

## Emotional Intelligence and Mental Health among Youth of Armed Violence Affected and Non-affected Area

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### Abstract:

*From the first recorded historical documents we are aware of the human tendency to violence as a means of resolving conflict. The quest for discovering evermore destructive technologies is also an ongoing feature of human history. Emotional intelligence is emerged as a dynamic construct that influenced by diverse biological, psychological, and social factors and appearing as an important factor in the prediction of personal, academic and career success as well as mental health. Empirical studies investigated the relationship of emotional intelligence with numerous psychological and psychosocial factors and revealed its significance in various fields including mental health. The present study is designed to examine the differences between armed violence affected and non-affected youth on mental health and emotional intelligence. In present study, anxiety, depression and hopelessness were taken as indicators of mental health. Sample for study consisted of 200 (100 armed violence affected and 100 non-affected) participants drawn from Baramula district of Jammu and Kashmir, and Kurukshetra University, Kurukshetra. The participants were assessed with Emotional Intelligence Scale, Beck Anxiety Inventory, Beck Depression Scale and Beck Hopelessness Scale. Results showed that armed violence affected and non-affected youth differ significantly on hopelessness, a mental health indicator, and emotional intelligence. Discriminant function analysis revealed that influence and persuasion, hopelessness, depression and anxiety are the potent predictors' variables which discriminate between the groups.*

**Key words:** Emotional intelligence, anxiety, depression, hopelessness.

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### INTRODUCTION

Armed violence has been around for as long as people can remember, but in the past few decades there has been a notable rise in armed violence. From the first recorded historical documents we are aware of the human propensity to violence as a means of resolving conflict. The mechanism of action to influence the society may be different but their purpose remains the same. The mechanism for this violence could be in the form of killing others, blasts, suicide bombing, bio-terrorism, narco-terrorism and financial terrorism (Crenshaw, 1990). These acts are meant to give a message

from an illicit unknown organization to influence the persons. The purpose of this is to exploit the media in order to achieve maximum attainable publicity as an amplifying force multiplier in order to influence the targeted audience(s) in order to reach short- and midterm political goals and/or desired long-term end states (George, 2008). Both types of disasters, natural and human-made, can elicit fear, anger and worry in victims, their families and friends and could lead to psychological symptoms of anxiety, depression and hopelessness. Research has shown that human-made disasters are more psychologically pathogenic than are natural

disasters. Armed violence may be the most pathogenic of all due to its unpredictable and unrestrained nature. Whatever the form of violence and targeted audience, such acts ultimately affect the physical and mental health of persons. Health psychologists generally hold a holistic perspective on the individual well-being. Their focus is on physical rather than mental health; in reality it is acknowledged that these are two sides of a coin. When a person has a physical illness they can experience anxiety and depression. When a person has a mental illness their behaviour may well lead to deterioration in physical health. Thus, feeling of wellness involves mind, body and spirit. Mental health includes either a level of cognitive or emotional well being or an absence of a mental disorder. World Health Organization (2005) defines mental health as a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

The psychological responses to armed violence are a mixture of reactions towards the trauma and also towards a constant fear of being a victim to a traumatic event in the future. These reactions may have individual differences depending upon the extent of personal damage in any form, proximity to the place where the act has been committed, brutality of the event, his or her own coping styles (Greenberg, Pyszczynski, Solomon, & Chatel, 1992). Research has shown that any form of personal threat and fear leads to a change in personal behavior designed to minimize exposure to risk (Jacobson, & Bar-Tal, 1995; Ferraro, 1996). Psychological trauma induced by armed violence not only leads to disturbance in the mental equilibrium causing maladaptive behavior but also results in diagnosable psychiatric disorders. A large number of individuals reported medically unexplained physical symptoms after such event

like chest pain and respiratory problems (Bleich, Gelkopf, & Solomon, 2003). After September 11 event, the chest pain and respiratory problems following the events were referred to as 'World Trade Center syndrome'. Anxiety and fear are basic emotions that are experienced by everyone and necessary for survival. If the anxiety is long lasting, it may be the sign that a person has developed a more significant problem with anxiety and often called anxiety disorder. Post-traumatic stress disorder (PTSD) is one kind of anxiety disorder.

Steel, Silove, Phan, & Bauman (2009) conducted a study on 512 participants out of whom 84 had been directly exposed to a terrorist attack and 191 had a family member or friend exposed to such an attack. The results revealed that 48 participants reported PTSD, 109 reported acute stress disorder and 299 participants reported depression. In another study on Vietnamese refugees, people who were exposed to more than three trauma events had a heightened risk of mental illness after 10 years as compared to people with no trauma exposure. Results from a meta-analysis indicated that in a year following an armed violence (terrorism) incident, the prevalence of PTSD in directly affected populations varies between 12% and 16% (DiMaggio & Galea, 2008). A national household survey on 4,023 people revealed a six-month PTSD prevalence to be 3.7% for boys and 6.3% for girls, Major Depressive Episode among boys was 7.4% and 13.9% in girls, and Substance Abuse Disorder had a six-month prevalence of 8.2% among boys and 6.2% for girls. Children's responses to armed violence include acute stress disorder, posttraumatic stress disorder, anxiety, depression, regressive behaviors, and separation problems and sleep difficulties (Wanda, 2004).

Emotional intelligence is strongly related to healthy psychological functioning. Goleman (1995) found that poor emotional

intelligence skills lead to increased depression. Both anxiety and depression are debilitating conditions that greatly impair our psychological, social and emotional well-being. Depression and anxiety frequently coexist in the same individual, either concurrently or at different times, and many studies show that the presence of an anxiety disorder is the single strongest risk factor for development of depression (Hranov, 2007). Depressed people are found to be more socially inept and they seem unable to label their feelings accurately, showing instead a sullen irritability, impatience and anger, especially toward their parents and others (Mash & Wolfe, 1999).

Emotional intelligence and psychological variables like depression, anxiety, and overall physical and mental health relationship has been found well documented in adult samples (Fenandez-Berrocal, Alcaide, Extremera, & Pizarro, 2006). Individuals who pay more attention to their own emotions, score lower on emotional clarity, and report an inability to regulate their own emotional states and showed poor emotional adjustment on a number of measures such as anxiety and depression (Salovey, 2001; Femandez-Berrocal, Salovey, Vera, Extremera, & Ramos, 2005). The better emotional regulation lead to lower perception of stress and a better quality of life, and individuals with higher emotional intelligence reported elevated psychological well-being/mental health (Zeidner and Olnick-Shemesh, 2010). Fenandez-Berrocal et al. (2006) self reported emotional intelligence is negatively related to levels of anxiety and depression. Moya and Carter (2014) reported that the experience of trauma triggers depressive symptoms and can induce learned helplessness. It happens when persons exposed to traumatic experiences perceive that they have no control over their current circumstances and do not attempt to bring about positive changes, even

when the sources of trauma have disappeared.

Among social scientists and public health experts there is a growing recognition of the health impact of armed conflicts and political violence. It has identified as a major public health problem, not only because of the deaths and disability they cause, but also because of their longer term and more indirect effects on the health, well-being, and livelihoods of individuals, families, and communities. Khan, Sarhandi, Hussain, Iqbal & Taj (2012) examined the mental and behavioral impacts of terrorism (armed violence) and reported that there is no significant difference among male and female. Both are equally affected by terrorism. They develop feelings of fear, distress, anxiety, worry, anger and depressed, and hopelessness as a result of armed violence. Both men and women are upset and sad, as a result they lack their interest in daily life activities. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches (World Health Organization, 2001). In view of the available literature it cannot be denied that disaster in the form of armed violence leads to significant mental disturbance and psychiatric problems. It definitely represents a major challenge with regard to designing an effective strategy for coping with the aftermath of such an attack. The present study is an attempt in understanding locale differences among youth of armed violence affected and non affected area. It is hypothesized that i) Armed violence affected youth would be low on mental health measures as compared to non affected youth. ii) Armed violence affected youth would be higher on emotional intelligence measures as compared to non affected youth.

## METHOD

### Sample:

The sample for study was drawn from the educational institutions of Baramula city of Jammu and Kashmir, and Kurukshetra University, Kurukshetra, Haryana. It consisted of 200 (100 armed violence affected and 100 non-affected) participants selected by incidental sampling technique. The participants taken from Baramula city was considered as armed violence affected and the participants taken from Kurukshetra University, Kurukshetra was considered as non-affected. Only those participants were included in sample who had given their consent to participate in the study. The age range of participants varies from 18 to 26 years. The sample includes the participants from Arts, Science and Commerce streams. The majority of the participants were from middle class families and having both parents.

### Measures:

**Emotional Intelligence scale (EIS):** This scale was developed by Dulewicz and Higgs (1999). It consists of 69 item and was designed to assess seven dimensions of emotional intelligence i.e., self awareness, emotional resilience, motivation, interpersonal sensitivity, influence and persuasion, decisiveness, and conscientiousness and integrity. Participants were asked to respond to each item of the scale on a 5-point Likert scale ranging from "1" (Never) to "5" (Always). The alpha coefficient is ranging from .56 to .77 for different subscales. As for validity concerned the author reported that the scale has high and significant correlation with 16 PF, Belbin's Ream Roles and Myers-Briggs Type Inventory.

**Beck Anxiety Inventory (BAI):** This inventory was developed by Beck and Steer (1993) and used to measure the severity of anxiety symptoms. It is a 21-item questionnaire and each of the 21 items (anxiety symptoms) is represented by four statements reflecting

increasing levels of anxiety. Using a 4-point scale ranging from 0 (not at all) to 3 (severely; I could barely stand it), participants rate the severity of each of the symptoms by indicating how much they have been bothered by the symptoms during the preceding week, including the test day. Severity scores for each question are summed, deriving a score ranging from 0-63. Test-retest reliability ranges from .62 (1 week) to .75 (7 weeks) (Creamer, Foran, & Bell, 1995). In addition, Creamer et al. (1995) found moderate concurrent validity with the State Trait Anxiety Inventory (state .64, trait .68), and determined that the BAI adequately discriminates between anxiety and depression.

**The Center for Epidemiologic Studies - Depression Scale (CES-D):** This scale was developed by Radloff (1977) to determine the depression levels of the participants. It is a 20-item self-report scale, designed to measure depressive symptoms in the general population. Participants were asked to choose one of the given responses to each of the questions. The higher score on the scale indicate the presence of greater level of depressive symptoms. The scale measure four separate dimensions i. e. Depressive affect, somatic symptoms, positive affect, and interpersonal relations. The CES-D has very good internal consistency with alpha of .85 for the general population and .90 for psychiatric population.

**Beck Hopelessness Scale (BHS):** This scale was developed by Beck and Steer (1993). It is a 20 item self-report scale which reflects negative expectancies in the respondent. The response format is dichotomous, the respondent is required to state whether each item is either true or false in describing their attitude over the past week, including on the day of assessment. To control for acquiescence, nine items are keyed false and 11 are keyed true. The scale has demonstrated acceptable psychometric properties. It has shown high internal

consistency (.93) and test – retest reliability coefficient (.69) for different samples. The scale has demonstrated acceptable concurrent, discriminant, construct, predictive and factorial validity.

**Administration of the tests:** The participants were contacted personally for data collection in their educational organizations. After getting willingness of the participants, the congenial rapport was established with the participants to make them comfortable. They were provided the basic instructions for each test to make them understand how to perform. They were assured about the confidentiality of the data, so that they could complete the tests without any hesitation. The tests were administered in small group setting and during administration of the tests only the investigator and participants were present in the room. The general testing conditions were satisfactory and the procedure was uniform all through. All the tests were scored as per the procedure described in respective test manual.

## RESULTS AND DISCUSSION

The perusal of Table - 1 revealed that armed violence affected and non-affected groups differ significantly ( $t = 1.96, p = .05$ ) on composite scale scores of emotional intelligence. The violence affected group is found to have higher emotional intelligence ( $M = 225.85$ ) than non-affected group ( $M = 216.39$ ). Thus, the result shows that armed violence affected group participants having more emotional intelligence than non affected group participants. Both armed violence affected and non- affected groups also differ significantly on decisiveness ( $t = 2.13, p < .03$ ), and conscientiousness and integrity ( $t = 2.78, p < .01$ ) dimensions of emotional intelligence. The mean and SD on the measure of decisiveness for violence affected group is 22.75 and 4.08, respectively whereas it is 22.45 and 4.37 for non-affected group, respectively. The higher mean

score of armed violence group suggests that participants of armed violence affected group have more decisive ability than the non-affected group. The mean and SD for the measure of conscientiousness and integrity for violence affected group is 22.45 and 4.12, respectively whereas it is 21.28 and 5.37 for non-affected. The higher means score of armed violence group shows that people of armed violence group have more ability to display clear commitment to course of action during challenges than the non-affected group. Table - 1 also revealed that the  $t$  value ( $t = 1.86, p < .06$ ) approaching the significance level for influence and persuasion measure of emotional intelligence, which indicates toward difference between the groups on ability to persuade others. But armed violence affected and non-affected groups don't differ on the measures of self awareness, emotional resilience, motivation, and interpersonal sensitivity measures of emotional intelligence.

**Table – 1**, Mean, SD and t-value on Different Variables for armed violence affected and Non-affected youth groups.

Variables	Armed Violence Affected (N=100)		Non-affected (N=100)			Sig.
	Mean	SD	Mean	SD	t-value	
Self Awareness (SA)	37.43	6.16	37.18	5.91	.41	NS
Emotional Resilience (ER)	37.03	4.97	34.75	6.60	1.67	NS
Motivation (MO)	32.81	5.52	31.55	5.57	1.47	NS
Interpersonal Sensitivity (IS)	38.47	6.12	37.55	6.82	.06	NS
Influence and Persuasion (IP)	34.91	5.31	31.65	6.23	1.86	.06
Decisiveness (D)	22.75	4.08	22.45	4.37	2.13	.03
Conscientiousness and Integrity (CI)	22.45	4.12	21.28	5.37	2.78	.01
Emotional Intelligence Total (EIT)	225.85	23.35	216.39	31.19	1.96	.05
Anxiety (ANX)	26.65	10.29	31.09	12.09	1.23	NS
Depression (DEP)	46.65	7.46	46.74	7.47	.51	NS
Hopelessness (HPLN)	5.69	3.50	6.94	1.89	2.53	.01

Both armed violence affected and non-affected groups differ significantly ( $t = 2.53, p < .01$ ) on the measure of hopelessness. Unexpectedly non-affected group is found to have higher mean score ( $M = 6.94$ ) than their counterpart armed violence affected group ( $M = 5.69$ ). The reason for low level of hopelessness in armed violence affected group may be the adaptation with the situation. Another reason for this may be the ecological, institutional and societal and cultural practices. The groups don't differ on anxiety and depression, the mental health measures. The non significant difference between the groups suggests that both groups feel same level of anxiety and depression.

In order to examine whether the emotional intelligence and mental health

indicators differentiate between armed violence affected group and non-affected group. The data were subjected to discriminant function analysis to find most potent predictors of group membership. The step wise method of discriminant function analysis is employed (Tabachnick & Fidell, 1989). The stepwise analysis picks up the variable one by one on basis of discriminant value of respective variable. The analysis is conducted with P (probability) of F-to-remove .10 and minimum tolerance. F-to-remove and tolerance statistics play an important role in such analysis some time a variable entered in the equation loses its significance after the entry of some other variables; therefore such a variable needs to be removed from the equation. The variable having

small tolerance is supposed to be removed from the equation. It serves a check against collinearity among variable and inaccuracy in predicate equation. Table - 2 indicated that four variables related to emotional intelligence and mental health contributed significantly in prediction of group membership among armed violence affected group and non – affected group.

It is pertinent to mention here that higher Lambda value is an indication of lack of discrimination between the groups, if the value of Lambda is exactly 1.00, the variable is unable to make any differentiation between the groups as all observed group means are equal. The Wilk's Lambda co-efficient appears to be decreasing from one variable to next variable. The Lambda coefficients for predicted variables are in range from .93 to .86, which discriminates the groups on the variables of mental health and emotional intelligence.

**Table – 2,** Summary of Discriminant Function Analysis

Variable	Wilks Lambda	Significance	df	F	Significance
IP	.93		1/198	15.87	.001
HPLN	.90		2/197	11.23	.001
DEP	.88		3/196	8.89	.001
ANX	.86		4/195	8.01	.001

Note: IP = influence and persuasion, HPLN = hopelessness, DEP= depression, ANX = anxiety

Influence and persuasion, a measure of emotional intelligence, being the most pertinent contributor to the group discrimination entered in the equation at step 1. The Wilks Lambda co-efficient for the variable is 0.93, F-value of its discriminate functions equals to 15.87

(df = 1/198) which is significant at .001 probability level. The result revealed that both armed violence affected and non-affected groups differ on influence and persuasion ability to deal with problems faced by them.

The second potent predictor of group membership which discriminates between the groups is hopelessness. The Wilks Lambda co-efficient for this variable is 0.69 (F = 11.23, df = 2/197), which is significant at .001 probability level. The result reveals that both armed violence affected and non-affected groups differ on hopelessness level. The third measure that made significant contribution towards the prediction of group membership is depression. The Wilks Lambda co-efficient for this measure is .88 and F-value being 8.89 (df = 3/196) is significant at .001 probability level. The significance difference between the groups suggests that the participants of both armed violence affected and non-affected groups have different level of depression to each other. The fourth and last measure which entered in

discriminate function equation is anxiety. The Wilks Lambda for this measure is .86 and F-value being 8.01 (df = 4/195) is significant at .001 probability level. Being the lowest Wilk's Lambda of anxiety, it indicates the maximum discrimination between the groups. The findings of present study revealed that when all variables were taken together, the influence and

persuasion dimension of emotional intelligence, and hopelessness, depression and anxiety the indicators of mental health are found that differentiate significantly between armed violence affected and non-affected groups.

**Table – 3:** Predicted Classification Summary for Armed Violence Affected and Non-affected Groups

Group	Armed Violence Affected	Non-affected	Total
Armed Violence Affected	66	34	100
%age	66%	34%	100%
Non-affected	29	71	100
%age	29%	71%	100%

(68.5% of original grouped cases correctly classified)

Table - 3, present the predicted classification summary of armed violence affected and non-affected participant groups. It shows that out of 100 participants of armed violence affected group, 66 were correctly identified and 34 of the cases were not identified correctly. For Non-affected group participants, out of 100 cases, 71 were correctly identified and 29 were not identified correctly. The percentage of correctly identified cases for armed violence affected group and non – affected group is 66% and 71%, respectively. In total 68.5% of original grouped cases are classified correctly. This result clearly suggests that the participants of armed violence affected group don't reveal their responses as non-affected group participants. The study measure jointly contributes to high degree correct identification for non-affected group than the armed violence affected group.

The results showed that both armed violence affected and non-affected groups differ significantly on emotional intelligence which

suggests that the participants vary in their ability to process information of an emotional nature and in their ability to relate emotional processing to a wider cognition (Mayer, Salovey & Caruso, 2002). The higher means score of armed violence affected group on decisiveness and conscientiousness and integrity dimensions of emotional intelligence suggests that they have more ability to arrive to clear decisions and

ability to display clear commitment to course of action in the face of challenge than their counterpart group. Both groups are also differs on hopelessness. Unexpectedly the non-affected group is found to have higher hopelessness level than armed violence affected group. The group differences may be due to the ecological, institutional and societal, and cultural practices. Results of the present study supported the eco-cultural theory that proposes that different form of culture have arisen as adaptations to differing environmental challenges to survival. Armed violence affected group may have interdependent cognitive style then the dependent cognitive style used by non-affected group (Markus & Kitayama, 1991).

The discriminant function analysis revealed that influence and persuasion dimension of emotional intelligence and mental health measures (hopelessness, depression and



anxiety) discriminate the groups. The higher Wilks Lambda value is an indicator of lack of discrimination between the groups. The smaller the Lambda for an independent variable the more that variable contributes to the discriminant functions. Results showed that influence and persuasion dimension of emotional intelligence, and hopelessness, depression and anxiety were having the Wilks Lambda values range between .86 to .93. Thus, the influence and persuasion dimension of emotional intelligence, and hopelessness, depression and anxiety were emerged as the discriminant between the groups. The results of discriminant function analysis suggest that influence and persuasion of emotional intelligence and hopelessness, depression and anxiety of mental health discriminate the both groups. Hence both armed violence affected and non-affected groups differ on ability to persuade others, perception about their future, depression and anxiety. The predicted classification results suggest that the participants of armed violence affected group don't reveal their responses as non-affected group participants. The study measures jointly contribute to high degree correct identification for non- affected group then the armed violence affected group.

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