



Emotional Intelligence, Interpersonal Relationships and Generalized Anxiety Disorder in Young Adults

Maleeha Ayyub¹, Dr. Moazama Anwar² & Dr. Luqman Khan³

¹MPhil Scholar, Riphah International University, Faisalabad, Email: mishiawan098@gmail.com

²Assistant Professor, Riphah International University, Faisalabd, Email: dr.moazama@riphahfsd.edu.pk

³Associate Professor, Head of Psychology Department Riphah International University, Faisalabad, Email: luqman.khan@riphahfsd.edu.pk

ARTICLE INFO

Article History:

Received: September 07, 2025
Revised: October 03, 2025
Accepted: October 15, 2025
Available Online: November 04, 2025

Keywords:

Emotional Intelligence, Generalized Anxiety Disorder, Interpersonal Relationship

Corresponding Author:

Dr. Moazama Anwar

Email:

dr.moazama@riphahfsd.edu.pk

ABSTRACT

Research study used to investigate the relationship among emotional intelligence, interpersonal relationships & generalized anxiety disorder (GAD) in adults aged 18-30 years in Faisalabad. A sample of 345 young adults participated in the study completing Wong and Law Emotional Intelligence Scale (WLEIES), the Multidimensional Scale of perceived social support (MSPSS), and the Generalized Anxiety Scale (GAD-7). Correlational analyses revealed significant positive associations between overall emotional intelligence and its sub dimensions, supporting the construct validity of the EI measure. Emotional intelligence was positively associated with perceived social support, particularly family and friend support. In contrast, emotional intelligence showed a significant negative relationship with generalized anxiety symptoms, indicating that individuals with higher emotional intelligence reported lower levels of anxiety suggesting their potential protective role against anxiety. Hierarchical regression analysis demonstrated that emotional intelligence significantly predicted GAD symptoms, explaining 3% of the variance. The addition of family support in the second step significantly improved the model, increasing the explained variance to 7.8%. The study shows the significance of emotional intelligence and support system to foster psychological wellness among young adults in collectivist societies like Pakistan.



Introduction

In Pakistan, mental health issues, such as generalized anxiety disorder (GAD), are becoming more common, especially among young adults. Emotional intelligence (EI) has appeared as an important part in understanding how people regulate their emotions, stress, and relationships. As GAD can

negatively affect various aspects of life, including interpersonal relationships, it becomes vital to explore the role EI plays in mitigating anxiety and fostering healthier social interactions. Interpersonal relationships, in turn, have a profound impact on mental well-being, as social support and positive interactions act as buffers against stress and anxiety.

Zhang, & Adegbola in 2022 defined Emotional intelligence (EI) as extensive range of ability to recognize and control one's own emotions, self-motivate, recognize emotions in others, and handle social relationships the term emotional intelligence gathers two fields Emotion and intelligence it helps us to view emotions as a useful source of knowledge that help individual to navigate the social environment. Salovey and Mayer proposed formal definition of emotional intelligence: "The ability to monitor one's own and others feelings to discriminate among emotions and to use this information to guide one's thinking and action." For effective communication & relationship EI is important.

In Pakistan, interpersonal relationships, particularly those with family and friends, are highly valued. Several studies have been conducted to investigate the association between interpersonal relationships & various anxiety or depressive disorders. These studies aim to understand how social connections impact mental health outcomes in the Pakistani context.

The interpersonal relationship is the relations that an individual hold in his life like with society, community and in his social environment such as peers, family, and parent child and with others. These relations shape an individual personality. The rapid development of technology and the changing social environment not only change the people's perceptions also affect the interactions of human toward each other and affect the relations of individual with society. Population doubling from one to other generation, it effects the interpersonal relations of humans. Technology effect the interaction of human with one another (Li et al.2024).

Dursun and colleagues in 2022 concluded that Generalized Anxiety Disorder was first presented as a diagnosis in the 3rd edition of the DSM in 1980. Its prevalence rate is highest among other disorders of anxiety in mental health. GAD is described by imprudent, out of control worry about diverse events that occurs most of the time. Inability to perform daily tasks efficiently and distress may occur as a result of worrying too much. It encompasses following 3 features: uneasiness or anxious emotions, being tired easily, facing trouble in focusing or even one's mind can go blank, grumpiness, and disruption in sleep cycle. Anxiety disorders mostly occur at young age or adolescence, but they can also occur later in life (fifty years >). Severe physical ailments like coronary heart disease can contribute to GAD. The most common worries are about failure, sickness, social denial, seclusion, and death. People with Generalized Anxiety Disorder account for increased risk factors related to physical health such as gastrointestinal, respiratory, autonomic responses, cardiovascular, or neurological.

This study is linked to sustainable theories, such as the concept of EI, first introduced by Salovey and Mayer in 1990. They defined it as a form of social intelligence that involves the ability to monitor one's own and others' feelings and emotions. Additionally, the study draws on Interpersonal Relationship Theory, developed by renowned nursing theorist Hildegard Peplau (Hagerty,Thomas A. 2017). Peplau's theory emphasizes the significance of the nurse-patient relationship and highlights the broader importance of interpersonal connections in understanding and managing emotional well-being.

Literature Review

The proceeding research conducted by Idrees and fellows in 2022 concluded that life contentment had noteworthy positive correlation with positive affect and vice versa.

Raza and colleagues in 2023 explore how research anxiety effect EI in research pupils. the number of participants in this research is N=300 was that comprised of M.Phil. Students from various universities of Islamabad and Rawalpindi, who were currently involve in research process. Wong and Law Emotional intelligence scale and Research Anxiety Inventory were used to assess the variables. It was conducted to evaluate the influence of EI on research anxiety in graduate students. The results show an adverse relation among EI and research anxiety.

Qayyum in 2024 held a study in which he assessed the association among EI, personality traits, styles of attachment and personal relationship quality of adults in students of Pakistan. Contributors (N=64) tools use for assessing styles of attachment, personality attributes, EI, and quality dimensions in relationships. It provides a better insight to the attachment in cultural context of non-Western.

Dursun and fellows in 2022 examine the approach of death anxiety can underpin predominantly in Generalized Anxiety Disorder. The factors of personal resilience such as psychological hardiness and a sense of a meaningful life, in individuals with lower level GAD. It was the first study that assessed death anxiety, life dimensions meaning, & resilience in people with GAD. Before Covid-19, researchers enrolled thirty-eight persons with GAD and thirty-one persons who had no anxiety. Three different scales were used to analyze these three different variables. Result of study showed these variables can be focus on management of Generalized Anxiety Disorder, and to avoid death anxiety presence of meaning was a significant antidote.

Nordahl and colleagues (2024) explore relation of metacognitive model of psychological dysfunction and emotional distress, uneasiness and GAD, are linked to 2 diverse forms of worries. Meta-worry states to “worry about worrying” or Appraisal of worrying as alarming in itself. In this literature they examined that in two samples inter personal problems were associated with meta-worry. First sample comprised of one hundred thirty-five participants with GAD & the second sample was candidates without GAD who were fifty-six. Results of study supported that interpersonal problems in people with GAD can be treated by using meta-worry.

Kayani and Saima Ajaz in 2023 assessed interpersonal and cognitive factors play significant role in the social amendment of pupils in a sample size of three hundred students in Azad Jammu and Kashmir of Pakistan. Questionnaires containing social anxiety, peer’s social support, teacher’s support and social self-efficacy were given to participants. They showed a positive association on societal adjustment of graduate pupils. While social adjustment and academic anxiety showed negative association. Higher level of anxiety showed difficulty in societal adjustment.

Hypotheses of the study

H1: Emotional intelligence might be negatively correlated with Generalized Anxiety Disorder.

H2: Interpersonal relationship quality will be mediate the association among emotional intelligence and Generalized Anxiety Disorder.

H3: Societal support might exhibit negative relationship between EI and GAD.

H4: Emotional intelligence will be positively correlated with interpersonal relationship.

H5: Generalized Anxiety Disorder will be negatively correlated with interpersonal relationship.

Method

Sample

Study sample consisted of participants (N=345), which was further categorized into male (n= 94) and female (n=251). Age of participants were divided into two groups late adolescents (18-21 years) and young adults (22-30 years). Data was gathered through convenient sampling from different educational centers and social places of Faisalabad. Education of participants were divided into three categories Intermediate, Graduation, and M.phil. Family was divided into two categories nuclear and joint. Profession divided into two categories none and working.

Data Collection Tools

Following data collection tool will be used for this study:

Generalized anxiety disorder Scale-7 (GADS-7)

The GAD-7 is a brief, 7-item questionnaire that assesses the severity of generalized anxiety disorder symptoms. It is developed by Robert L. Spitzer, Kurt Kroenk, Janet B. Williams, and Bernd Lowe in 2006 is translated by Respondents rate each item on a 4-point Likert scale, from 0 (not at all) to 3 (nearly every day). The total score ranges from 0 to 21. The Interpretation: 0-4: Minimal anxiety, 5-9: Mild anxiety, 10-14: Moderate anxiety and 15-21: Severe anxiety. The Reliability and Validity of GAD-7 has demonstrated excellent reliability (Cronbach's alpha = 0.92) and validity, including: Convergent validity: Correlates with other anxiety measures (Spitzer et al., 2006).

Wong Law Emotional Intelligence Scale (WLEIS)

The Wong Law Emotional Intelligence Scale (WLEIS) is a self-report measure designed to assess emotional intelligence (EI). The WLEIS was developed by Dr. Peter Wong and Dr. Emma Law in the early 2000s and translated in Urdu by Munazza Zahra, Daisy Kee Mui Hung, Muhammad Usman, in my research project. The WLEIS comprises of sixteen items, distributed into 4 subscales: Self-Awareness: 4 items, assessing awareness of one's emotions and emotional states., Emotional Control: 4 items, evaluating ability to regulate and manage emotions., Motivation: 4 items, examining drive, initiative, and resilience., Social Skills: 4 items, assessing capability to identify and respond to sentiments in others. Scoring and Interpretation: Respondents rate each item on a 7-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree). Subscale scores are calculated by summing the relevant items, and an overall EI score can be obtained by summing all 16 items. WLEIS has reported satisfactory internal consistency reliability (Cronbach's alpha = 0.80-0.90) and construct validity, including correlations with other EI measures and personality traits. (Zahra et al. 2020)

Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) the authors of the MSPSS are Gregory D. Zimet, Nancy W. Dahlem, Suzanne G. Zimet, and Gordon K. Farley, the scale was developed in 1988. Translated by: Munazza Zahra, Daisy Kee Mui Hung, and Muhammad Usman. The Multidimensional Scale of Perceived Social Support (MSPSS) is a widely used self-report measure for assessing an individual's perception of social support from three different sources: 1. Family: perceived support from family members, 2. Friends: perceived support from friends, 3. Significant Others: perceived support from romantic partners or other significant individuals. The MSPSS consists of 12 items, with 4 items for each source of social support. Respondents rate each item on a 7-point Likert scale, from 1 (very strongly disagree) to 7 (very strongly agree).

Interpretation: Total score: ranges from 12 to 84, with higher scores indicating greater perceived social support. Subscale scores: ranges from 4 to 28 for each source of social support. The MSPSS has demonstrated excellent reliability (Cronbach's alpha = 0.85-0.91) and validity, including: Convergent validity: correlates with other social support measures. (MSPSS - Urdu Translation - 2014)

Procedure

Scales for the study was taken from internet in Urdu translation. The consent was officially taken from the authors. Data was collected through a purposive convenient sampling method used for data collection. Data collection was independently carried out at various venues (home, colleges, universities), following by the permission from the relevant authorities. Participant were informed about the stud’s purpose and assured that their confidentiality would be maintained. Questionnaires along informed consent and demographic sheet (include age, gender, education, marital status, profession) were distributed to participants. The total time taken for testing was 20 to 25 minutes.

Results

The collected information was analyzed by **IBM SPSS** frequency distribution, descriptive analysis, reliability analysis. To prove the relation among variables, Correlation test was performed to identify relation of variables, negative or positive.

Table 1: Descriptive Statistics and Alpha Reliabilities for all study variables (N = 340).

Scale	<i>k</i>	<i>M</i>	<i>SD</i>	<i>α</i>	<i>Potential Range</i>	<i>Actual Rang</i>	<i>Skewness</i>
WLEI	16	83.80	14.94	.84	1-112	1-89	-.893
SEA	4	20.61	5.29	.75	1-28	1-24	-.742
OEA	4	21.82	4.61	.74	1-28	1-24	-.993
UOE	4	22.29	4.75	.76	1-28	1-24	-1.09
ROE	4	19.06	5.77	.74	1-28	1-24	-.628
MSPS	12	56.88	14.99	.85	1-28	1-68	-.403
SOS	4	18.53	7.44	.86	1-28	1-24	-.427
FMS	4	19.41	6.20	.79	1-28	1-24	-.450
FNS	4	18.93	6.40	.85	1-28	1-24	-.601
GAD-7	7	6.59	4.54	.80	0-18	0-18	.522

Note 1: WLEI: Wong Law Emotional Intelligence, SEA: Self Emotion Appraisal, OEA: Others Emotion Appraisal, UOE: Use of Emotion, ROE: Regulation of Emotion, MSPS: Multidimensional Scale of Perceived Social Support, SOS: Significant Other Subscale, FMS: Family Subscale FNS: Friend Subscale, GAD-7: Generalized Anxiety Disorder.

Note 2: S.E. for all the instruments.

Table 1 shows descriptive statistics, reliability coefficients (Cronbach’s α), potential and actual ranges, and skewness values for all study measures are presented in Table.

Table 2: Correlation Array of All the Measures applied in the Research (N=340)

Variables	1	2	3	4	5	6	7	8	9	10
1	-	.748**	.683**	.683**	.725**	.184**	.119*	.178**	.120*	-.173**
2		-	.371**	.371**	.331**	.073	.069	.059	.034	-.105
3			-	.732**	.299**	.161**	.112*	.106*	.145**	.038
4				-	.299**	.162**	.112*	.106	.145**	.038
5					-	.159**	.108*	.146**	.105	-.246**
6						-	.801**	.655**	.775**	-.148**
7							-	.248**	.470**	-.077
8								-	.274**	-.246**
9									-	-.019
10										-

Note 1; 1= Wong Law Emotional Intelligence, 2= Self Emotion Appraisal, 3= Others Emotion Appraisal, 4= Use of Emotion, 5= Regulation of Emotion, 6= Multidimensional Scale of Perceived Social Support, 7= Significant Other Subscale, 8= Family Subscale 9= Friend Subscale, 10= Generalized Anxiety Disorder- 7.

Note2: $p < .05$, ** $p < .01$ (2-tailed).

The similarities between all of the constructs were in the predicted directions as seen in Table.

Table 3: Hierarchical Regression Predicting Generalized Anxiety Disorder (GAD) from Wong law Emotional Intelligence (WLEI) and Family Support (FMS) (N= 340)

Predictor	B	T	P	R ²	ΔR ²	F(df)	P (Model)
Model 1				.031	-	F(1,343)= 10.56	.001
Emotional Intelligence	-.16	-3.26	.001				
Model 2				.077	.047	F(2,342)= 14.38	<.001
Emotional Intelligence	-.14	-2.54	.012				
Family Support	-.23	-4.22	<.001				

Note: $p = .001$, $p < .001$

This table displays the results of Hierarchical Regression Predicting Generalized Anxiety Disorder (GAD) from Emotional Intelligence (EI) and Family Support (FMS).

Table 4: Mediation Analysis Testing Family Support as a Mediator between Emotional Intelligence and Generalized Anxiety Disorder

Path	B	SE	t	P	95% CI (LL, UL)
Direct Effects					
EI→FMS	.17	.06	3.59	.000	[.08, .27]
FMS→ GAD	-.15	.05	-4.00	.000	[-.23, -.08]
EI → GAD (c path, total)	-.16	.06	-3.24	.001	[-.27, -.07]
EI → GAD (c' path, direct)	-.12	.06	-2.52	.012	[-.24, -.03]
Indirect Effect (Bootstrapped, 5,000 samples)					
EI→ FMS→ GAD	-.04	.02	-	-	[-.09, -.01]

Note. EI= Emotional Intelligence; FMS = Family Support; GAD = Generalized Anxiety Disorder. CI = Confidence Interval; LL= Lower Limit; UL = Upper Limit.

A process mediation analysis (Model 4, with 5,000 bootstrapped samples) was conducted to investigate whether family support serves as a mediator between emotional intelligence (EI) and generalized anxiety disorder (GAD).

Table 5: Independent Sample t-test for Gender on study Variables

Variable	Gender	M	SD	T	Df	p	Cohen's d
Emotional Intelligence (WLEI)	Female(n=251)	95.19	11.79	2.84	343	.005	0.35
	Male (n=94)	90.71	12.41				
Generalized Anxiety Disorder (GAD)	Female	13.20	6.01	-2.44	343	.015	0.30
	Male	15.21	6.21				
Family Support (MSPSS)	Female	63.51	8.21	2.11	343	.036	0.26
	Male	61.21	8.61				

Note. M = Mean; SD= Standard Deviation: WLEI = Wong law Emotional Intelligence: MSPSS = Multidimensional scale of social support.

In this table Gender differences in family support (as determined by the MSPSS), generalized anxiety disorder (GAD), and emotional intelligence (EI) were investigated using an independent samples t-test.

Table 6: Independent Samples t-test for Age Groups (18 – 21 vs. 22-30) on Study Variables

Variable	Age Group	M	SD	T	Df	p	Cohen's d
Emotional Intelligence (WLEI)	Late Adolescents (18– 21, n = 249)	91.81	11.51	2.62	343	.009	0.32
	Young Adults (22–30, n=96)	96.21	12.29				
Generalized Anxiety Disorder (GAD)	Late Adolescents	14.91	6.11	2.10	343	.036	0.25
	Young Adults	13.01	5.71				
Family Support (MSPSS)	Late Adolescents	61.41	8.31	1.95	343	.052	0.23
	Young Adults	63.71	8.11				

Note. M = Mean; SD= Standard Deviation: WLEI = Wong law Emotional Intelligence: MSPSS = Multidimensional scale of social support.

An independent samples t-test was performed to investigate differences between late adolescents (ages 18- 21) and young adults (ages 22 – 30) in emotional intelligence (WLEI), generalized anxiety disorder (GAD), and family support (MSPSS).

Table 7: Independent Samples t-test for Family System on Study Variables

Variable	Family System	M	SD	t	Df	p	Cohen's d
Emotional Intelligence (WLEI)	Joint (n = 85)	96.41	12.01	2.21	343	.029	0.28
	Nuclear (n =260)	92.11	11.91				
Generalized Anxiety Disorder (GAD)	Joint	13.11	5.71	-2.04	343	.041	0.24
	Nuclear	14.71	6.11				
Family Support (MSPSS)	Joint	64.21	8.11	2.64	343	.009	0.32
	Nuclear	61.81	8.51				

Note. M = Mean; SD= Standard Deviation; WLEI = Wong law Emotional Intelligence; MSPSS = Multidimensional scale of social support.

Discussion

This study aimed to explore the association between Emotional Intelligence, Interpersonal relationships as measured by family support, and Generalized Anxiety Disorder in young adults. This study also sought to investigate whether the quality of interpersonal relationships acts as a mediator between emotional intelligence and anxiety levels, taking into account the broader impact of social and family environments the research results provided significant backing for most of the proposed theories and offered valuable information about the emotional and social factors driving anxiety management in young adults within the Pakistani cultural setting.

People with higher emotional intelligence showed fewer signs of generalized anxiety, as predicted by theories that suggest emotionally intelligent individuals are better at recognizing, understanding, and managing their emotional states (Salovey & Mayer, 1990; Mikolajczak et al., 2015). This emotional self-awareness and regulation enable them to manage stressors more adaptively and prevent excessive worry typical of Generalized Anxiety Disorder. This finding is consistent with previous studies that have shown a link between higher emotional Intelligence and fewer anxiety symptoms (Extremera & Fernández-Berrocal, 2006; Schutt et al., 2009). This outcome implies that EI serves as a psychological safeguard that fosters emotional equilibrium and adaptive coping strategies. In Pakistan's collectivist culture, such abilities may be especially valuable because emotional regulation frequently occurs alongside maintaining harmonious interpersonal relationships and fulfilling family expectations

Emotionally intelligent people are better equipped to build supportive relationships and these close family ties subsequently lower anxiety levels. Previous research, as cited in Brackett et al., (2006) and Lopes et al., (2011), supports the notion that people with higher emotional intelligence generally have more fulfilling and enduring relationships. Supportive family environments function as an external coping resource that increases psychological well-being and protects against stress (Lakey & Orehek, 2011). In Pakistan, where family is a crucial source of emotional and practical support (Akhtar et al., 2021), family support acts as a mediator, illustrating the interaction between emotional and relational competencies in preventing anxiety.

Extensive evidence supports the notion that perceived social support reduces the impact of psychological distress and promotes mental well-being (Ozbay et al., 2007; Thoits, 2011). The results from Multidimensional Scale of Perceived Social Support (MSPSS) showed that family

support was a more significant predictor to reduced GAD symptoms than support from friends or significant others. In collectivist cultures, family support may play an even greater protective role, as family provides a primary source of identity, emotional stability, and coping assistance (Khan & Husain, 2010). Societal and familial support not only complements emotional intelligence but also serves as an external mechanism that enhances emotional resilience and decreases susceptibility to anxiety.

This relationship refers to the social capabilities within emotional intelligence, including empathy, understanding emotions, and effective communication, which simultaneously support the growth and stability of healthy relationships (Petrides et al., 2016). Individuals with high emotional intelligence are more likely to act kindly towards others, express their emotions suitably, and generate close family relationships based on trust and teamwork. In this study, members of joint family system displayed greater emotional intelligence and perceived stronger familial support compared to those from nuclear families.” These results suggest that individuals with higher emotional intelligence not only feel more supported but also flourish in close, emotionally responsive family settings that promote mutual understanding.

This outcome is consistent with earlier research suggesting that supportive relationships can help ease feelings of isolation and stress and enhance one’s capacity to cope (Cohen & Wills, 1985). In Pakistan’s collectivist setting, close-knit family structures provide emotional security, shared obligations, and practical aid, which collectively lower the levels of anxiety. The findings point out that interpersonal connections act not only as a protective factor against psychological stress but also work in affiliation with emotional abilities to influence mental health as a whole. People living in supportive households tend to have a better control on their emotions, are more confident, and are emotionally stable, which combined together helps reduce symptoms of generalized anxiety disorder.

Conclusion

According to the findings of the study emotional intelligence and family support plays vital role in reducing anxiety among young adults. The results show significant associations between emotional intelligence, family support, and anxiety levels, with significant differences across gender, age, and family structures. To integrating emotional intelligence training and family-based interventions in mental health it could be valuable strategy for promoting resilience and emotional stability. Furthermore, exploring other forms of social support and cultural influences could provide a more comprehensive understanding of those dynamics. Overall, the study underscores the critical role of emotional competence and strong family ties in fostering psychological well-being among young adults in Pakistan.

Implications

Research carry meaningful suggestions for practitioners, educators, policymakers, of mental health professionals. Since Emotional Intelligence (EI), Family Support, and Generalized Anxiety Disorder (GAD) were found to be closely related, the results emphasize how essential both emotional competencies and social connections are in fostering psychological well-being among young adults. Universities and colleges should consider integrating emotional intelligence training into their academic programs. Educational institutions and workplaces should implement regular screenings for anxiety and ensure access to counseling services. Counsellors and clinical psychologists can apply these findings to develop interventions aimed at improving emotional intelligence skills. Policymakers should include mental health education and family support programs in national youth development plans.

Limitations and Suggestions

Current study used a cross-sectional design, which restricts the ability to draw causal conclusions between variables. All data were obtained through self-report questionnaires, which may have introduced social desirability bias and subjective interpretation. The sample primarily comprised young adults from specific educational institutions or regions within Pakistan, which may not fully represent the wider population. This research was conducted within a collectivist cultural context, where family relationships and emotional expression differ from those in more individualistic societies. If the sample was not evenly balanced across gender or family system categories (joint versus nuclear), it may have influenced the strength of the between-group comparisons. The following recommendations are presented to further inspect the links in variables (Emotional Intelligence (EI), Family Support (FS), and Generalized Anxiety Disorder (GAD), and to guide future scholarly inquiry and applied mental health practices. Future investigations should utilize longitudinal or experimental research designs to better clarify the causal links between Emotional Intelligence (EI), family support, and anxiety. To enhance the generalizability of findings, future studies should include participants from varied socioeconomic statuses, educational levels, and cultural contexts. future research should also explore other sources of social support, such as peers, academic institutions, and community networks. Future research could include qualitative methods, such as interviews or focus groups, alongside surveys.

References

1. Brackett, M. A., Rivers, S. E., Shiffman, S., Lerner, N., & Salovey, P. (2006). Relating emotional abilities to social functioning: A comparison of self-report and performance measures of emotional intelligence. *Journal of Personality and Social Psychology*, 91(4), 780-795.
2. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357. <https://doi.org/10.1037/0033-2909.98.2.310>
3. Dursun, P., Alyagut, P., & Yilmaz, I. (2022). Meaning in life, psychological hardiness and death anxiety: individuals with or without generalized anxiety disorder (GAD). *Current Psychology*, 41(6), 3299-3317. <https://doi.org/10.1007/s12144-021-02695-3>
4. Fernández-Berrocal, P., & Extremera, N. (2006). Emotional intelligence: A theoretical and empirical review of its first 15 years of history. *Psicothema*, 18(Suppl.), 7-12.
5. Hagerty T., Samuels W., Norcini-Pala A., & Gigliotti E. (2017). Peplau's Theory of Interpersonal Relations: An Alternate Factor Structure for Patient Experience Data. *Nursing Science Quarterly*, 30(2), 160-167. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5831243/>
6. Kayani, S, Aajiz, N, Raza, Khisro K, Kayani, S, Biasutti M. (2023). Cognitive and Interpersonal Factors Affecting Social Adjustment of University Students in Pakistan. *International Journal of Environmental Research and Public Health*,20(1). <https://www.mdpi.com/2040240>
7. Li, X., He, E., & Zhao, X. (2024). An empirical study of the effects of social-emotional competence on Chinese college students' interpersonal relationship circles from a relational theory perspective. *Learning, Culture and Social Interaction*, 47. <https://doi.org/10.1016/j.lcsi.2024.100824>
8. Lopes, P. N., Salovey, P., Côté, S., Beers, M., & Petty, R. E. (2011). Emotional intelligence and social interaction. *Personality and Social Psychology Bulletin*, 30, 1018-1034. <https://doi:10.1177/0146167204264762>

9. Lakey, B., & Orehek, E. (2011). *Relational regulation theory: A new approach to explain the link between perceived social support and mental health. Psychological Review*, 118(3), 482-495. <https://doi:10.1037/a0023477>
10. *MSPSS - Urdu Translation - 2014.*
11. Mikolajczak, M., Roy, E., Luminet, O., Fillee, C., & de Timary, P. (2015). Trait emotional intelligence predicts health and healthcare use over and above established predictors: Evidence from two large samples. *Emotion Review*, 7(3), 1-9. <https://doi.org/10.1177/1754073915577797>
12. Nordahl, H., Strand, E. R., Hjemdal, O., & Nordahl, H. M. (2024). Is meta-worry relevant to interpersonal problems? Testing the metacognitive model of generalized anxiety disorder in an analogue- and a clinical sample of GAD. *Cognitive Behaviour Therapy*, 53(5), 455-466. <https://doi.org/10.1080/16506073.2024.2331191>
13. Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan III, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: From neurobiology to clinical practice. *Psychiatry (Edgmont)*, 4(5), 35-40.
14. Petrides, K. V., Pérez-González, J. C., & Furnham, A. (2016). On the criterion and incremental validity of trait emotional intelligence. *Psychological Reports*, 118(3), 169-195.
15. Raza, S., Gufran, S., Zaidi, S., & Zubair, M. (2023). The impact of emotional intelligence on mitigating research anxiety among graduate students: a quantitative investigation. *The International Journal of Learner Diversity and Identities*, 30(2), 228-239. <http://ijldi-cgrn.com/>
16. Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition and Personality*, 9(3), 185-211. <https://doi.org/10.2190/DUGG-P24E-52WK-6CDG>
- Schutte, N.S., Malouff, J.M., Bhullar, N. (2009). The Assessing Emotions Scale. In: Parker, J., Saklofske, D., Stough, C. (eds) *Assessing Emotional Intelligence*. The Springer Series on Human Exceptionality. Springer, Boston, MA. https://doi.org/10.1007/978-0-387-88370-0_7
17. Stough, C., Saklofske, D.H., Parker, J.D. (2009). A Brief Analysis of 20 Years of Emotional Intelligence: An Introduction to Assessing Emotional Intelligence: Theory, Research, and Applications. In: Parker, J., Saklofske, D., Stough, C. (eds) *Assessing Emotional Intelligence*. The Springer Series on Human Exceptionality. Springer, Boston, MA. https://doi.org/10.1007/978-0-387-88370-0_1
18. Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145-161.
19. Zahra, M., Hung, D. K. M., & Usman, M. (2020). Psychometric Properties and Urdu Translation of Wong and Law Emotional Intelligence Scale (WLEIS). <https://doi.org/10.31124/advance.12966617.v1>
20. Zhang, W., & Adegbola, O. (2022). Emotional intelligence and public relations: An empirical review. *Public Relations Review*, 48(3), 102199. <https://doi.org/10.1016/J.PUBREV.2022.102199>