to a colleague's or client's specific mood or emotion.

● Social skills :- It refers to the capacity for successful interpersonal interaction, relationship building, and conflict resolution. This domain includes abilities like influence, leadership, teamwork, and active listening. It also requires the capacity for teamwork and the ability to adjust to various social and cultural settings.
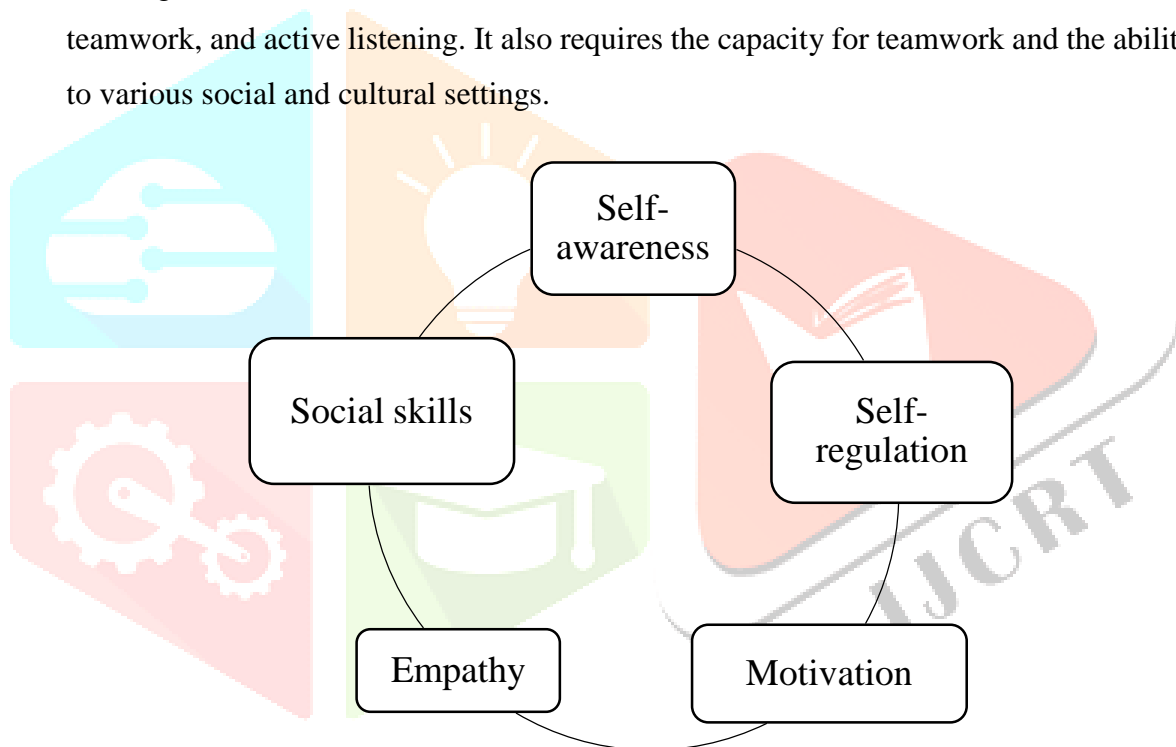

Figure 1 : **Components Of Emotional Intelligence**

2. Bar-On's Model of Emotional-Social Intelligence (ESI)

This is another theory of EI which was given by Dr. Reuven Bar-On who is a clinical psychologist in 1997. According to him, it states that emotional-social intelligence is a cross-section of interconnected emotional and social competencies, skills, and facilitators that affect our ability to relate to and understand others, understand ourselves, and deal with day-to-day stresses and demands and obstacles. This theory also has five factors which are as follows:-

- Intrapersonal :- The ability of a person to comprehend and control their own emotions is measured by this scale. It has subscales for independence, assertiveness, emotional self-awareness, and self-esteem.

- Interpersonal :- This speaks to a person's capacity for understanding and communicating with others. It has subscales for communication, empathy, social responsibility, and interpersonal connections.

- Stress management: This scale, which has subscales for impulse control and stress tolerance, assesses a person's capacity to handle stress and hardship.

- Adaptability: This refers to a person's capacity for flexibility and adaptation under various conditions. It has several subscales, including reality testing, adaptability, and problem-solving.

- General mood: The final scale, which focuses on subscales like optimism, happiness, and life satisfaction, is related to overall emotional well-being.

3. Mayer and Salovey's Four-Branch Model

This is one of the important theories of EI which was given by John Mayer and Peter Salovey in the late 1990s telling that intellect and emotions are generally considered as opposites. David Caruso, a friend of Mayer's, later joined them. According to them, EI is defined as the "the capacity to perceive, evaluate, and express emotion; the capacity to access or generate feelings with thought; the capacity to comprehend emotion and emotional knowledge; and the capacity to regulate emotions to promote emotional and intellectual growth."

He gave four (4) branches which are as follows:-

- Perception of emotions :- It is the capacity to recognize and precisely sense one's own and other people's emotions. It involves identifying small shifts in emotional states and being able to distinguish between various emotions based on body language, vocal tones, and facial expressions.

- Use of emotions :- It describes the capacity to employ feelings in a way that promotes reasoning and problem-solving. This is having the ability to control one's own and other people's emotions to accomplish particular objectives, as well as to use emotions to inspire and encourage oneself and others.

- Understanding of emotions :- It's the capacity to understand how emotions work and what generates them. It entails being aware of how emotions mix and change, as well as being aware of how they affect interpersonal interactions and decision-making.

- Regulation of emotions : - It is the capacity to control and regulate one's own emotions in addition to reacting suitably to those of others. It involves the capacity to adjust to shifting emotional contexts

and to control and regulate emotions through the application of techniques like cognitive reappraisal and relaxation.
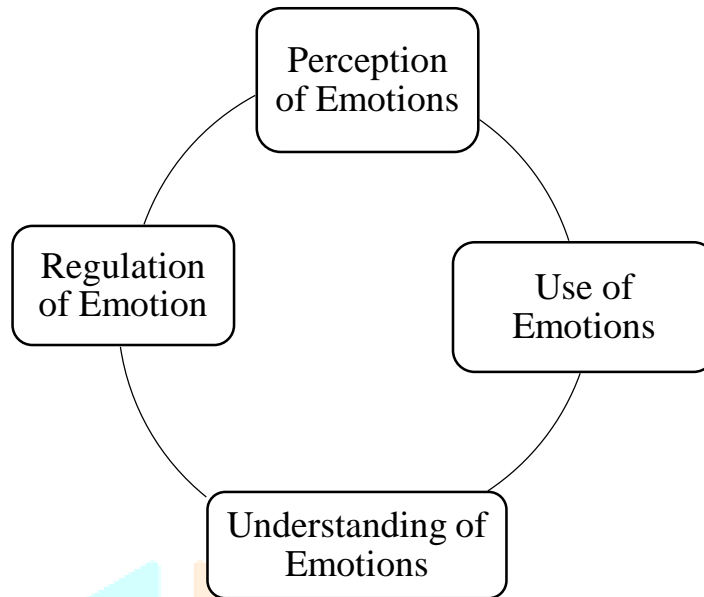
Figure 2 : **Four – Branch Model Of Emotional Intelligence**

1.3 Social Phobia

Social Anxiety Disorder (SAD) is another name for Social Phobia. It is the fear of social settings, particularly those that require interacting with strangers.

 A mental health problem that affects up to 10 million Americans, it ranks third in frequency among mental health disorders, behind substance abuse and depression. In 1903, Janet added a section on it separately in her reference to the classification of phobias. A decade later, in 1910, Hartenberg classified a variety of social anxiety disorders under the general term "shyness," including timidity, performance anxiety, and personality disorder.

According to social medical research, social anxiety disorder (SAD) is an anxiety illness characterized by an intense fear. Individuals who suffer from this are afraid of looking foolish in public settings such as parties, meetings, and social gatherings. It could last for a long time. It usually starts throughout adolescence. Some people discover that things improve with age. For many, it does not go away on its own. It can be extremely distressing and have a big impact on your life. However, there are strategies to assist you in handling it.

Diagnostic Criteria

According to DSM-5 , there are few symptoms which are as follows:-

● Significant worry or fear related to one or more social occasions when the person may be subject to attention from others. Social contacts (talking to someone new, meeting them), being watched (eating or drinking), and public performances (e.g., giving a speech) are a few examples. It is important to remember that youngsters experience fear in social situations as well as when interacting with adults.

● The fear of being negatively judged (i.e., humiliated or embarrassed; will result in rejection or offend others) is what the person worries they will do or exhibit as anxiety symptoms.

● Social circumstances nearly always cause worry or anxiety. Note: Children who experience fear or anxiety may exhibit these behaviours in social situations: they may weep, throw fits, freeze, cling, shrink, or remain silent.

● Social situations are avoided or faced with extreme anxiety or fear.

● The level of anxiety or fear is excessive compared to the real threat that the social setting and sociocultural milieu pose.

● The avoidance, fear, or anxiety is prolonged; it usually lasts for at least six months or longer.

● Fear, avoidance or, anxiety leads to clinically substantial suffering or impairment in occupational, social, or other critical areas of functioning.

● The symptoms of another mental illness, such as panic disorder, body dysmorphic disorder, or, autism spectrum disorder, do not adequately explain the avoidance, anxiety, or , fear.

● The physiological consequences of a substance (such as a drug of abuse, or, medicine) or, another medical condition is not the cause of the dread, worry, or avoidance.

● In cases where an underlying medical condition (such as obesity, Parkinson's disease, or disfigurement due to accidents or bums) is present, the excessive or obviously unrelated dread, anxiety, or avoidance is observed.

Epidemiology / Prevalence

- Social anxiety disorder is one of the more prevalent anxiety disorders, with lifetime prevalence rates ranging from 8 to 12%.

- Women are affected more frequently than men.

- The majority have a history of social inhibition or shyness from childhood, with an average age of onset ranging from 8 to 15 years.

Prognosis

- Thirty percent (30%) of patients achieve remission in less than a year, and fifty percent (50%) do so in several years. About, sixty percent (60%) of people who are not receiving therapy require many more years to reach remission.

- People are more likely to be jobless, single, divorced, or not married with children, especially men.

- Only over half of people get therapy, and then only after their symptoms have persisted for 15 to 20 years.

Risk factors

- Family background - If your biological parents or siblings suffer from social phobia, you are at a higher risk of developing the illness yourself.

- Negative experiences- Youngsters who endure bullying, taunting, rejection, mockery, or humiliation may be at higher risk of developing social phobia. Also, this disease may be linked to other adverse life experiences like abuse, trauma, or conflict in the family.

- The state of temper - There may be an increased risk for kids who exhibit shyness, timidity, withdrawal, or restraint around unfamiliar persons or settings.

- New expectations at work or in society - Symptoms of social anxiety disorder usually appear in adolescence, but they can also appear for the first time when a person meets new people, gives a speech in front of an audience, or presents a significant piece of work.

- Having a noticeable look or health issue - For instance, Parkinson's disease-related facial imperfection, stuttering, or tremors might make a person feel more self-conscious and possibly even set off social anxiety disorder.

Comorbidity

- Up to 72% of people are diagnosed with more than one psychological condition.

- Major depressive illness, drug use disorder, and other anxiety disorders coexist with social anxiety disorder (to self-medicate in advance of social engagements).

- Bipolar disorder, ADHD, and body dysmorphic disorder are examples of additional comorbidities.

- There may be a higher chance of avoidant personality disorder in people with the generalized subtype of social anxiety disorder.

Treatment

There are some of the treatments which can be given to the patient by the therapist like therapies and medications which are as follows:-

1. Therapy – One of the therapies which is provided to the patient is CBT (Cognitive Behavioural Therapy). It focuses on exposure that can help minimize symptoms of social phobia. During treatment, you will acquire skills to help you become more confident in social situations and learn how to identify and modify self-defeating ideas.

2. Antidepressants – there are few antidepressants and are more preferably suggested by doctors which are as follows-

   - SNRIs (Serotonin-norepinephrine reuptake Inhibitors) – It controls dopamine, serotonin, and norepinephrine to cure anxiety.

   - SSRIs (Selective serotonin reuptake inhibitors thinking & behaving) - It controls your serotonin when you're around people.

3. Benzodiazepines- these are for short duration. These medications are psychotropic and have a calming effect.

4. B-Blockers - These can lessen the signs of performance anxiety that are physical, such as reduced blood pressure, a dread of public speaking, and a fast heart rate.

Differential Diagnosis

Neurodevelopmental disorders like Panic disorder, agoraphobia, abnormal depression, and body dysmorphic disorder also, personality disorders such as avoidant personality disorder and, schizoid personality disorder are among the conditions that fall within the differential diagnosis for social anxiety.

CHAPTER 2 : REVIEW OF LITERATURE

A brief review of the literature on Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia was discussed in this chapter.

Barberis. N ; Cannavò.M ; et al ; (2023) conducted a study on Pathways from Trait Emotional Intelligence to Factors of distress in Rosacea: The mediating role of Social Phobia and Self-Esteem. The study aims to investigate the theory that self-esteem and social phobia might act as a mediating factor in the relationship between trait EI and general distress in people with rosacea. There was total of 224 participants suffering from rosacea. Trait Emotional Intelligence Questionnaire-Short Form (TEIQUE-SF) Social Phobia Scale (SPS), and Rosenberg Self-Esteem Scale (RSES) were used in this study. The results show that Trait EI and general distress were found to be affected by both social phobia and self-esteem.

Dogra.V ; (2023) conducted a study on Adolescents' emotional Intelligence and Identification of Social Anxiety Disorder. The aim is to evaluate emotional intelligence and identify social anxiety disorder in teenagers enrolled in college in Jammu (Akhnoor). The sample size is overall 200 with the age group of 17-19 years. Kutcher Generalised Social Anxiety Disorder Scale for Adolescents (K-GSAD-A) and the Schutte Self-Report Emotional Intelligence Test (SSEIT) were used. The results shows that two groups used for the study differ significantly from one another. Also, compared to male , female adolescents tend to be more socially concerned and emotionally intelligent.

Kahraman. M. ; (2022) conducted a study on to examine the Connection Between University Students' Emotional Intelligence and Social Anxiety Levels. 212 students who were in the university in Turkey participated in this study. One of the general models employed in the study was the relational model. This study used the Schutte Emotional Intelligence Scale ;and; the Social Anxiety Scale. University students' levels of social anxiety were found to be positively impacted by emotional intelligence.

Aslan, A. E., et al ; (2020) did a study for the Prediction of the Social Anxiety Level of University Students Through Emotional Intelligence Features. The main objective of this research is to determine the ability of emotional intelligence and demographic traits of university students enrolled in different departments in which total sample size is 203, out of which, 54 male students and 149 female students, to predict the degree of social anxiety in each group were there. Leibowitz Social Anxiety Scale (LSAS) and Emotional Intelligence Test (BarON-EQ) were the two questionnaires that were employed. The correlational survey model was used to carry out the investigation. Based on the Emotional Intelligence scores, the results indicate that there were substantial differences between the genders in the Interpersonal Relations total scores, Empathy and Social Responsibility subscale scores, and Independence and Stress Management scores.

Dehghan.F , Kaboudi.N ; et al ; (2020) conducted a study on the connection between social anxiety and mental health and emotional intelligence in children who are blind or deaf. The aim of this research was to investigate the connection between mental health and emotional intelligence with children having social anxiety The study consisted of 86 participants (28 blind and 58 deaf) with the age of 12 years and above. The tools used in this study were Shot emotional intelligence questionnaire, mental health and social anxiety. The results show that Social anxiety can be predicted by emotional intelligence and mental well-being.

Jefferies. P ; Ungar. M ; (2020) carried out a prevalence study in seven countries on social anxiety in young people. In order to investigate the global prevalence of social anxiety, a self-report survey was administered to 6,825 individuals (male = 3,342, female = 3,428, other = 55), aged 16–29, from seven countries chosen for their cultural and economic diversity: Brazil, China, Indonesia, Russia, Thailand, the United States, and Vietnam. The findings indicate that social anxiety is very common in young adults, and many of them are unaware of their symptoms.

Karol.A ; et al (2020) conducted a study to investigate the mediating role of emotional intelligence in the relationship between fear of missing out (FOMO) and depression among university students. The study consisted of 370 (200 female and 170 male) university students between the ages of 18 to 30. The tools used for the study are FOMO scale, emotional intelligence feature scale, and Beck depression scale. Correlation and regression analysis were conducted for data analysis. It was concluded that FoMO is a significant predictor of depression and emotional intelligence, and emotional intelligence is a significant predictor of depression. In addition, it was concluded that emotional intelligence has a mediating role in the relationship between FoMO and depression.

Kant. R ; (2019) conducted a study on college students' emotional intelligence. The aim is to determine the emotional intelligence levels of university students as well as the differences in emotional intelligence according to gender, location, course level, and school of study. Data from 200 students from the Central University of South Bihar, Gaya, India, were used in this survey-based study. The findings showed that every university student had a high degree of emotional intelligence. Also, the findings show that, with the exception of students in the School of Law & Governance, all students in the School of Education had a high degree of emotional intelligence.

Thompson. T ; et al ; (2019) conducted a study on the effects of social anxiety on obvious anxiety symptoms during social interactions but not on performance. The objective is to investigate if gender and the behavioral dimension has an impact on the relationship between social anxiety and social behaviour. There were a total 93 participants. The findings indicate that there is no correlation between social anxiety and other performance characteristics, (like verbal fluency or quality of verbal expression), but a strong moderate link between social anxiety and behavioural discomfort (like fidgeting, trembling) for interaction and speech tasks. Differences in sex were not observed.

Cejudo.J; et al ; (2018) conducted a study on Adolescents' Social Anxiety and Stress Levels and Emotional Intelligence: A Correlation. The aim of the study is to examine the correlation between emotional intelligence and other measures of teenagers' subjective well-being, like social anxiety and stress. The sample size is of 505 teenagers aged between 12-18. A positive correlation has been found between trait emotional intelligence and subjective well-being, including social anxiety and stress.

Garcia. E ; (2018) conducted a study on the Impact of Perceived Social Rank on Adolescents with Social Anxiety. The aim of the study is to find out if teenagers who struggle with social anxiety believe they are less valuable in society. 46 students from a small liberal arts university in northern California participated in the study. In addition to a set of demographic questionnaires, the participants were given the Social Comparison Scale and the Social Interaction Anxiety Scale. According to the findings, those who are socially anxious and who believe they are in a lower social rank will likely be more socially worried.

Herres.J ; Caporino.N.E ; et al ; (2018) conducted a study on the emotional reactivity to daily events in youth with anxiety disorders. The purposes of the study are to look at how anxious kids respond emotionally to everyday situations on a negative and positive affect (PA) basis, as well as whether parent-reported emotion management predicts emotional reactivity in young people with anxiety. the participants whose age is between 8-14 years participated in this study. The results shows that better emotion control is associated with lower negative affect reactivity, and anxious youth exhibit greater negative affect on days when unfavourable parent and teacher events occur.

Mekuria.K ; Mulat. H ; et al ; (2017) conducted a study on the High Level of Social Anxiety Disorder in Adolescent Students. This study sought to determine how common social phobia is among Ethiopian high school students and what risk factors are connected with it. There were 386 participants who were randomly selected. The Social Phobia Inventory Scale (SPIN) was used. The results show that that social anxiety is very common among high school students, and that it is correlated with characteristics like being a woman, drinking alcohol at the moment, having little social support, and having a single parent.

Metaj .M ; (2017) conducted a study on the relationship between Emotional Intelligence and Perceived Social Support. With a sample of 525 University of Prishtina students, the study's goal is to investigate and understand the relationship between perceived social support and emotional intelligence. The result shows that, there is a positive correlation between Perceived Social Support and Emotional Intelligence throughout its various dimensions. This correlation is a strong indicator of positive interpersonal connections and interactions, and it has particular relevance in the context of education.

Sagalakova .O. A ; et al ; (2017) conducted a study on the psychological aspect of social phobia syndrome. The objective is to conduct a psychiatric examination of social phobia syndrome. There were 29 healthy controls and 32 patients with social phobia symptoms in the study. The result shows that early mental rigidity and maladaptive schemes may underlie social phobia, and also, the fear of negative evaluation can lead to a broad interpretation of situations as threatening.

Cheung. C ; Hue. M ; et al ; (2015) conducted a study on the Emotional Intelligence as a Basis for Self-Esteem in Young Adults. The purpose of the research is to better understand how emotional intelligence contributes to social interactions that build self-esteem. There are 405 participants who are undergraduates in Hong Kong, China. This study shows that developing social competence and self-esteem, are two essential components of social anxiety management, which requires emotional intelligence.

Knappe. S ; Creswell. C ; et al (2015) conducted a study on Adolescents' Developmental Epidemiology of Social Anxiety and Social Phobia. Social anxiety disorder (SAD) and social anxieties are to be reported on, along with information on their incidence, onset and course features, mental and physical comorbidities, risk factor constellations, and a family-oriented approach are all to be explored in this study. Data from clinical and population-based samples in a range of age groups were collected as part of the approach, with a recommendation for a family-oriented viewpoint. The findings indicate that the emergence of social anxiety disorder is sensitive to developmental stages during adolescence, and that poor peer status and family-related issues may be risk factors.

Watson.D ; et al (2014) conducted a study on personality, emotions, and the emotional disorders. It also examines symptom-level relations between emotional disorders and general traits I.e. neuroticism, extraversion, and consciousness. It is an observational study. The results found that neuroticism, a trait related to emotional instability, was strongly correlated with symptoms of social phobia. Also, extraversion was not correlated and consciousness was significantly correlated with the symptoms of social phobia.

CHAPTER 3: METHODOLOGY

The researcher's study includes multiple concepts and methods, some of which are listed below:

3.1 Aim :

To investigate the relationship between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among Young Adults.

3.2 Objectives :

- To assess the association between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among young adults.

- To study the relationship between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among males.

- To study the relationship between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among females.

- To assess the difference between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among men and women.

- To study the effect of Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among young adults.

3.3 Hypothesis :

- H1: There will be the significant positive correlation between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among young adults.

- H2 : There will be the significant positive correlation between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among males.

- H3: There will be the significant positive correlation between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among females.

- H4 : There will be the significant difference between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among men and women.

- H5 : Emotional Intelligence (EI) will significantly predicts Perceived Symptoms of Social Phobia among young adults.

3.4 Research Design :

In order to collect quantitative data for this study, purposeful sampling was performed. Correlational design is used in this research. The correlation can be positive as well as negative. In this study, "Emotional Intelligence" (SSEIT scale i.e. strongly disagree to strongly agree) was the only independent variable used. Additionally, the dependent variable "Perceived symptoms of Social Phobia" (SPIN Scale i.e. not at all too extremely) was examined separately.

3.5 Variables :

There are two types of variables used in this study which are Emotional Intelligence which is the independent variable . On the other hand, the second variable is Perceived Symptoms of Social Phobia , which is the dependent variable. These are the variables which are used in this study.

3.6 Sample and its selection :

The sample consisted of total 150 participants, out of which 75 participants were males. On the other hand, female participants were also 75. They were young adults aged between 20-45 years who resides in India. Some of the participants were either student's or working one's. Purposive sampling will be employed. As a form of non-probability sampling; Purposive sampling is also called judgmental sampling, subjective sampling, or selective sampling. In this, type of sampling, the researchers choose the participants for their surveys or their studies based on their own judgment. This study is based on qualitative data which contains

questionnaires, samples, etc. The rapport formation was firstly done with the participants. The participants were assured that the responses would be kept confidential. There are no right or wrong answers. There is no time limit. This constitutes a form of non-probability sampling, commonly referred to as judgmental sampling, subjective sampling, or selective sampling.

3.7 Description of Tools Employed :

There was total of two questionnaires which were used in this research to determine Emotional intelligence and Perceived symptoms of Social Phobia among young adults are as follows:-

- The Schutte Self-Report Emotional Intelligence Test (SSEIT) - The SSEIT is structured off on the EI model by Dr. Nicola Schutte and her colleagues (1998). The first scale used is SSEIT is a method of measuring general Emotional Intelligence (EI), using four sub-scales: emotion perception, utilizing emotions, managing self- relevant emotions, and managing others' emotions It is closely associated with the EQ-I model of Emotional Intelligence. This scale is a 33- item self – report EI questionnaire containing a 5- point Likert response scale, ranging from 1 (strongly disagree) to 5 (strongly agree). For adults and adolescents, the reliability coefficient is 0.90, indicating a fair level of reliability.

- Social Phobia Inventory Scale (SPIN)- The SPIN is a test which is designed for social phobia by Connor, K. M., Davidson in 2006. This scale is a 17-item self-report Social Phobia questionnaire. Each of the items is used to assess the avoidance, physiological and, fear, symptoms related to social phobia over the past week. It offers options on a 5-point Likert scale (0- not at all, a little bit, somewhat, very lot, and 4- extremely). Internal consistency, convergent and divergent validity, and test-retest reliability were all achieved in this good test. As Cronbach's alpha is between 0.86 to 0.94.

3.8 Procedure :

Initially, the researcher established a connection with the participant and ensured that they were comfortable and understood the instructions. Following that, participants received the questionnaire and instructions on how to complete it, among other things. The qualitative data used in this study, such as questionnaires and samples, is what makes it possible. Following the preparation of the questionnaires in a Google Form, the participants were instructed to complete them and informed that there were two categories of questions: "Emotional Intelligence " and "Perceived Symptoms in Social Phobia." Additionally, the respondents were informed that their replies would be kept confidential and that there is no right or wrong answer. Furthermore, there is no time.

3.9 Scoring :

There was total of two questionnaires which were used in this research to determine Emotional intelligence and Perceived symptoms of Social Phobia among young adults are as follows:-

- The Schutte Self-Report Emotional Intelligence Test (SSEIT) - This measure is a 33-item self-reported EI questionnaire with a 5-point Likert answer scale ranging from 1 (strongly disagree) to 5 (strongly agree). The standard deviation is approximately 13, and the mean score is approximately 124 across numerous big samples. Scores less than 111 or greater than 137 are considered exceptionally low or high, respectively. In this test, women do significantly better than males ($\bar{x}=131$) compared to 125 for men. Also, items 5, 28, and 33 have a reverse scale (this is not an error!), with "Strongly disagree" = 5 and "Strongly agree" = 1.

- Social Phobia Inventory Scale (SPIN)- This is a 17-item self-report social phobia questionnaire with options on a 5-point Likert scale (0 = not at all, a little bit, somewhat, very much, and 4 = extremely). By adding up the sub-scales for fear, avoidance, and physiological arousal, one can calculate the total score (range 0-68). It has been demonstrated that a SPIN score of 19 can differentiate between those with social anxiety and control people.

3.10   Statistical Design :

A statistical method will be used to evaluate Dara. Some of the statistical methods utilized in this study include the following ones:-

- Mean and Standard Deviation (SD)

- A Correlation analysis is also conducted between EI and perceived symptoms of social phobia. And also, p-value of <0.01 was used to determine the degree of significance according to Pearson's Coefficient Correlation.

- In order to compare perceived symptoms of social phobia and EI in boys and girls, and also, among in young adults , the T-test is frequently utilized.

- The effect between perceived symptoms of social phobia and EI in both males and females as well as in young adults is also investigated using Regression.

CHAPTER 4: RESULTS

Table 1 : Mean and Standard Deviation of Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia

As, we can see in the above table (Table 1), The mean of the EI was found out to be 20.10 and for Perceived symptoms of Social phobia was 119.27. Also, from the above same table, we came to the conclusion that the Standard Deviation(SD) of EI was 12.410 and the SD for Perceived symptoms of Social phobia was 17.018 for 150 participants of which there were 75 females and 75 males who are residing in India.

Statistics

		Total score (EI)	Total score(PS)	Gender	Age (Between 19-45)
N	Valid	150	150	150	150
	Missing	0	0	0	0
Mean		20.10	119.27		26.79
Median		17.00	122.00		23.00
Std. Deviation		12.410	17.018		7.727
Range		62	97		27
Minimum		0	62		19
Maximum		62	159		46

Table 2 : Correlation of Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia:

- H1: There will be the significant positive correlation between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among young adults.

- H2 : There will be a significant positive correlation between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among males.

- H3: There will be the significant positive correlation between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among females.

Correlations

		Age (Between 19-45)	Total score (EI)	Total score(PS)
Age (Between 19-45)	Pearson Correlation	1	-.322**	.268**
	Sig. (1-tailed)		<.001	<.001
	N	150	150	150
Total score (EI)	Pearson Correlation	-.322**	1	-.182*
	Sig. (1-tailed)	<.001		.013
	N	150	150	150
Total score(PS)	Pearson Correlation	.268**	-.182*	1
	Sig. (1-tailed)	<.001	.013	
	N	150	150	150

**. Correlation is significant at the 0.01 level (1-tailed).

*. Correlation is significant at the 0.05 level (1-tailed).

The objective is to assess the association between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among young adults. The above table is of correlation which is often used to see whether two or more variables are correlated to each other or not. According to this study, the table (Table 2) which is given after the hypothesis above shows the association between EI and Perceived Symptoms (PS) of Social Phobia among young adults.

From that, we could interpret that, EI is moderately negatively correlated to Perceived Symptoms of social phobia as when the correlation was put together, then, it was -0.322 sig (at one-tailed level). Perceived symptoms (PS) of social phobia are 0.268 which is not correlated to EI, as it was positive and EI was negative (at one-tailed level). Both the variables, that is, EI and PS of social phobia are not significant at 0.01 level. (as both the variables do not have the same integers).

Therefore, I came to the conclusion, that, there was a significant negative relationship between EI and PS of social phobia among young adults residing in India (which proves the 1st hypothesis of the study incorrect). It implies that as EI increases, PS of social phobia of an individual decreases. This means that understanding and managing emotions may influence how much social anxiety someone feels.

Emotional intelligence (EI) and perceived symptoms of social phobia in males need to be evaluated in relation to one another. A common tool for determining whether or not two or more variables are connected is the correlation; as shown above. The relationship between EI and Perceived Symptoms (PS) of Social Phobia in males is demonstrated by this study, as seen in Table 2, which follows the theory above.

The correlation between EI and PS for males, according to Pearson's analysis, is -0.182, not positively as predicted. Furthermore, because the p-value ($p = 0.013 > 0.05$) was higher than the significance level of 0.05, the relationship between the variables was not statistically significant at the 0.05 level (1-tailed).

Therefore, given that there was a negative correlation, the above hypothesis (H2), which claims that there is a significant positive link between EI and perceived social phobia symptoms in males, was not supported. It implies that guys who develop higher levels of emotional intelligence frequently experience less social anxiety.

There is also one more objective in this research paper which is to study the relationship between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among females. Also, Table 2 which is given after the hypothesis above shows the association between EI and Perceived Symptoms (PS) of Social Phobia among females.

The correlation between EI and PS for females, according to Pearson's analysis, is -0.322, not as positively as predicted. Also, it's correlation is stronger than males. Furthermore, because the p-value (p = -0.322 < 0.01) was higher than the significance level of 0.01, the relationship between the variables was statistically significant at the 0.01 level (1-tailed), rejecting the null hypothesis.

Therefore, given that there was a negative correlation, the above hypothesis (H3), which claims that there is a significant positive link between EI and perceived social phobia symptoms in females, was not supported. This indicates that, contrary to what was predicted, greater EI scores are linked to lower PS scores.

Table 3 : T- test of Emotional Intelligence(EI) and Perceived Symptoms of Social Phobia :

- H4 : There will be the significant difference between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among men and women.

Group Statistics

	Total score (EI)	N	Mean	Std. Deviation	Std. Error Mean
Total score(PS)	1	2	126.00	5.657	4.000
	2	3	105.67	25.929	14.970

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means							
						Significance				95% Confidence Interval of the Difference	
		F	Sig.	t	df	One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
Total score(PS)	Equal variances assumed	5.235	.106	1.040	3	.187	.375	20.333	19.555	-41.900	82.567
	Equal variances not assumed			1.312	2.273	.153	.306	20.333	15.496	-39.232	79.898

Independent Samples Effect Sizes

		Standardizer[a]	Point Estimate	95% Confidence Interval Lower	Upper
Total score(PS)	Cohen's d	21.422	.949	-1.043	2.816
	Hedges' correction	29.604	.687	-.755	2.038
	Glass's delta	25.929	.784	-1.216	2.636

a. The denominator used in estimating the effect sizes.
Cohen's d uses the pooled standard deviation.
Hedges' correction uses the pooled standard deviation, plus a correction factor.
Glass's delta uses the sample standard deviation of the control (i.e., the second) group.

The objective is to assess the difference between Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among men and women. The above table is of T-test which is a statistical tool used to assess the difference between two or more variables in research. According to this study, table 3 shows the difference between Emotional Intelligence (EI) and Perceived Symptoms (PS) of Social Phobia among men and women.

An independent-samples t-test was conducted to compare the Emotional Intelligence (EI) and Perceived Symptoms (PS) of Social Phobia for males and females. There was no significant difference (where degree of freedom [df] = 3 ; t = 1.040 ; p = 0.375) at two- tailed level. In this table , where one can see that, the mean score for males (M = 126.00, SD = 5.657) was higher than and for females (M = 105.67 , SD = 25.929). The magnitude of the differences in the means (mean difference = 20.33 , 95% confidence interval [CI]: - 41.900 to 82.567) was not significant.

Hence, the fourth hypothesis (H4) was supported that is there will be no significant difference between Emotional Intelligence (EI) and Perceived Symptoms (PS) of Social Phobia among men and women. This suggests that, gender does not play a significant role in affecting EI and Perceived Symptoms of Social Phobia.

Table 4 : Regression of Emotional Intelligence(EI) and Perceived Symptoms of Social Phobia :

- H5 : Emotional Intelligence (EI) will significantly predict Perceived Symptoms of Social Phobia among young adults.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.182[a]	.033	.027	16.790

a. Predictors: (Constant), Total score (EI)

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1427.838	1	1427.838	5.065	.026[b]
	Residual	41721.955	148	281.905		
	Total	43149.793	149			

a. Dependent Variable: Total score(PS)
b. Predictors: (Constant), Total score (EI)

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	124.287	2.616		47.514	<.001
	Total score (EI)	-.249	.111	-.182	-2.251	.026

a. Dependent Variable: Total score(PS)

The objective is to study the effect of Emotional Intelligence (EI) and Perceived Symptoms of Social Phobia among young adults. This table shows the effect of Emotional Intelligence (EI) and Perceived Symptoms (PS) of Social Phobia among young adults. With the help of the statistical tool regression which is used to study the effect between two or more variables in research.

Here, the regression between Emotional Intelligence (EI) and perceived symptoms of social behaviour (PS) is linear. The PS of social phobia is negatively impacted by EI, as seen by a 3.3% improvement in EI (R square value = 0.033), which is precisely significant at p-value = 0.026 at the 0.01 level with beta values of - 0.182 and b values of - 0.249. The negative coefficient (-0.249) indicates that when EI grows, PS of social phobia tends to decrease among young adults.

Therefore, supporting the above-mentioned hypothesis (H5) that is EI will significantly predict perceived symptoms (PS) of social phobia among young adults.

CHAPTER 5: DISCUSSION

The ongoing research aim is to investigate the relationship between Emotional Intelligence

(EI) and Perceived Symptoms of Social Phobia among young adults in India. The word emotion comes from the Latin verb "Emovare," which means to change and move continuously (Callahan & McCollum, 2002). Therefore, EI , according to Goleman, is "the capacity to recognize, evaluate, and regulate one's own emotions as well as those of others and groups." On the contrast, Social Phobia is also known as a social anxiety disorder (SAD). It's a dread of social situations, especially ones where contact with people is necessary.

The study was done on a sample population of 150 people, 75 of whom were men and 75 of whom were women. the type of sampling which is used in this study is purposive sampling. The responses were scored using the analysis feature of SPSS.

As, we can see in the above table (Table 1), The mean of the EI was found out to be 20.10 and for Perceived symptoms of Social phobia was 119.27. Also, from the above same table, we could see that the Standard Deviation(SD) of EI was 12.410 and the SD for Perceived symptoms of Social phobia was 17.018 for 150 participants of which there were 75 females and 75 males who are residing in India.

Research on the relationship between young adults' perceived symptoms of social phobia and emotional intelligence (EI) has shown a somewhat negative link between the two factors. This suggests that social anxiety may be influenced by an individual's ability to recognize and control their emotions, since the PS of social phobia falls as emotional intelligence (EI) rises. The study's initial hypothesis, which suggested a positive correlation between social anxiety symptoms (PS) and emotional intelligence (EI) among young people in India, is contradicted by this result.

A study by Extremera et al. (2016) found that people with greater EI had stronger social skills and are more capable of handling social settings, both of which can assist lessen social anxiety. The current study's results corroborate this hypothesis, showing that among young individuals, EI significantly negatively relates to PS of social phobia.

Additionally, the study discovered no significant association between males' EI and PS of social phobia, suggesting that the two variables had no statistically meaningful relationship at the 0.05 level. EI significantly reduces social anxiety in females more than in males, as evidenced by the higher negative connection seen between EI and PS of social phobia in girls compared to males. This result validates the study's third hypothesis, which postulated a positive correlation between female social anxiety symptoms (PS) and emotional intelligence (EI).

Furthermore, people with greater EI have stronger social support networks, which can lessen the symptoms of social anxiety, according to a 2019 study by Perera et al. This result confirms the unfavourable relationship between social phobia PS and EI that was discovered in the study you mentioned. Last but not least, a study by Zhao et al. (2020) discovered that those with greater EI have stronger coping mechanisms, which can lessen social anxiety symptoms. This result confirms the unfavourable relationship between social phobia PS and EI that was discovered in the study you mentioned.

CHAPTER 6: CONCLUSION

Examined that, there is a significant positive relationship between EI and PS of social phobia among young adults residing in India. There is also a significant positive relationship between EI and perceived social phobia symptoms in both males and females. And, there is no major difference between Emotional Intelligence (EI) and Perceived Symptoms (PS) of Social Phobia among men and women. Also, EI significantly predicts perceived symptoms (PS) of social phobia among young adults.

CHAPTER 7: REFERENCES

Asli Kartol, & Selim Gündoğan. (2020). The Mediating Role Of Emotional Intelligence In The Relationship Between The Fear Of Missing Out In Social Environments (Fomo) And Depression. European Journal Of Education Studies, 6(11).

Https://Doi.Org/10.5281/Zenodo.3613904

Aslan, A. E., Kalkan, N., Başman, M., Yaman, K. G. (2020). A Study For The Prediction Of The Social Anxiety Level Of University Students Through Emotional Intelligence Features. Turkish Psychological Counseling And Guidance Journal, 10(57), 201-228.

Https://Dergipark.Org.Tr/En/Pub/Tpdrd/Issue/55086/754524#Article_Cite

Barberis, N., Cannavò, M., Trovato, M., & Verrastro, V. (2023). Pathways From Trait Emotional Intelligence To Factors Of Distress In Rosacea: The Mediating Role Of Social Phobia And Self-Esteem. Journal Of Affective Disorders, 331, 362-368.

Https://Doi.Org/10.1016/J.Jad.2023.03.003

Cejudo, J., Rodrigo-Ruiz, D., López-Delgado, M. L., & Losada, L. (2018). Emotional Intelligence And Its Relationship With Levels Of Social Anxiety And Stress In Adolescents. International Journal Of Environmental Research And Public Health, 15(6), 1073.

Https://Doi.Org/10.3390/Ijerph15061073

Cheung, C., Cheung, H.Y., & Hue, M.T. (2015). Emotional Intelligence As A Basis For Self-Esteem In Young Adults. The Journal Of Psychology, 149, 63 - 84.

Https://Pubmed.Ncbi.Nlm.Nih.Gov/25495163/

Dehghan, F., Kaboudi, M., Alizadeh, Z., & Heidarisharaf, P. (2020). The Relationship Between Emotional Intelligence And Mental Health With Social Anxiety In Blind And Deaf Children. Cogent Psychology, 7(1), 1716465.

Https://Www.Tandfonline.Com/Doi/Full/10.1080/23311908.2020.1716465

Dogra.V. (2023). Emotional Intelligence And Identification Of Social Anxiety Disorder Among Adolescents. 4. 28-37.

Https://Www.Researchgate.Net/Publication/370923968_Emotional_Intelligence_And_Identification_Of_Social_Anxiety_Disorder_Among__Adolescents

Garcia, E. (2018). The Effects Of Perceived Social Rank On Socially Anxious Adolescents.

Https://Doi.Org/10.33015/Dominican.Edu/2018.Psy.St.01

Herres, J., Caporino, N. E., Cummings, C. M., & Kendall, P. C. (2018). Emotional Reactivity To Daily Events In Youth With Anxiety Disorders. Anxiety, Stress, And Coping, 31(4), 387–401.

Https://Doi.Org/10.1080/10615806.2018.1472492

Jefferies, P., & Ungar, M. (2020). Social Anxiety In Young People: A Prevalence Study In Seven Countries. Plos One, 15. (9): E0239133.

Https://Doi.Org/10.1371/Journal.Pone.0239133

Kahraman, M. (2022). Investigating The Relationship Between Emotional Intelligence And Social Anxiety Levels Of University Students. International Journal Of Psychology And Educational Studies, 9(4), 1121–1132.

Https://Doi.Org/10.52380/Ijpes.2022.9.4.688

Kant, R. (2019). Emotional Intelligence Among University Students. Journal Of Education And Learning ,3(4), 441-446

Https://Doi.Org/10.11591/Edulearn.V13i4.13592

Knappe, S., Sasagawa, S., & Creswell, C. (2015). Developmental Epidemiology Of Social Anxiety And Social Phobia In Adolescents.

Https://Doi.Org/10.1007/978-3-319-16703-9_3

Mekuria, K., Mulat, H., Derajew, H., Mekonen, T., Fekadu, W., Belete, A., Yimer, S.A., Legas, G., Menberu, M., Getnet, A., & Kibret, S. (2017). High Magnitude Of Social Anxiety Disorder In School Adolescents. Psychiatry Journal, 2017. 5643136.

Https://Doi.Org/10.1155/2017/5643136

Metaj M, Albulena. (2017). The Relationship Between Emotional Intelligence And Perceived Social Support. Journal Of Educational And Social Research, 7(1), 168.

Https://Www.Richtmann.Org/Journal/Index.Php/Jesr/Article/View/9741

Sagalakova, O. A., Truevtsev, D. V., & Stoyanova, I. Y. (2017). Sindrom Sotsial'noĭ Fobii I Ego Psikhologicheskoe Soderzhanie [A Psychological Content Of Social Phobia Syndrome]. Zhurnal Nevrologii I Psikhiatrii Imeni S.S. Korsakova, 117(4), 15–22.

Https://Pubmed.Ncbi.Nlm.Nih.Gov/28617373/

Thompson, T. And Stubbs, B. (2019). Social Anxiety Increases Visible Anxiety Signs During Social Encounters But Doesn't Impair Performance, Journals Of Bmc Psychology, 7(24).10.1186/0300-5

Https://Doi.Org/10.1186/S40359-019-0300-5

Watson, D., & Naragon-Gainey, K. (2014). Personality, Emotions, And The Emotional Disorders. Clinical Psychological Science : A Journal Of The Association For Psychological Science, 2(4), 422–442.
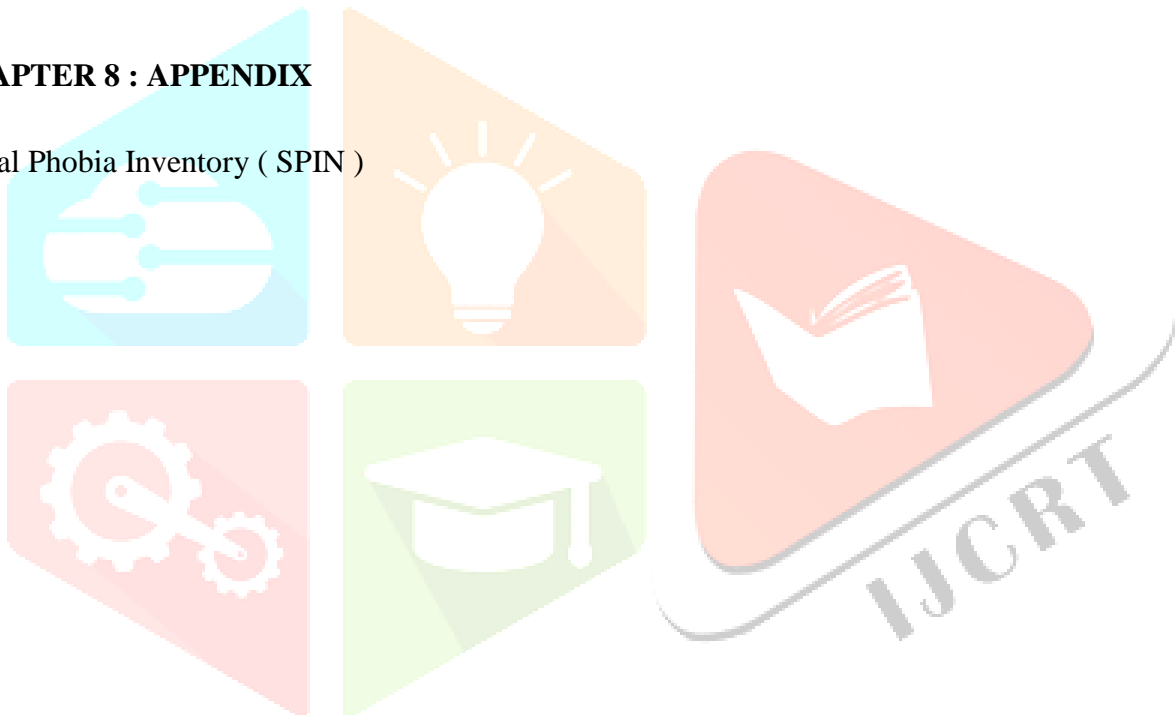
Https://Doi.Org/10.1177/2167702614536162

https://www.statisticssolutions.com/free-resources/directory-of-survey-instruments/schutte-self-report-emotional-intelligence-test-sseit/

https://psychscenehub.com/wp-content/uploads/2022/01/Social-Phobia-Inventory-SPIN.pdf

CHAPTER 8 : APPENDIX

Social Phobia Inventory (SPIN)

SOCIAL PHOBIA INVENTORY (SPIN) ©

Please indicate how much the following problems have bothered you during the past week. Mark only one box for each problem, and be sure to answer all items.

		Not at all	A little bit	Somewhat	Very much	Extremely
1.	I am afraid of people in authority	☐	☐	☐	☐	☐
2.	I am bothered by blushing in front of people	☐	☐	☐	☐	☐
3.	Parties and social events scare me	☐	☐	☐	☐	☐
4.	I avoid talking to people I don't know	☐	☐	☐	☐	☐
5.	Being criticized scares me a lot	☐	☐	☐	☐	☐
6.	Fear of embarrassment causes me to avoid doing things or speaking to people	☐	☐	☐	☐	☐
7.	Sweating in front of people causes me distress	☐	☐	☐	☐	☐
8.	I avoid going to parties	☐	☐	☐	☐	☐
9.	I avoid activities in which I am the center of attention	☐	☐	☐	☐	☐
10.	Talking to strangers scares me	☐	☐	☐	☐	☐
11.	I avoid having to give speeches	☐	☐	☐	☐	☐
12.	I would do anything to avoid being criticized	☐	☐	☐	☐	☐
13.	Heart palpitations bother me when I am around people	☐	☐	☐	☐	☐
14.	I am afraid of doing things when people might be watching	☐	☐	☐	☐	☐
15.	Being embarrassed or looking stupid is among my worst fears	☐	☐	☐	☐	☐
16.	I avoid speaking to anyone in authority	☐	☐	☐	☐	☐
17.	Trembling or shaking in front of others is distressing to me	☐	☐	☐	☐	☐

The Schutte Self-Report Emotional Intelligence Test (SSEIT)

The Schutte Self Report Emotional Intelligence Test (SSEIT)

Instructions: Indicate the extent to which each item applies to you using the following scale:

1 = strongly disagree
2 = disagree
3 = neither disagree nor agree
4 = agree
5 = strongly agree

1. I know when to speak about my personal problems to others
2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them
3. I expect that I will do well on most things I try
4. Other people find it easy to confide in me
5. I find it hard to understand the non-verbal messages of other people*
6. Some of the major events of my life have led me to re-evaluate what is important and not important
7. When my mood changes, I see new possibilities
8. Emotions are one of the things that make my life worth living
9. I am aware of my emotions as I experience them
10. I expect good things to happen
11. I like to share my emotions with others
12. When I experience a positive emotion, I know how to make it last
13. I arrange events others enjoy
14. I seek out activities that make me happy
15. I am aware of the non-verbal messages I send to others
16. I present myself in a way that makes a good impression on others
17. When I am in a positive mood, solving problems is easy for me
18. By looking at their facial expressions, I recognize the emotions people are experiencing
19. I know why my emotions change
20. When I am in a positive mood, I am able to come up with new ideas
21. I have control over my emotions
22. I easily recognize my emotions as I experience them
23. I motivate myself by imagining a good outcome to tasks I take on
24. I compliment others when they have done something well
25. I am aware of the non-verbal messages other people send
26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself
27. When I feel a change in emotions, I tend to come up with new ideas
28. When I am faced with a challenge, I give up because I believe I will fail*
29. I know what other people are feeling just by looking at them
30. I help other people feel better when they are down
31. I use good moods to help myself keep trying in the face of obstacles
32. I can tell how people are feeling by listening to the tone of their voice

1

33. It is difficult for me to understand why people feel the way they do*