

**SIGNIFICANCE OF EMOTIONAL INTELLIGENCE AND IRRATIONAL BELIEFS IN
PATIENTS DIAGNOSED WITH ANXIETY DISORDERS**



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ABSTRACT

Emotional intelligence and irrational beliefs have significant role in anxiety disorders. They are interlinked to maintain anxiety symptoms and impairment in everyday life. The research investigated the relationship of emotional intelligence and irrational beliefs in patients diagnosed with anxiety disorders. The translated versions of Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF) translated by Shahzad, Riaz, Begum and Khanum (2014), Irrational Belief Scale (IBS) developed by Malouff and Schutte (1986), translated version and Beck Anxiety Inventory developed by Beck et al (1990) were used to assess the emotional intelligence, irrational beliefs and anxiety in patients with anxiety disorders. The research comprised of two phases. Objective of the pilot study ($N=50$) was to find the psychometric properties of the research instruments especially the translated one. The sample of the main study consists of ($N=200$) with age 18 years and above. The result exemplified that self-report instruments used were internally consistent and reliable. Mean differences were computed for gender, age, education and anxiety disorders. Result revealed that emotional intelligence has significant negative relationship with irrational beliefs and anxiety. Irrational beliefs have non-significant positive relation with anxiety. However, male patients diagnosed with anxiety disorders are more emotional intelligent as compared to female patients diagnosed with anxiety disorders. It was also concluded that young patients with anxiety disorders are more irrational as compared to old patients with anxiety disorders. Results of the study reveal that patients with graduation are higher on emotional intelligence, patients with intermediate are higher on irrational beliefs and patients with under matric are higher on anxiety as compared to other educational level. It was also concluded that emotional intelligence on generalized anxiety disorders is higher as compare to other groups of anxiety disorders. Irrational beliefs is higher on

social anxiety disorder as compare to other anxiety groups, whereas the anxiety on panic disorder is higher as compare to other anxiety disorder groups. Consequently, it can be concluded that both emotional intelligence and irrational beliefs have significant role in anxiety disorders.

Chapter -1

INTRODUCTION

In everyday living people interact with each other leaving behind some queries. These unanswered queries are when grouped together, may constitute different types of theories in the minds of general population. Emotional intelligence plays important role to understand, manage and solve these theories. Individuals give meanings to these theories and form rational and irrational beliefs according to their level of understanding. Irrational beliefs are individual's firm thought patterns that are wrong and difficult to change. In turn difficulty in managing emotional intelligence and irrational beliefs form different anxiety disorders.

Emotional intelligence states emotional, personal, social and survival magnitudes of intelligence, which are vital for daily functioning than the more traditional cognitive aspects of intelligence. Emotional intelligence is concerned with understanding oneself and others, connecting to people, and adapting to and managing with the abrupt environments to be more effective in dealing with environmental stresses. Emotional intelligence is an immediate functioning that reflects how a person can apply his knowledge, observations and experiences to the immediate situations. To calculate emotional intelligence is to measure one's common sense and ability to get along in the world. On the other hand emotional intelligence equally influences an individual's behavior in different situations. Different aspects of emotional intelligence explain how individual got awareness, regulation and motivation of one's self. Other aspects of emotional intelligence are how individual behaves with others, how to understands other's emotions and accommodates his emotions in healthy ways. This thinking and behavior shows how much a person is emotionally intelligent. Although there are some individuals who have some kind of emotional problems that create difficulty in using their emotional intelligence in

everyday life. It is said that emotional intelligent person is the one who is capable of managing feelings and emotions in a various aspects of life. Such a person will be well-adjusted and more successful in various areas of life.

Emotional Intelligence (EI)

The initial roots of emotional intelligence can be sketched back to Darwin's work on the significance of emotional manifestation for existence and adaptation. Previous descriptions of intelligence stressed cognitive characteristics like memory and problem-solving (Bar-On, 2006). For example, Thorndike (1920) introduced the concept of social intelligence to define the ability of how individual understands and manages other people.

Payne (1985) first used the term emotional intelligence in his doctoral thesis and described it as the ability, a capacity and a skill to identify and manage one's self and emotions. Though, earlier to this, Leuner (1966) discussed the word emotional intelligence (EI). A model was followed by Salovey and Mayer (1990) ability model, and Goleman (1995) mixed model. The discrepancy between ability model, and mixed model, was presented as a trait model of emotional intelligence by Petrides and Furnham (2000).

Before describing emotional intelligence (EI) in more detail, it is important to define the terms emotion and intelligence. American Psychological Association (APA) (2000) defines emotions as an intricate shape that changes physical, emotional, cognitive and behavioral responses. These changes are situationally occupied and work for personal benefits. Emotional intelligence is also defined as an inclusive ability to gain benefits from previous knowledge, understanding and utilizing the given environment. Moreover, emotional intelligence is describes as the individual's capacity to observe, assess and direct emotions correctly. It assists thinking to

recognize and evaluate emotional experiences, and to control, promote and direct intelligence and emotional development (Gerrig & Zimbardo, 2002).

Currently, there are three central models of EI:

- a. Ability model
- b. Mixed model
- c. Trait model

Various models of EI headed the construction of different measures for the assessment. Whereas, certain instruments may interconnect, many scientists believe that these constructs holds differences, as given below:

a. Ability model: (Salovey & Mayer, 1990). Salovey and Mayer (1990) were very first who conceptualized and published scholarly articles on EI; their study was started by reviewing different researches on intelligence, clinical psychology and neurology. It was described that being emotionally intelligent might have direct relation with mental health and being empathetic. Emotional intelligence is the capacity to understand feeling, coordinate feeling to encourage thought, comprehend feelings and to control feelings to advance self-improvement. Proposed emotional intelligence model that consisted of appraisal of emotion in the self and others, expression of emotion, regulation of emotion in the self and others, and utilization of emotion in solving problems.

This model defines emotional intelligence as the ability to correctly perceive emotions, to connect and produce emotions so they can assist thoughts to understand emotions and its knowledge and to thoughtfully regulate emotions to promote intellectual and emotional growth. This point explains emotions and intelligence a supportive and accommodating combination (Mayer, Salovey, & Caruso, 2004). Emotional Intelligence contains the ability to participate in

sophisticated information processing of others and one's own emotions. Emotional Intelligence is the ability how to use information for thinking and behaving. Individual with high level of emotional intelligence can pay good attention, understand, manage and use emotions appropriately. These skills serve as adaptive functions that possibly benefit their selves and others (Mayer, Salovey, & Caruso, 2008).

Generally intelligence is regarded as the ability for abstract thoughts and capacity to learn and adjust according to environment. Intelligence connects to personal, social, practical and emotional materials. Emotional theory describes different groups of signs and emotional indications that carried out through exclusive communication networks. These signs interconnect material with different levels and stages of individual's evaluation, responses and relationships. (Mayer, Salovey, & Caruso, 2004).

Ability models of emotional intelligence categorized intelligence as a system of emotional information that focuses absolutely on cognitive abilities. Ability model was one of the most accepted intelligence model by the academic community. This model contains four hierarchical branches. It comprise of four emotional abilities: perceiving emotions, using emotions, understanding emotions, and managing them. The order of these branches indicates the amount in which the ability is combined within individual's main psychological subsystem within his whole personality. Each branch describes developmental progress of skills that means an individual develops different skills with time (Mayer & Salovey, 1990).

The first branch perceiving emotion describes perception of emotions, assessment and expression of emotion. It explains the ability that how an individual recognize others' facial and bodily expressions. How an individual understands other's feelings and interprets them. It includes perception in one's self and in others. The second branch using emotions describes how emotions facilitate thinking. It contains the ability how to use emotions to assist thinking and

influences planning. It works by utilizing experiences and creating connection between emotion and thinking to determine how to react. The main feature of emotional intelligence is to accurately assess emotions in others. The third branch is understands emotions. It explains how individual understands and employs emotional knowledge. It also has the ability to comprehend complex feelings and label them. Individual with positive mood feels happiness and cheerfulness has the ability to enhance creativity and work more effectively whereas individual with negative mood, such as feelings of anxiety and depression will face more problems and difficulty. So changing and shifting one's emotions openly to understand difficulties, offers substitute solutions and flexibility to cope up. The last and fourth branch of this model is emotional regulation that links different features of personality. This branch describes how individual gets awareness, social knowledge, controls and regulates emotions in order to achieve some goals. This contains the capability to manage and regulate emotions in both within ourselves and in others, for instance soothing one after being in anxiety provoking and aggressive situations. Another point of view explains that irritated emotions are a sign of deficiency. They described that emotionally intelligent individuals also evaluate, control and organize irritated expressions so they can attain preferred results (Vierimaa, 2013).

b. Mixed model: Goleman mixed model of emotional intelligence. Goleman (2006) defines emotional intelligence as different capabilities that prompt individual to cope with difficulties persistently, to regulate instinct and postpone satisfaction; to control tempers and keep suffering from overwhelming the capacity to think; to highlight and to faith. Goleman mixed model of emotional intelligence was inspired by the work of Salovey and Mayer (1990) on ability emotional intelligence.

The main purpose of this model is to check emotional intelligence in organizational settings. This model basically stress on job performance and success. The context of emotional intelligence reveals that how individual learn different abilities. These abilities include self and social awareness, self and relationship managements. How individual learn to recognize about his own self such as job satisfaction, striving for perfections and success. Management of self-according to different situations that individual faces every day at job. How to adapt new environment and situation to take initiative for achievements. Social awareness is another phenomenon that defined organizational awareness and its services. Management of relationship is most important ability in personal and professional life. It describes how one communicates effectively to influence others and to resolve conflicts. Leadership qualities to build bound among all team members. Team works and collaboration for better productivity. These all construct discriminate toper from others (Goleman, 1998a).

An emotional competency is the central concept that works in all four basic constructs. Golmen (1998b) defined it as an adaptive and learned aptitude that affects the work performance. An emotional intelligence built for emphases exceptional success. Emotional competencies are very important for any job and works in basic four domains of emotional intelligence. Emotional intelligence regulates individual aptitude and capabilities to learn practical skills that underlies within these four construct. An individual uses these skills for better job performance and satisfactions.

Goleman's model of emotional intelligence consists of four constructs. The first construct is self-awareness. It is the ability to accurately understand one's own emotions and confidence in identify its impact on decision making. The second construct is self-management that controls one's instincts and emotions to adjust according to different altering situations. It is the ability to

take initiative for things and drive for achievement. Social awareness is third construct that includes the particular ability to sense, feel, recognize and respond according to other's emotions according to social systems. The fourth and final construct is relationship management that involves the ability to motivate, inspire and influence others. It describes to develop better relationships while struggling situations and dealing with conflicts (Goleman, 2006).

This emotional intelligence model comprises a set of emotional capabilities inside every paradigm of emotional intelligence. Emotional abilities are not inherent gifts, but reasonably learned skills that basically operated and established to attain exceptional performance. It was postulates that human beings have natural competency of broad emotional intelligence that defines and regulates their prospective for learning emotional abilities. The association of these competencies in constructs is not unsystematic; it act in systematic way that facilitate and maintain each other. The concepts and its abilities are organized in four groups: these groups included recognition, regulation, personal and social competence of emotional intelligence. The recognition of emotions in oneself or others and the regulation of emotion in oneself or others. Each emotional intelligence construct comprises different emotional competencies (Stys & Brown, 2004).

Trait emotional intelligence. This is the relatively third and new model of emotional intelligence. Previous model of emotional intelligence define specific construct related to different concepts. This model covers all previous construct and add new one to measure every aspect of emotional intelligence. Trait emotional intelligence situated at the lowest part of personality. It is the hierarchical system of personality that works with emotional self-perception. In other words this model defines trait emotional intelligence as a group of different personality traits about individual's perceptions of their own emotional abilities. And then on the basis of

these traits can predict several outcome like satisfaction with life (Petrides, Pita, & Kokkinaki, 2007).

Trait emotional intelligence is one kind of operational definition that describes the emotional intelligence as personality traits in comparison to mental abilities, facilitators and competencies. Researches verified that facets that explain individual differences in Big Five personality traits are also important and associated for the development of individual differences on trait emotional intelligence (Vernon, Villani, Schermer, & Petrides, 2008). Trait emotional intelligence mainstream goal is to provide complete coverage to every possible personality facets that links to affect. Different areas of educational, experimental and organizational psychology support predictive validity of trait emotional intelligence. The incremental and discriminant validity of the construct have been proved in numerous researches. Other researches that correlate comprise life satisfaction, goal orientation, loneliness, depression and affect intensity and reduced depressive symptomatology (Mavroveli, 2007).

The basic model apprehends people's insight and understanding of their emotional abilities so they labeled it as trait emotional self-efficacy. Trait emotional intelligence model include different affective and emotional features of personality. They describe these features over 15 different sides that are combined into four broad aspects of human personality. Numerous studies have established that this construct is connected in different essential life domains. These domains include neuropsychology, mental health, stress, nursing, academic performance and decision making (Costa, Petrides, & Tillmann, 2014).

The trait emotional intelligence model for adults includes different sampling domains. There are fifteen domains divided into four broad categories. First category well-being includes self-esteem, trait happiness and trait optimism. Second category is self-control that describes

emotional control, stress management and impulsiveness. The third domain emotionality explains emotion perception of self and others, emotion expression, relationship and trait empathy. The last category is sociability focuses on social awareness, emotion management and assertiveness. There are two facet adaptability and self-motivation directly linked to the all four domains (Petrides, 2007).

Numerous studies have proved that emotional intelligence is very different from general intelligence as it significantly predicts real life problems, solutions and outcomes. Emotional intelligence is related with different every day aspects like educational and professional aptitudes, interpersonal relations and success. Another point linked with more particular aspects such as happiness, optimism, life satisfaction, depression and personality traits (Platsidou, 2013).

Emotions are important in every aspects of life. Thinking process and decision making is dependent on emotions but these emotions works on emotional intelligence. Emotional intelligence governs thinking process. Thinking process can be rational and irrational. These rational and irrational thinking processes make life enjoyable or miserable. Rational thinking is process that is logical and reasonable. A rational person thinks and gives stress on facts. It is believed that a rational person pays attention to the problem; analyze possible solutions and outcomes before taking action. In hard times a person who thinks rationally do not take emotional decision but look beyond these present emotions. The process of rational thinking includes using all possible information. This information holds past experiences and present available resources. This knowledge influence thinking process to think logically and rationally for better consequences.

Irrational thinking is very different from rational thinking. Irrational thinking can be explained as a thinking process in which a person totally neglects the logic and reason. Irrational

person is overwhelmed by emotions and made decisions on present emotions. Irrational person do not pay attention to the logic, facts, past and present situations for taking actions. Usually irrational thinking remains covered except it is built on belief or rejection of norms. When beliefs on irrational thinking became strong it contains illogical views about self, others and the world around. This irrational belief disturbs daily life and keeps the person away to achieve goals. These extreme emotions block rational thinking and persists irrational thinking process which in turn creates harmful behaviors. These irrational beliefs and harmful behaviors disturb the individual's general life.

Irrational Beliefs

The term irrational is basically used in psychotherapy. The concept of irrationality is especially focused in Rational Emotive Behavior Therapy (REBT) that is originated and developed by American Psychologist Albert Ellis (2001). Here irrationality is taken as the tendency that humans have to act, emote and think in ways that are inflexible, unrealistic, absolutist and most importantly socially self (Ellis, 2001).

Ellis and Harper (1961) postulated that irrational belief is a prime cause of emotional maladjustment. Irrational beliefs are attitudes, beliefs and values that a person strongly holds and believes despite objective evidence, generally available and understands, to the contrary. Such beliefs can be developed and maintained by intrapersonal cognitive structures, sometimes based on particular occurrences.

The most standard methods of psychotherapy in current years are Albert Ellis' Rational Emotive Behavioral Therapy. REBT is built on the A-B- C-D-E paradigm of psychological disruption and therapy. In this model 'A' is particular triggering disturbing life event such as frustration, rejection and failure. 'B' mentions to irrational beliefs, whereas 'C' denotes to the

behavioral and psychological consequences of irrational beliefs like maladaptive behavior and psychological disturbance. Inside this context, 'D' mention to the therapeutic procedure of disputing the irrational beliefs and 'E' refers to the effect, where changing and adapting rational beliefs and following decline in maladaptive psychological symptoms and behaviors (Bernard & DiGiuseppe, 1989).

Ellis (2001) describes the concept of irrational beliefs that individuals respond to activating events through their personal belief systems. So basically, individuals take these activating events into their structure beliefs, as a result disturb their reactions and mental health. Basic needs, desires and wishes are always preferred. Conflicts occurs when these preferred beliefs such as demands, musts and shoulds are firm and absolutist. Maladaptive thinking and behavior is the outcome of these beliefs as they are naive, irrational, and often difficult to accomplish (Dryden, 1999).

Irrational belief system. Ellis has claimed that a person's core irrational belief system and his perceptions are critical causes of psychopathology. Ellis's initial, current works and also his publications on Rational Emotive Behavior Theory constantly highlight irrational beliefs as a major cause of emotional disorders. In Ellis perspective, there are ten irrational beliefs. These beliefs may affect mental health of persons and their extensive duration existence would cause anxiety thus lead to different types of emotional disorders for example mood disorder and anxiety disorder are more commonly observed in clinical settings (Ellis & Harper, 1975). It is believed that treatment through cognitive behavioral techniques follow the concept that various psychiatric disorders such as anxiety disorders are developed by irrational beliefs. This theory is confirmed by many other researches that claimed that obsessions, compulsions, phobias and

4. Frustration reaction. It is terrible and catastrophic indication when things are not working as the way one's wants them to be. In other words it will destroy life if individual's wishes are not come true. It is the reason or disease of the spoiled-child. As if the person have bad day at work the awfulizing thinking style begins: 'Why this always happened? It's impossible to tolerate. The outcome is extreme frustration and anxiety. The rational individual do not exaggerate hard circumstances and tries to solve them, or tolerating them if they are unable to control or make them better. Unhappiness happens when somebody is hostile, refusing and irritating. Projecting sadness to events is a method of escaping reality. Usually sadness comes from wrong interpretation of events. Some people consider that they are unable to regulate emotions and feel helpless (Alareqe et al., 2008).

5. Emotionality irresponsibility. It's a belief that unhappiness is triggered by other people. Outside factors are involved to make a person feel worse that snatch the ability to control distress and conflicts. An individual tries to control people and situation because these affect how one's feel. It is an obligation on others' choice to control feelings and their lives. If bid to do so, the rational person will endeavor to recover the condition in best possible way. If individual cannot make things beneficial, then will try to accept the situation and reality. It is believed that other people should not be humiliated and their feeling should not be hurt. An individual who is very caring cannot be assertive and bear clashes silently (Alareqe et al., 2008).

6. Anxious over concern. Rational people take precautions to eliminate risks, fear and worries. A person practically prevents maladaptive thinking and behavior for better consequences. Those people who do not consider maladaptive thinking ultimately turn in irrational beliefs. Exaggeration of upcoming future events leads to self-destructions and increase the probability of fear and anxiety. On other hand irrational thought keeps away logical

understanding and make it difficult to tackle anxiety successfully. People find themselves worried in different frightened and disturbing events where escape is not possible and situation is out of control. An individual who is excessive worried and has negative thinking is not satisfied with life (Jones, 1969).

7. Problem avoidance. In this kind of irrational belief a person find it easy to avoid problems at present moment and delay the decision. When a person does not take proper decision at right time face many difficulties. An individual focuses on pleasure able things and avoid frustration. The person basically shows immature thinking towards problematic situation and do not consider future side effects. This kind of individual is unable to face challenges and cannot make long term useful commitments (Jones, 1969).

8. Dependency. Everyone needs collaboration and some dependence but this should be in limits. There are number of reason why one should not be over dependent on others. When a person is dependent it becomes necessary to surrender his self to gain affiliation. An individual has to leave his aims, desires and goals. A dependent person needs consistent guidance before taking any action and decision. This kind of person lost his self-confident and unable to move without other's support. A dependent person always need external support and cannot control his self and situations. If the external support is removed independent person faces severe disturbance and frustration to lead normal life (Jones, 1969).

9. Helplessness for change. In this irrational belief a person denies the responsibility of his behavior and attitudes. Even though there is a fact that as a consequence of some past events one may find it difficult to change and adjust in some ways. It is extremely irrational to believe that change is not possible to take place. This belief creates more difficulties to handle problems efficiently as they rise. It makes a person to avoid self-improvements. This problem avoidant

style of life leads towards emotional maladjustment and disturbance. This kind of individual refuses the problematic attitude and behaviors that is disturbing the life. A person find it difficult to adjust with bad past experiences. A belief is very strong that change is impossible. In the hard time a person in unable to improve self and avoid changing environment and cannot handle the problems (Jones, 1969).

10. Perfectionism. Everyone wants best and practical solutions of problem. It is irrational, unrealistic and illogical to expect most feasible solution every time. This world is uncertain and a wish for perfection in everything is irrational. Perfectionism is irrational beliefs which limits individual to achieve so many things. A perfectionist is never satisfied with his self, others, environment and life (Jones, 1969).

Absolutistic thinking processes. Recently Rational Emotive Behavioral Theory (REBT) estimated irrationality according to the quality of beliefs other than their particular context to improve it. As their revised assessments, the basic feature of irrationality is absolutistic thinking or demandingness. An absolutistic thinking comprises of irrational beliefs that reveal the individual's tendency to attain goal such as security, success and approval. They make all these preferences into absolute necessities like musts should and have (Ellis, 1992). In Rational Emotive Behavior Counseling (REBC) the shoulding, absolutizing and demandingness are identical thoughts of person who take their preferences for comfort, approval, achievement, fairness and change them into musts (Bernard & DisGiuseppe, 2000).

Ellis also suggested three other styles of irrational thinking containing; Awfulizing, Low Frustration Tolerance and Worthlessness.

Awfulizing. The belief system that a condition is 100% worse, catastrophic or exaggerates undesirable life experiences such as awful, horrible or terrible events have occurred or will occur.

Low frustration. Tolerance describes individual's belief that bad circumstances should not be tolerated or impractical beliefs that negative conditions cannot be accepted. For instance: It should not be accepted or tolerated what is happening, has happened or will happen in life.

Worthlessness. A concept that marks an individual's worth according to his behavior and beliefs that discloses the irrational trend. It evaluates the person's total self-worth instead of assessing particular beliefs or behaviors (Alareqe et al., 2008; Bernard & DisGiuseppe, 2000; Ellis, 1995).

Emotional intelligence effect on psychological well-being and marital satisfaction and decrease of irrational beliefs has been studied used rational emotive behavioral therapy and marital therapy with reference of emotional intelligence to reduce irrational beliefs. Another purpose of this study is to increase marital satisfaction and psychological well-being through mediation of emotional intelligence. Results showed that increasing of emotional intelligence decrease irrational beliefs (Bagheri & Farahani, 2015).

According to experts individual's thinking and feelings direct their lives. Human thoughts effect thinking style and create relationship between irrational beliefs and anxiety (Baron & Byrne, 2004). Anxiety evokes by irrational beliefs and an individual caught in vicious cycle that worsens the situation. When an individual analyzed situation irrationally which in turn creates anxiety. A person takes this anxiety as a problem and intensifies irrational assessment. As a result irrational beliefs cause anxiety which is actually not exists in reality. A person who is

overwhelmed by fear magnifies problems and developed extreme anxiety (Khaledian, Saghafi, Moradi, & Khairkhah, 2013).

Anxiety Disorders

Anxiety is a natural response of body and a compulsory warning adaptation in humans. Anxiety can become a pathological symptoms when it is severe and uncontrollable, that does not requires any specific external stimulus, and manifests with a wide range of physical and affective symptoms as well as changes in behavior and cognition (Rowney, Hermida, & Malone, 2010).

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM IV-TR) described anxiety disorders are emotions that are categorized by feelings of tension, nervousness, worried thoughts and somatic changes like rapid heartbeat and increased blood pressure. People with anxiety disorders typically have repeated invasive concerns or thoughts. People escape certain conditions out of worry. Individuals with anxiety disorders have physical symptoms such as rapid heartbeat, sweating, trembling or dizziness (APA, 2000). Anxiety can be defined as physiological and psychological state that disturbs physical, emotional, cognitive, and behavioral features. It is an unpleasant feeling of terror and worry. The basic explanation of the word anxiety is 'to vex or trouble' whether it is present or absent in psychological stress. Anxiety can produce feelings of uneasiness, fear, worry and dread (Patel, 2013).

Ohman (2002) defined anxiety is an extensive mood state that can happen without any distinguishable activating stimulus. Such as, it is identifiable from fear, which is an accurate emotional and cognitive reaction to a perceived danger. Moreover, fear is associated with particular behaviors to escape and avoid, whereas anxiety is associated with circumstances that perceived as uncontrollable, intense or unavoidable. Furthermore anxiety can be defined as mood

state that is future oriented in which one is prepared to cope and to attempt forthcoming adverse situations proposing that it is a difference between present and future threats which splits fear and anxiety (Barlow, 2002).

Anxiety can be differentiated from fear in four areas: (1) period of emotional experience, (2) temporal focus, (3) particular threat, and (4) motivated direction. Fear can be defined as currently focused, motivated towards a particular risk, short lived and assisting escape from danger; whereas anxiety can be future focused, generally motivated towards a tedious threat, long lived and endorsing attention while approaching a probable threat (Sylvers, Jamie, & Scott, 2011).

Physical effects. Physical effects of anxiety comprise tachycardia, dizziness, muscle tension, nausea, chest pain, shortness of breath, feeling of choking, stomach aches, or headaches and paresthesias. When a person encounter with threat his body prepares itself to take action and as an outcome it accelerate heart palpitation, blood pressure, respiration and increase blood flow to the main organs and muscles, whereas digestive and immune functions are repressed. Body prepares itself for the fight or flight response. Peripheral signs of anxiety may consist of sweating, pallor, trembling, and papillary dilation. Individual with anxiety might also experience dread or panic (Nemati, Karapetyan, & Haghi, 2012).

Emotional effects. Emotional effects of anxiety comprise feelings of constant nervousness or dread, poor concentration, feeling tense, worried or agitated, expecting the worst, irritability, restlessness, anticipating and noting the signs of danger, fear of dying, fear of losing control, nightmares, obsessions about sensations that trapped in your mind feeling, and feeling like everything is terrifying (Nemati et al., 2012).

Behavioral effects. Behavioral effects of anxiety may comprise withdrawal from circumstances that triggered anxiety in the past. Individual could also experience anxiety in changing way of sleeping patterns, motor tension, nervous habits and foot. Anxiety is linked with agitation, muscle tension, fatigue and concentration problems. Anxiety is different from fear. Fear is a dreaded feeling about something which seems threatening and a person can tackle it easily. Sometimes anxiety is taken as a common response to a stressor. It supports an individual to deal with a challenging situation by encouraging them to handle it. When anxiety becomes overwhelming, it may be classified as an anxiety disorder. Furthermore, fear is an actual danger while anxiety is the paranoia of something threatening tapping (Nemati et al., 2012).

Anxiety is a broad word for numerous disorders. Anxiety can create terror, apprehension, distressing and worry. Anxiety disorders disturb individual's way of thinking, feeling and behaving, and can produce physical symptoms. Mild anxiety is ambiguous and disturbing, whereas severe anxiety can be tremendously unbearable that seriously effect on daily life. People feel anxiety, worry or fear before handling any threatening and challenging situations for instance na examination or interview. These experiences and feelings are simply reasonable and measure as normal. Anxiety becomes problematic when symptoms affect with a person's ability to do every day functions (Patel, 2013).

DSM IV-TR defines six major classifications of anxiety disorders. These disorders include panic disorder (with or without agoraphobia), phobias, obsessive-compulsive disorder, posttraumatic stress disorder, generalized anxiety disorder and acute stress disorder. All categories of anxiety disorders are different from each other but they all share some common features. These features include extreme and irrational fear, disturbed and tense feelings and difficult in dealing everyday tasks (APA, 2000).

Panic disorder. Panic attacks can arise in any form of anxiety disorder and other mental disorders as well. The basic criterion for panic disorder is distinct period of severe discomfort and fear without any real danger supplemented by at least four out of thirteen cognitive or somatic symptoms. Panic attacks include different cognitive or somatic symptoms that are shortness of breath, palpitation, sweating, trembling, feeling of choking, nausea, chest pain, dizziness, derealization, fear of dying, fear of losing control or going crazy, hot flushes or chills and paresthesias. These attacks have sudden and rapid onset and reached to a peak within ten minutes or less and are usually associated with the sense of impending doom and impulse to escape (Kring & Johnson, 2011).

DSM IV-TR describes three categories of panic attacks.

Unexpected (uncued) panic attacks are those attacks in which a person cannot relate onset with any external or internal triggering situation.

Situationally bound (cued) panic attacks in which individual can relate attacks happen directly on experience to the triggered situation.

Situationally predisposed panic attacks are attacks similar to situationally bound panic attacks but these are not connected with any situation. They do not always related with cue and not happen directly after the exposure of stimulus.

Agoraphobia. Agoraphobia occurs with the perspective of panic disorders. An individual believe that a difficult situation caught him from where escape will be impossible. Where help may not be available of having panic attack. This anxiety usually leads towards persistent avoidance of different events in which individual have to be alone inside or outside of the home, traveling in an airplane, bus and elevators etc. There are two type of agoraphobia. They are

classified as panic disorder without agoraphobia and panic disorder with agoraphobia (APA, 2000).

Specific phobia. The specific phobia is irrational fear caused by a particular stimulus or object. The individual recognize that the fear is heavy and excessive but still need long length to escape feared situations (Kring, & Johnson, 2011). DSM IV-TR define different subtypes of specific phobias. They include animal type, natural environment type, blood injection injury type, situational type and other types (APA, 2000).

Social phobia or social anxiety disorder. DSM IV-TR defined social anxiety disorder is persistent, unrealistically intense fear of social situation that might involve being scrutinized by, or even just exposed to unfamiliar people. Social phobia's another name is social anxiety disorder. In this disorder individual becomes very anxious, overwhelmed and extremely self-conscious in everyday social situations. People with social phobia have persistent and chronic fear of being watched and judged by other people. These fears disturb and interfere with school, work and other simple activities and lead towards embarrassment. They often feel difficulty to make friends. Although many people with social anxiety disorder understands that their fear is excessive and irrational (APA, 2000).

Obsessive compulsive disorder (OCD). DSM IV-TR defined OCD is characterized by obsessions or compulsions. Obsessions are intrusive and recurring thoughts, images or impulses that are persistent and uncontrollable. That usually appear irrational to the individual who is experiencing them. Obsessions have much frequency and force that they interfere normal everyday activities. The most frequent foci for obsessions include fears of contamination, sexual or aggressive impulses, body problems, religion, and symmetry or order. People with obsession may also be prone to extreme doubts, procrastination and indecision. Compulsions are repetitive,

clearly excessive behavior or mental acts that the person feels driven to perform to reduce the anxiety caused by obsessive thoughts or to prevent some calamity from occurring. Commonly reported compulsions include pursuing cleanliness, orderliness and sometimes through elaborate rituals. Performing repetitive, magically protective acts, such as counting or touching a body part (APA, 2000).

Post-traumatic stress disorder (PTSD). Post-traumatic stress disorder entails an extreme response to a severe stressor including increased anxiety, avoidance of stimuli associated with the trauma and symptoms of increased arousal. Diagnosis of these disorders are considered only in the context of serious trauma, the person must have experienced or witnessed an event that involved actual or threatened death, serious injury or sexual violation. Once PTSD develops, symptoms are relatively chronic (Kring, & Johnson, 2011).

Different researches show that emotional intelligence and irrational beliefs are negatively related. Basically low emotional intelligence develops irrational thinking and beliefs. There exists a theoretically negative association between irrational beliefs and emotional intelligence (Wetpe, Tumasjan, Stich, & Sporrle, 2005).

Generally it is considered that males are more emotionally intelligent than females. There are numerous researches that support this phenomenon (Ahmad, Bangash, & Khan 2009). A research reviews that emotional intelligence is significantly associated with gender differences. It is important to realize that girls are higher than boys in emotional intelligence but higher emotional intelligence in boys can predict better achievement (Naghavi & Redzaun, 2011).

Another study on irrational beliefs in employees checked anxiety, depression and adjustment disorder at different levels. Researcher examines these groups whether a change in irrational beliefs is related to symptom recovery. Results revealed that diagnostic groups

fluctuated level of irrational beliefs and this influence continued for a long time. Irrationality was found to be very high in dual diagnosis group. Irrational beliefs was high in anxiety than depression group. Individuals with adjustment disorders exhibited minimum irrationality. Hence Irrational beliefs lead towards anxiety, depression and different mental illnesses (Nieuwenhuijsen, Noordik, Van, & Van, 2013).

Research by Lizeretti and Extremera (2011) explored the relationship between emotional intelligence and clinical symptoms of psychiatric patients. Study included a group of patients with generalized anxiety disorders and compared it to the control group. Results of research revealed that problems in emotional intelligence and emotional abilities are some factor that associates in the development of generalized anxiety disorders. Another study was conducted to investigate the relationship of symptoms of depression and anxiety with perceived express emotions in university students. The results indicate significant correlation between depression and anxiety symptoms and the level of perceived expressed emotion. Males have higher level of perceived expressed emotions as compared to females (Rashid, 2010).

A study investigated relationship among emotional intelligence, age, gender and academic achievement among university students (Nasir & Masrur, 2010). Relation between emotional intelligence and academic achievement was found among postgraduate's students in Pakistan (Kayani, Kayani, & Saleem, 2015).

Another research emotional intelligence was explored with reference to organizational performance particularly banking sector (Rahim & Malik, 2010). Relationship among emotional intelligence, job satisfaction and employees working in government sectors in Pakistan (Ashraf, Nawaz, Shaikh, & Bhatti, 2014). Another research was carried out to check the relationship

among emotional intelligence, organizational commitment and transformational leadership in Pakistan (Khan et al., 2014).

In Pakistan very few researchers explored irrational beliefs in psychiatric patients. The relationship between irrational beliefs and personality trait in adults was investigated among university students (Ghumman & Shoaib, 2013).

Rationale of the Study

Emotions are important in every aspect of life. Thinking process and decision making is dependent on emotions. Through emotional intelligence people control, manage and regulate different emotions. Emotional intelligence governs thinking process. Thinking process can be rational and irrational. These rational and irrational thinking processes make life either miserable or enjoyable. All this depends on how a person thinks and behaves in different situations in accordance to his emotional intelligence. People in Pakistan show different types of emotions at times. It is common observation that people make decisions based on emotions. The positive healthy emotions are mostly driven by positive rational thinking by utilizing a better emotional intelligence and vice versa. It is also noticed that when people are highly emotional they face difficulty to take right decisions. This in turn develops stress and anxiety. Continuous stress and anxieties disturbs life and low emotional intelligence is the result.

The purpose of the present research is to investigate that emotional intelligence and irrational beliefs have an important role in the existence of different types of anxiety disorders. There is little empirical research particularly on anxiety disorders in this regard. It is a common fact that through emotional intelligence people manage and regulate their emotions. In this research it was first examined that how emotional intelligence plays a vital role in different

anxiety disorders and how this emotional intelligence disturbs individual's life. There are few researches conducted on emotional intelligence in Pakistan.

Irrational thoughts are building blocks of all emotional disorders especially anxiety disorder. Another main objective of present study is to find out the role of irrational beliefs in different anxiety disorders. This will be beneficial to identify variety of irrational beliefs in this group so that further work on prevention of anxiety disorders can be done.

Due to lack of research in this area in Pakistan, there is a dire need to explore factors contributing and maintaining anxiety disorders. In Pakistan there is some work on emotional intelligence with different perspective but not specifically to examine the different anxiety disorders in the light of irrational beliefs.

In the present circumstances the economic, political and other root level issues are playing an important role to develop negative thoughts that can eventually turned in to firm beliefs. These irrational beliefs are generating different psychopathologies anxiety disorders are major one among them. Together with emotional intelligence and irrational beliefs the research will investigate the significance of both domains in emergence of symptoms of anxiety.

Unfortunately, the developing countries like Pakistan, the impact of mental health on individual's life has been rather a neglected area, with a rare or very low researches conducted on the present issue. In Pakistan medical and health related professions are also not well developed but psychiatry and other mental health related professions are most neglected areas so this study will be a significant contribution towards understanding the significance of emotional intelligence and irrational beliefs as well as the present scenario of increased number of psychiatric patients in Pakistan.

This study will be a good contribution in developing awareness about the role of emotional intelligence and irrational beliefs that how they interact in an individual's life and create different kinds of anxiety disorders. Present study will be beneficial for the patients as well as for the normal people who want to have knowledge about emotional intelligence, irrational beliefs and anxiety disorders and how they can manage and control their everyday life's problems successfully. This study will be helpful in mental health profession as well as primary care physicians, as they can promote healthy life style and normal and rational thinking to improve the quality life of people. The present study will be a significant contribution in the field of research in Pakistan as it paves way for other Pakistani researchers and clinicians to explore other dimensions in this important area.

Chapter II

METHOD

The present study was carried out into two phases: Phase I and phase II.

Phase I

Following are the main objectives of the pilot study.

Objectives of the pilot study

The objectives of the present research were

- 1) To translate the irrational belief scale (IBS) for present study.
- 2) To find out the psychometric properties of all scales on patients with anxiety disorders.

Translation Process

In present study the Irrational Belief Scale (IBS) was selected for the purpose of translation. First of all the permission to use the scale was obtained from the author of the scale, by fulfilling all the requirements (see Appendix). The basic purpose of this particular phase was to translate the Irrational Belief Scale into Urdu language that was theoretically equivalent to the original scale. The process of translation of IBS was carried out by using the following steps. This phase was comprised of following steps.

Formulation of the Expert Panel. For the purpose of forward translation, five experts having Master's degree in Urdu Language and one Clinical Psychologist were included. For backward translation five expert having master's degree in English language and one clinical psychologist were approached. For committee approach four experts who were contacted for the purpose of translation and modification of the items according to the culture. The expert panel of the present study was three psychologists holding PhD in different areas of Psychology, one PhD fellow in clinical psychology.

Forward Translation. In step of forward translation, the scale was given to five qualified and experienced translators having Master's degree in Urdu Language and two Clinical Psychologist having PhD Degree who translated the original English version of Irrational Belief Scale into the target language. All of them were briefed about the construct measured in the test, Pakistani culture and also with the principles of translation.

Committee Approach for Forward Translation. The translated version of measure was then given to the expert panel for critically review and the revisions were made according to the suggestions and comments given by the experts. The main objective was to find if the translated items were giving the similar appropriate meaning as the original scale. The most consistent items were then selected to compile the final Urdu version. Then a draft was prepared for the backward translation.

Backward Translation. In backward translation the five bilingual experts and two clinical psychologists who had not previously seen the original version of the measures, translated the translated version of the measure back into English. All of them were briefed about the construct measured in the test, Pakistani and Foreign culture and also with the principles of translation.

Committee Approach for Backward Translation. The backward translation was compared with the original version and judgments were made about their equivalence by expert panel and translated items were revised where necessary. Some of the items after back translation not related to the original concepts therefore those were modified and rephrased by experts. This translated version was cross checked with the original English version of IBS and reviewed by the experts for the translation inaccuracies.

Final Draft. The committee approach was conducted two times after the forward and backward translations to make the theoretical and language equality of the original Irrational Belief Scale. The items were evaluated by the committee and established that translations is accordance with the original Irrational Belief Scale. In the whole process of translation, merely those words were chosen which are in frequent use of Pakistani population. At the end, the Urdu translated items were organized in the order similar to the order in which items were arranged in original scale. The arrangement of the original scale had been maintained in the Urdu version. Then a final draft was prepared.

Pilot Testing. Pilot testing was done after the completion of backward translation of Irrational Belief Inventory in Urdu language. To process the pilot testing (n=50) anxiety's patients completed the Urdu versions of the Irrational Belief Scale. Researcher consulted the experts again to check the item content, clarity, precision and difficulty. According to the suggestions by experts scale was finalized and assessed for its psychometric properties.

Psychometric Properties. To measure the psychometric properties of the translated scale it was administered on (n=50) patients diagnosed with anxiety disorders. The age range of the anxiety's patients was 18 years and above. Alpha coefficient was found .79.

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Phase II

Following are the objectives of the main study.

Objectives of the main study

The objectives of the present research were

- 1) To find out the relation between emotional intelligence and irrational beliefs in patients with anxiety disorders.
- 2) To study emotional intelligence, irrational beliefs and anxiety with different demographic variables (gender, age) in patient with anxiety disorder.

Hypotheses

To meet the objectives of the present research, following hypotheses were formulated

- 1) Negative relationship exists between emotional intelligence and irrational beliefs among patients with anxiety disorders.
- 2) There exists a negative correlation between emotional intelligence and anxiety disorders.
- 3) There is a positive relationship between irrational beliefs and anxiety disorders.
- 4) A difference exists between male and female patients with anxiety disorders on emotional intelligence.
- 5) There are differences between emotional intelligence, irrational beliefs and anxiety level in demographic variables e.g., age

Operational definitions

Emotional Intelligence. Emotional intelligence is the ability to perceive emotion, integrate emotions to facilitate thought, understand emotions and to regulate emotions to promote personal growth (Salovey & Mayer, 1990). The higher score on Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF) indicate higher trait emotional intelligence

and low score indicates low trait emotional intelligence on translated version of Urdu language scale (Shahzad, Riaz, Begum, & Khanum, 2014).

Irrational Beliefs. Irrational beliefs are rigid and leading to different types of emotional and behavioral problems. These beliefs are irrational that they are unsupported by evidence, taking away from reality, they are unrealistic and irrational based on faulty assumptions made by the person himself or herself. As a result of holding irrational beliefs, people acquire unhealthy emotions, dysfunctional behavior and psychological disturbances that affect their well-being. (Dryden & Neenan, 2004; Ellis, 1994). Irrational Belief Scale (IBS) developed by Malouff and Schutte (1986) translated Urdu version for present scale was used. High score on Urdu version Irrational Belief Scale (IBS) indicates higher irrational beliefs and low scores indicate low irrational beliefs.

Anxiety Disorders. Anxiety is a natural response of body and a compulsory warning adaptation in humans. Anxiety can become a pathological disorder when it is severe and uncontrollable. Anxiety is an apprehension over an anticipated problem. The anxiety disorders all share excessively high or frequent levels of anxiety causing a great impairment to everyday life functioning. Anxiety disorders are a group of disorder that cause significant disturbance or impairment in social, occupational, or other important areas of functioning (Rowney, Hermida, & Malone 2010). The anxiety disorders all share excessively high or frequent levels of anxiety causing a great impairment to everyday life functioning. For this purpose a high anxiety was ensured by using Beck Anxiety Inventory (BAI) developed by Beck (1990). High scores obtained on Beck Anxiety Inventory (BAI) shows presence of anxiety.

Instruments

Following instruments were used to collect data.

- Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF) Urdu version
- Irrational Belief Scale (IBS) Urdu version
- Beck Anxiety Inventory (BAI) Urdu version
- Demographic sheet

Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF). It was developed by Petrides and Furnham (2009), translated in Urdu Language by Shahzad, Riaz, Begum and Khanum (2014). It is a trait-based measure of emotional intelligence consisting of 30 items. In this scale 15 items were positively and 15 items were negatively keyed using a 7-point Likert scale, where 1 represents '*strongly disagree*' 2 '*disagree*' 3 '*often disagree*' 4 '*neutral*' 5 '*often agree*' 6 '*agree*' and 7 '*strongly agree*'. Reverse score items included item number 2, 4, 5, 7, 8, 10, 12, 13, 14, 16, 18, 22, 25, 26 and 28. High scores defined high trait emotional intelligence and low score defined low trait emotional intelligence. They measured fifteen dimensions: self-esteem, trait happiness, trait optimism, emotion control, stress management, impulsiveness, emotion perception, emotion expression, relationship, trait empathy, social awareness, emotion management, assertiveness, adaptability and self-motivation. Based on the availability of the EI tests, it is chosen because of its easy administration and the Cronbach's alpha was .77 and split half reliability was .82 on Urdu version.

Irrational Belief Scale (IBS). This scale was developed by Malouff and Schutte (1986) built on the Albert Ellis,s defined irrational beliefs. A 20 item self-report measure was developed to assess irrational beliefs. The irrational beliefs were rated on 5 point Likert scale where 1 indicated '*strongly disagree*' 2 '*disagree somewhat*' 3 '*neither agree nor disagree*' 4 '*agree*

somewhat' and 5 indicated '*strongly agree*' which are summed for a total scale score. Higher scale scores defined stronger irrational beliefs. Reliability of this scale was .89. The product-moment correlation coefficient was high on construct and discriminant validity (Malouff & Schutte 1986).

Beck Anxiety Inventory (BAI). It was developed by Beck and colleagues (1990). The Beck Anxiety Inventory (BAI) is a 21-item multiple choices self-report inventory that measure the severity of an anxiety. The respondent is asked to rate how much each symptom has bothered him/her in the past week. The symptoms are rated on a four-point scale, ranging from "*not at all* 0, *mildly* 1, *moderately* 2, and *severely* 3". Beck Anxiety Inventory has cut-off score of 8, with the ranges of 0-7 for minimal level of anxiety, 8-15 for mild anxiety, 16-25 for moderate anxiety and 26-63 for severe anxiety. The instrument has excellent internal consistency (Cronbach's alpha) ranges from .92 to .94 for adults and test-retest (one week interval) reliability was .75 and all items of BAI significantly correlated with total test scores (Beck & Steer, 1990).

Demographic Sheet. Demographic information was collected in terms of name, age, education and diagnosis of illness.

Informed Consent Form. In this study Informed consent form was used to get the willingness of the participants to give response in this research in order to fill the ethical criteria. In this way all the confusion of the participants was cleared and confidentiality was reassured.

Participants

The sample comprised of 200 patients males ($n=105$), females ($n=95$) with age range from 18 - older. The sample of study was collected by convenient sampling technique from different government hospitals of Islamabad, Rawalpindi and Wah Cantt. The patients were diagnosed by the psychiatrist and researcher herself according to the diagnostic criteria given by

the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (APA, 2000). Participants of both genders were included and other important demographic variables such as age and education was considered during selection of sample.

Inclusion Criteria. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM IV-TR) were used for present research. Following disorders were included for investigation. These disorders included panic disorder without agoraphobia, panic disorder with agoraphobia, agoraphobia without history of panic disorder, specific phobia, social phobia, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), acute stress disorder, generalized anxiety disorder (GAD) and anxiety disorder not otherwise specified according to the diagnostic criteria given in the diagnostic and statistical manual of mental disorders.

Exclusion Criteria. The exclusion criteria included anxiety disorder due to a general medical condition and substance-induced anxiety disorder. The sample of study included only any type of anxiety disorder with no co morbidity with other axis I psychological disorders according to the diagnostic and statistical manual of mental disorders (American Psychiatric Association, 2000).

Procedure

In order to collect data on desire variables researcher has visited different hospitals and collaborated with authorities to take permission. Then before carried out the research, researcher has briefed the authorities of hospitals and patients about the purpose of study. For ethical considerations informed consent was collected from patients. Researcher has ensured them of complete confidentiality. Participants have been be briefed about the usefulness of the research. Researcher briefed that all participants have ethical right to leave the research at any point. Brief

instructions about questionnaires were given to participants and were asked to give correct and honest responses. The assurance was given that information obtained from them would be confidential and would only be used for research purposes. Data was collected individually. All the scales were administered individually. After the whole procedure of data collection, the data was statistically analyzed in order to test the hypotheses.

Data Analysis

The data was analyzed statistically through computer software, statistical package for social sciences (SPSS) Version 20. Firstly the data set for pilot study was created, variables were assigned values and entered then the data of sample of 50 was recorded. Reliability of three scales TEIQue-SF, IBS and BAI was analyzed through Cronbach alpha reliability coefficient. Item total correlation was also measured. Pearson product moment correlation was applied to measure the relationship among variables. The main study included the sample of 200 patients. The Pearson product moment correlation among study variables was applied. To compare gender differences t-test was applied. The difference in age, education and diagnosis of illness was analyzed through one way ANOVA and Post hoc tests. Finally multiple linear regressions were applied to analyze the impact of emotional intelligence and irrational beliefs on patients with anxiety disorders.

Results of Pilot Study (Phase I)

Chapter-III

RESULTS

Pilot Study

Table 1

Reliability and descriptive analysis of Trait Emotional Intelligence Questionnaire Short Form, Irrational Belief Scale & Beck Anxiety Inventory (N=50)

Variables	N	M	SD	Cronbach's <i>a</i>	Range		Skewness
					Potential	Actual	
TEIQue-SF	30	84.36	22.82	.57	30 – 210	47 – 165	1.65
IBS	20	79.76	8.84	.79	20 – 100	46 – 100	-.68
BAI	21	37.76	7.99	.79	0 – 63	8 – 52	-.98

Note. TEIQue-SF=Trait Emotional Intelligence Questionnaire Short Form, IBS=Irrational Belief Scale, BAI=Beck Anxiety Inventory.

Table 1 shows pilot study Cronbach Alpha coefficient for trait emotional intelligence questionnaire short form is .57, irrational belief Scale is .79 and beck anxiety inventory is .79. Table 1 show that items have internal consistency. Table 1 exhibit mean, standard deviation, actual and potential scores and level of skewness for Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF), Irrational Belief Scale (IBS) and Beck Anxiety Inventory (BAI). The Table 1 shows all scales have satisfactory reliability and are internally consistent to measure emotional intelligence, irrational beliefs and anxiety in patients with anxiety disorders in this research.

In the preceding table Pearson correlation is computed to evaluate the relationship among emotional intelligence irrational beliefs and anxiety.

Table 2

Correlation matrix among emotional intelligence, irrational belief and anxiety in patients with anxiety disorders (N=50)

	Irrational belief	Anxiety
Emotional intelligence	-.43**	-.14
Irrational belief	-	.05

** $p < 0.01$

Table 2 describes the correlation coefficient between emotional intelligence and irrational belief are found to be significant at $p < 0.01$ and emotional intelligence is negatively correlated with anxiety. Table also shows correlation between irrational beliefs and anxiety.

The present study was conducted to explore the significant of emotional intelligence and irrational beliefs in patients diagnosed with anxiety disorders. The current study was carried out in two phases, pilot study (Phase I) and main study (Phase II). The basic objective of pilot study (Phase I) was to explore the psychometric properties of the instruments on anxiety patients. In the first step the irrational belief scale (IBS) was translated. Forward and backward translation was done through committee approaches. Two items were retranslated as committee did not select its Urdu translation. Final draft were applied on ($N=50$) patients with anxiety disorders to find out the psychometric properties. All the scales were reliable from .57 to .79. Now the results of the main study (Phase II) are given on the next page.

Results of Main Study (Phase II)

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Results of Main study (Phase II)

This study aimed to investigate the significance of emotional intelligence and irrational beliefs in patients diagnosed with anxiety disorders. Firstly, Cronbach alpha coefficient for emotional intelligence questionnaire short form (TEIQue-SF), irrational belief scale (IBS) and beck anxiety inventory was calculated.

In the preceding table the descriptive statistics of the main study are given.

Table 3

Reliability and descriptive analysis of Trait Emotional Intelligence Questionnaire Short Form, Irrational Belief Scale & Beck Anxiety Inventory (N=200)

Variables	N	M	SD	Cronbach's <i>a</i>	Range		Skewness
					Potential	Actual	
TEIQue-SF	30	75.97	19.84	.88	30 – 210	41 – 169	1.78
IBS	20	81.02	7.87	.75	20 – 100	46 – 100	-.85
BAI	21	34.99	8.17	.81	0 – 63	8 – 53	-.65

Note. TEIQue-SF=Trait Emotional Intelligence Questionnaire Short Form, IBS=Irrational Belief Scale, BAI=Beck Anxiety Inventory.

Table 3 shows Cronbach alpha coefficient for emotional intelligence questionnaire short form (TEIQue-SF) is .88, irrational belief scale (IBS) is .75 and beck anxiety inventory (BAI) is .81. Table 3 exhibit mean, standard deviation, actual and potential scores and level of skewness for Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF), Irrational Belief Scale (IBS) and Beck Anxiety Inventory (BAI). The table 3 shows all scales have significant reliability to measure emotional intelligence, irrational beliefs and anxiety in patients with anxiety disorders. Table 3 also shows symmetric skewness across patients with anxiety disorders because the patients were referred by Psychiatrists and on medication. Patients were stable enough to talk with therapist and filled up the questionnaire.

Table 4

Correlation matrix among emotional intelligence, irrational belief & anxiety for patients with anxiety disorders (N=200)

	Irrational Belief	Anxiety
Emotional Intelligence	-.41**	-.17*
Irrational Belief	-	.12

Note ** $p < 0.01$, * $p < 0.05$

Table 4 explains that the correlation coefficient between emotional intelligence and irrational belief ($r = -.41$) are found to be highly significant at ($p < 0.01$). Table shows significant negative relationship between emotional intelligence and irrational belief in patients with anxiety disorders. The above table shows that the correlation coefficient between emotional intelligence and anxiety is ($r = -.17$) at significant level of ($p < 0.05$). There is significant negative relationship between emotional intelligence and anxiety in patients with anxiety disorders. The table also describes that the correlation coefficient between anxiety and irrational belief. This table shows that there is positive relationship between anxiety and irrational belief in patients with anxiety disorders.

Table 5

Mean standard deviation and t-values for male and female on emotional intelligence, irrational belief and anxiety of patients with anxiety disorders (N = 200)

Variables	Male		Female		<i>t</i>	<i>p</i>	95% <i>CI</i>		Cohen's <i>d</i>
	(n= 100)		(n = 100)				<i>LL</i>	<i>UL</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
Emotional intelligence	77.90	23.05	73.83	15.38	1.48	.02	-1.45	9.59	0.20
Irrational belief	80.46	8.14	81.65	7.09	1.08	.28	-3.37	.98	0.15
Anxiety	33.71	8.49	36.40	7.60	2.34	.14	-4.94	-.42	0.33

Note. *CI*=confidence interval; *LL*= Lower Limit; *UL*= Upper limit; ***p*<0.01

Table 5 indicates that emotional intelligence of male patients with anxiety disorder is higher ($M= 77.90$, $SD= 23.05$) than female patient with anxiety disorders ($M=73.83$, $SD=15.38$), at significant level of ($p>.01$). Table 5 also indicates no difference on irrational beliefs existing in the male ($M= 80.46$, $SD= 8.14$) and female patients ($M= 81.65$, $SD= 7.09$) with anxiety disorders while there is little difference between males ($M= 33.71$, $SD= 8.49$) and females ($M= 36.40$, $SD= 7.60$) on anxiety.

Table 6

Mean, Standard Deviation, f values on emotional intelligence, irrational belief and anxiety (N = 200)

Variables	18 – 35years (n = 103)		36 – 55years (n = 76)		55years– Older (n = 21)		F	η^2
	M	SD	M	SD	M	SD		
Emotional Intelligence	74.42	20.96	76.69	18.74	80.90	17.87	1.01	.58
Irrational Belief	82.03	7.73	80.93	6.87	76.43	9.91	4.64*	.53
Anxiety	34.31	8.97	35.53	7.09	36.38	7.78	.82	.39

Note. * $p < 0.05$

Table 6 shows the mean difference on age categories of (e.g., 18-35, 36-55, 55-older). The age categories are divided on base of study by (Petry, 2002). The table indicates mean differences of the patients 55years - older is higher on emotional intelligence ($M=80.90$, $SD=17.87$) as compared to other age groups. The mean of the patients (36 – 55years) is higher on irrational belief ($M=80.93$, $SD=6.87$) as compared to other age groups. The mean of the patients (55years- older) is higher on anxiety ($M=35.53$, $SD=7.09$) as compared to other age groups.

Table 7

Post hoc analysis of irrational belief on different age groups of patients with anxiety disorders

(N = 200)

Study variable	Groups		Group differences (i-j)	S.E	P	95 % CI	
	i	j				LL	UL
Irrational Belief	18 – 35	36 – 55	1.09	1.16	1.00	-1.71	3.90
		55 – older	5.60*	1.83	.008	1.16	10.04
	36 – 55	55 – older	4.50	1.89	.05	-.06	9.08
	55 – older	18 – 35	-5.60*	1.83	.008	-10.04	-1.16

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; IBS = Irrational Belief Scale

The table 7 shows patients of age with 18years to 35 years are higher on irrational belief as compared to age categories of 36-55 and 55- older patients.

Table 8

Mean, standard deviation, *f* values on emotional intelligence, irrational belief and anxiety of patients with anxiety disorders (*N* = 200)

Variables	Panic Disorder (<i>n</i> = 46)		SAD (<i>n</i> = 27)		GAD (<i>n</i> = 70)		PTSD (<i>n</i> = 20)		Specific Anxiety Disorder (<i>n</i> = 17)		OCD (<i>n</i> = 20)		<i>F</i>	<i>η</i> ²
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Emotional intelligence	73.10	16.13	72.22	19.38	79.97	24.97	75.05	15.05	70.58	10.73	79.10	16.41	1.32	.37
Irrational belief	81.20	6.45	83.41	6.79	79.73	9.37	83.00	4.51	82.35	9.39	78.85	9.39	1.57	.15
Anxiety	38.50	7.83	35.81	5.38	33.20	7.93	35.65	7.06	36.00	9.45	30.55	9.80	3.95*	.25

Note. **p*<0.05

Table 8 indicates mean difference on emotional intelligence, irrational beliefs and anxiety across different anxiety disorders. The mean of emotional intelligence on GAD ($M=79.97$, $SD=24.97$) is higher as compare to other groups. The mean of irrational beliefs is higher on SAD ($M=83.41$, $SD=6.79$) as compare to other groups, whereas the mean of anxiety is higher on panic disorder ($M=38.50$, $SD=7.83$) as compared to other anxiety disorder groups.

Table 9

Post-hoc analysis of irrational beliefs in patients with anxiety disorder (N= 200)

Study variables	Groups <i>i</i>	<i>j</i>	Group difference (<i>i-j</i>)	S.E	<i>P</i>	95 % CI	
						<i>LL</i>	<i>UL</i>
Anxiety	Panic disorder	Agoraphobia/SAD	2.68	1.91	1.00	-3.00	8.37
		GAD	5.30*	1.49	.008	.85	9.75
		ASD/PTSD	2.85	2.11	1.00	-3.43	9.13
		Specific/ NOS	2.50	2.23	1.00	-4.15	9.15
	OCD	OCD	7.95	2.11	.003	1.67	14.23
		Agoraphobia/SAD	-5.26	2.32	.37	-12.18	1.65
		GAD	-2.65	2.00	1.00	-8.59	3.29
		ASD/PTSD	-5.10	2.49	.63	-12.51	2.31
	Specific/ NOS	-5.45	2.60	.56	-13.18	2.28	

Note. *CI* = Confidence Interval; *LL* = Lower Limit; *UL* = Upper Limit; BAI = Beck Anxiety Inventory

Table 9 shows patients with panic disorder are higher on anxiety as compared to patients with GAD. Similarly patients of OCD are higher on anxiety after patients with panic disorder.

Table 10

Multiple regression analysis to test effects of emotional intelligence and irrational beliefs on patients with anxiety disorders (N= 200)

Variables	B	Anxiety
		Model 1
		95% CI
Constant	34.07	[18.64, 49.51]
Emotional intelligence	-.06	[-.12, .001]
R^2		.03
F		3.57

Note. CI = confidence interval.

** $p < 0.01$

Multiple regression analysis is computed to explore the predictive features of emotional intelligence in anxiety patients. As shown in the Table 10, the emotional intelligence ($\beta = -.41$, $p < 0.01$) predicted anxiety. The value of R^2 shows that anxiety and emotional intelligence explained a total of 0.3 % variance in anxiety disorders.

Chapter-IV

DISCUSSION

In present study the relationship among emotional intelligence, irrational beliefs and anxiety disorders was explored. Different demographic variables e.g., gender, age and education were also investigated. Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF) developed by Petrides and Furnham (2009), Irrational Beliefs Scale (IBS) by Malouff and Schutte (1986) and Beck Anxiety Inventory (BAI) created by Beck (1993) were administered on patients with anxiety disorders in present research.

Ellis (1991) considered that cognitive and emotional disorders are the effects of illogical and irrational beliefs of an individual. People who have increase rational thoughts and decreases irrational beliefs will remain free from emotional, mental and behavioral disorders. People are basically rational, dealing with difficulties is likely by educating thoughts and perceptions (Kaokebisiyoki, Aminyazdi, Yousefi, & Modareh, 2010; Ellis, 1991). First hypothesis of the study was that there is an inverse relationship between emotional intelligence and irrational beliefs among patients with anxiety disorders and the finding on present research (Table 4) was consistent with the previous studies.

The study examined correlation among emotional intelligence, social anxiety and irrational beliefs with home sickness in students. The result of correlation coefficient and multivariate regression showed that there was significant negative correlation between emotional intelligence and irrational beliefs with homesickness (Kamae & Weisani, 2014).

Several cognitive problems are related with the individual's thinking style. Consequently, rationality and cognition are measured in psychological area as an essential phenomenon (Laster

1989). Irrational thoughts have adjacent bond with anxiety and can make the person nervous and distort the perception (Finaly, Jones, & Brown, 1981). This research explores the relationship between irrational beliefs and emotional intelligence among normal adolescent boys and adolescent boys were kept in a juvenile institution. The results showed that there was a significant negative correlation between emotional intelligence (empathy, emotions, flexibility, and reality poll) and irrational beliefs among boys kept in juvenile institution and normal adolescents (Akbari, Nematolahei, & Mortazavi, 2015).

According to Ellis (1991) anxiety and difficulties of each person are the result of irrational beliefs. Human beings have the potential to escape anxiety and suffering by the assistance of positive thoughts and beliefs (Shafie & Naseri, 2001). Ellis (1991) the forefather of cognitive model, declares that emotional and psychological disorder are product of awkward and irrational beliefs of a person and if a person learns to increase his rational thoughts and reduce irrational beliefs, then his self may be unrestricted of mental, emotional and behavioral disorders (Kaokebisiyoki, Aminyazdi, Yousefi, & Modareh, 2010). Another study investigated the relationship between emotional intelligence (reality testing and social responsibility) and irrational beliefs with emigrant and aboriginal individuals in a sample of college students. The result indicated that emigrant student scores higher on emotional intelligence subscales as compared to aboriginal individuals. This research also showed that irrational beliefs score in aboriginal individual were further than emigrant individual scores (Memadahi, 2008).

The study found the relationship between emotional intelligence, irrational beliefs and academic achievement. Different components of emotional intelligence including general mood, adaptability, stress management, interpersonal skills, intrapersonal skills with irrational beliefs and academic achievement of university students were studied. The result of research indicated

significant inverse relationship between emotional intelligence and irrational beliefs. Students who had higher emotional intelligence scores showed less irrational beliefs scores (Danesh, Mohammadi, Saliminia, & Tankamani, 2013).

The second hypothesis of the present research was that there is an inverse relationship between emotional intelligence and anxiety disorders is supported by research data (Table 4). Research by Bai (2011) examined emotional intelligence and anxiety proneness in relation to academic achievement of pre-university students. Student performance in examination was checked whether anxiety proneness and emotional intelligence effect academic achievement. The result revealed that there is significant difference among science, arts and commerce students of pre-university college academic achievement, anxiety proneness and emotional intelligence. There was significant inverse relationship between all dimensions of Emotional Intelligence (self-awareness, self-regulation, motivation, empathy, social skills) and anxiety proneness of pre-university college students.

Another study supports the hypothesis two (Table 4) which supported that there is relationship between emotional intelligence, depression and anxiety among adolescents. The study explored that emotional ability would predict psychological adjustment (thought suppression and self-esteem). The result of study revealed that emotional intelligence negatively related to different level of anxiety and depression (Fernandez-Berrocal., Alcaide., Extremera., & Pizarro, D, 2006).

Sunil and Rooprai (2009) explored the role of emotional intelligence in managing anxiety and stress at workplace. The research investigated the emotional intelligence as a predictor in managing anxiety and stress. Results revealed that high and low level of emotional intelligence creates relation with anxiety and stress. Results also proved negative correlation between

emotional intelligence with anxiety and stress. Emotional intelligence could be used as a helpful tool for managing anxiety and stress at workplace.

Another research explored emotional intelligence, resiliency and anxiety in academic concerns. Emotional intelligence, resiliency and different level of anxiety were vital for human development and its characteristic indicated academic achievements. The results of study show significant inverse relationship between emotional intelligence and anxiety (Connor & Slear, 2009).

The research by Chao (2003) investigated the emotional intelligence and foreign language anxiety in student. The study explores the connection between emotional intelligence and foreign language anxiety among private college students who learn English language to fulfill the degree requirements. Quantitative analysis of study shows significant negative correlation between emotional intelligence and foreign language anxiety.

Third hypothesis of the present research was that there is a relationship between irrational beliefs and anxiety disorders (Table 4) was supported by the study conducted by Tittle (1997). That research examines the relationship between anxiety and irrational thoughts experienced by students in the second language (foreign language) class. These anxieties and irrational thoughts linked with communication apprehension, fear of bad assessment and test anxiety. Result of the study did not showed significant relation between anxiety and irrational beliefs. It also revealed moderate negative correlation between language anxiety and classroom success.

Previous researches shows significant positive relationship between irrational beliefs and anxiety and present research (Table 4) shows non-significant positive relationship direction. One reason of this result could be the small sample size. The study explores the relationship between irrational beliefs and anxiety college students. The results of study indicated significant positive

relationship between anxiety and irrational beliefs. The results also suggested that girls have more anxiety and irrational beliefs than boys. The result also indicated that anxiety and irrational beliefs in girl may vary in different college environments (Khaledian, Saghafi, Moradi, & Khaikhah, 2013).

Another reason of non-significant result could be that researcher took all anxiety patients including panic disorder without agoraphobia, panic disorder with agoraphobia, agoraphobia without history of panic disorder, specific phobia, social phobia, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), acute stress disorder, generalized anxiety disorder (GAD) and anxiety disorder not otherwise specified. All these patients have different level of emotional intelligence, irrational beliefs and anxiety (Table 8). These results are consistent with previous researches. The research investigate the levels of irrationality in a clinical sample of anxiety disorder patients, including panic disorders patients, simple and social phobia, agoraphobics, and obsessive compulsive patients. Different levels of irrationality were compared between normal control individuals and individuals with anxiety disorders. Results indicated significant difference between patients in all diagnostic categories except simple phobia as compared to control subjects. Results also showed that patients in all categories except panic disorder and simple phobia were significantly different from control group. Patients with agoraphobia were significantly less rational than control subjects (Himle, Himle, David, & Thyer, 1989). In rational emotive behavioral therapy (REBT) the basic concept is that emotional disturbances caused by irrational belief system. A research by Wood and Coggin (1985) proved that high, medium and low level of anxiety linked with irrational beliefs.

In present study researcher took patients with anxiety disorder without comorbidity of any other disorder. It is believed that irrational beliefs are higher in depressive disorders. Another

point of view is that irrational beliefs are higher in patients with dual diagnosis and a research proved this phenomenon. The study explored the gender differences in anxiety and depressive symptoms among adolescents and young adults. It also looked at the connection between the presence, intensity and volume of irrational beliefs and symptom categories, as well as the impact on educational results. Depressive and anxiety symptoms were measured and results of the study showed significant gender differences in the level of stress and anxiety symptoms. Results revealed significant correlations between irrational beliefs connected to extreme worrying, firmness and the tendency to avoid problems and predispositions toward depression or anxiety. Results also showed that irrational beliefs have an impact on educational performances. Students with poor academic performance have more irrational beliefs associated with problem avoidance as compared to the students with good academic results. Depressive tendencies and high level of stress are strongly correlated with the need of approval, but have no link with anxiety. This can be defined as the fact that need for approval could arise high expectations, consequently a person keep depression and high level of stress. Avoiding problems also linked positively with the need for approval and develop anxiety and depression. This state suggested that the absence of action can be found behind anxiety and depression mood disorders (Stanciu, et al., 2014).

The fourth hypothesis of present research is that males are higher on emotional intelligence as compared with females (Table 5) is consisted with previous researches. A research investigated the gender differences of emotional intelligence. Four factors of emotional intelligence self-awareness, self-management, social awareness and relationship management were explored. The results indicated that men have high emotional intelligence as compared to women (Khalili, 2011).

Another research conducted in Pakistan also supports the results of present research. The researcher explored emotional intelligence among females and males in this research. The sample were less or more similar with regard to cultural background and socioeconomic status. The result revealed that males have high level of emotional intelligence as compared to females (Ahmad et al., 2009). Although this research was based on one province, but present research once again proved that males in Pakistan are more emotional intelligence as compared to females.

There are numerous researches carried out in different countries and cultures that show non-significant differences (Tabar, Gorjian, & Pazhakh, 2012) among gender. Some researches revealed that females are more emotional intelligent (Katyal & Awasthi, 2005). In present research the results shows significant difference between genders. In Pakistan culture, norms and traditions are very different from western and other countries. This fact plays an important role in different emotional intelligent across genders.

Emotional intelligence has been connected to positive facets. These positive aspects included self-esteem, psychological well-being and achievement. Through these aspects actual and self-perceived emotional intelligence level can be understood across gender. The result of study indicated no significant gender difference in actual and self-estimated emotional intelligence level. Self-perceived emotional intelligence is higher in males as compared to females (Lim, 2011).

Individual with high level of emotional intelligence hold different emotional skills which they use to cope effectively with everyday challenges and promote healthy well-being. Since the role of emotional intelligence in different coping studies have significant benefits for individuals. Emotional intelligence has reliable positive relationship including work and life satisfaction,

healthy relationship, interpersonal relationships, job performance, physical health, psychological well-being and psychophysiological functioning. The study was conducted to measure different aspects of emotional intelligence and individuals use it to promote healthy well-being across gender. The results of study showed no significant difference between males and females (Zomer, 2012).

In present research age differences were also explored on study variables (Table 9) and the results is consisted with another research that investigated the relationship between emotional intelligence and health related quality of life in older adults. The age ranged were 65 years to 101 years. The results of study showed that older adults who have better abilities to understand the causes and occurrence of their emotions exhibited higher level of physical health. Moreover individuals who can create, use and feel positive emotions for different cognitive processes showed higher level of emotional stability (Luque-Reca, Pulido-Martos, Lopez-Zafra, & Augusto-Landa, 2015).

Conclusion

The present research was conducted to explore the relationship among emotional intelligence, irrational beliefs and anxiety in patients with anxiety disorders. Different scales were used to measure these variables. Emotional intelligence was measured through trait emotional intelligence questionnaire short form (TEIQue-SF), irrational beliefs were measured through irrational belief scale (IBS) and anxiety was measured by Beck anxiety inventory (BAI). It was concluded that emotional intelligence has significant negative relationship with irrational beliefs and anxiety in patients with anxiety disorders. Irrational beliefs have non-significant positive relation with anxiety in patients with anxiety disorders. However, males patients with anxiety disorders are more emotional intelligent as compared to females patients with anxiety disorders. It was also concluded that young patient with anxiety disorders are more irrational as compared to old patients with anxiety disorders. Results of the study reveal that anxiety patient with graduation are higher on emotional intelligence, anxiety patients with intermediate are higher on irrational beliefs and anxiety patients with under matric are higher on anxiety as compared to other educational level. It was also concluded that emotional intelligence on generalized anxiety disorders is higher as compare to other groups of anxiety disorders. Irrational beliefs is higher on social anxiety disorder as compare to other anxiety groups, whereas the anxiety on panic disorder is higher as compare to other anxiety disorder groups. Consequently, it can be concluded that both emotional intelligence and irrational beliefs have significant impact on the development and maintenance of anxiety disorders.

Recommendations

This research has potential for future studies if linked with other issues that have not been studied in this research. Moreover the same research could be applied to different sample and geographic areas and compared there result for detail understanding. There is still a need to examine the relationship between anxiety and irrational beliefs.

In present study instrument Irrational Belief Scale used for assessing patient's irrational belief was translated from the original language to Urdu. The questionnaire showed adequate reliability but in order to correct drawbacks the sample size should be increased. There is a dire need for the development of indigenous scale of irrational belief for Pakistani population because there is huge difference of culture and thinking style from other countries. The new scale should study all irrational beliefs in details so we can exactly see which belief is irrational. Thus, in future, researchers could use large samples which are drawn from different hospitals and clinics of numerous cities, so that the results could be generalized.

Although the questionnaire were short but together they become lengthy, this made it difficult for patients to fill them particularly for patients with severe anxiety. As they were unable to focus and easily got exhausted and thus affect the responses, so in future these variables should be study separately in detail. In future the clinician should practice to measure irrational beliefs and emotional intelligence for better understand of patients thinking style and understand level as it will help them to design different combinations of psychotherapies.

Limitations

The study could not be generalized to the Pakistani population as the sample comprised of only 200 patients from different government hospital of Islamabad, Rawalpindi and Wah Cantt. Another limitation of the research was the shortage of time so it was not possible to study and compare the different irrational beliefs and different anxiety disorders separately, moreover it was also not possible to study the different levels of all variables to check the effect of patient's condition.

All the instruments were based on self-report measured and data was collected directly by patients. In future research, the data should be validate through other resources as well. The data should be confirmed from family, parents, caregiver, spouse and significant others as it would open new doors to understand the problem through another perspective.

Implications

Mental health care giver should measure emotional intelligence of patients to understand self- esteem, happiness, optimism, emotion control, stress management, impulsiveness, emotion perception, emotion expression, relationship, empathy, social awareness, emotion management, assertiveness, adaptability and self-motivation. Irrational beliefs should be measured for better understanding of patient's thinking style. Different irrational beliefs should be tackle, so that clinicians could focus a particular irrational belief which is disturbing patient's life.

Understanding patient's emotional intelligence and irrational beliefs is very necessary for the designing of psychotherapy. Mental health care giver could design and combine different psychotherapies according to patient's level of emotional intelligence and irrational beliefs.

REFERENCES

- Ahmad, S., Bangash, H., & Khan, S. A. (2009). Emotional intelligence and gender differences. *Sarhad Journal of Agriculture*, 25(1), 127-130.
- Akbari, A. M., Nematolahei, V. R., & Mortazavi, H. (2015). The Relationship between emotional intelligence and irrational beliefs among normal adolescent boys and adolescent boys were kept in a juvenile institution in Kerman. *Journal of Social Issues & Humanities*, 3(3), 168-172.
- Alareqe, N., Mohammed, O. B., Harun, L., Abu Samah, B., & Alameay, A. (2008). *Relationship between belief system and depression with anxiety among undergraduate students in Yemen*. A paper presented in 2nd Asian cognitive behavior therapy (CBT) conference, Chulalongkorn University, Bangkok, Thailand. Retrieved from http://www.psy.chula.ac.th/CBT_Download/Paper_Presentation/Article_10.pdf
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.). Washington, DC: Author.
- Ashraf, M., Nawaz, A., Shaikh, O. A., & Bhatti, S. R. (2014). Emotional intelligence and job satisfaction among employees of service sector in Pakistan. *International Journal of Innovative Research & Development*, 3(5), 205-214.
- Bai, S. (2011). Study of anxiety proneness and emotional intelligence in relation to academic achievement of pre-university students. *International Referred Research Journal*, 2(4), 178-187. doi: 10.6007/IJAREMS/v2-i4/126.x
- Baron, R. A., & Byrne, D. (2004). *Social Psychology: Understanding Human Interaction*, (V End). Boston: Allyn and Bacon.

- Barlow, D. H. (2000). Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory. *American Psychologist*, 55 (11), 1247-63.
doi:10.1037/0003066X.55.11.1247
- Bar-On, R. (2006). The Bar-On model of emotional-social intelligence (ESI). *Psicothema*, 18, 13-25.
- Beck, A. T., & Steer, R. A. (1990). *Manual for the Beck Anxiety Inventory*. San Antonio, TX: Psychological Corporation.
- Bernard, M. E., & DiGiuseppe, R. (1989). *Inside rational-emotive therapy: A critical appraisal of the theory and therapy of Albert Ellis*. New York: Academic Press, Inc.
- Bernard, E. M., & DiGiuseppe, R. (2000). Advances in the theory and practice of Rational-Emotive Behavioral Consultation. *Journal of Educational & Psychological Consultation*, 3(4), 333- 335.
- Bourdeau, D., Kitchen, K., & Joseph-Massiah, L. (2005). *Anxiety Disorders: An Information Guide*. Centre for Addiction and Mental Health.
- Chao, C. T. (2003). *Foreign language anxiety and emotional intelligence: A study of EFL students in Taiwan (China)* (Doctoral dissertation, Texas A & M University-Kingsville). Retrieved from <http://lib.hku.hk/>
- Costa, S., Petrides, K. V., & Tillmann, T. (2014). Trait emotional intelligence and inflammatory diseases. *Psychology, Health & Medicine*, 19(2), 180-189.
doi:10.1080/13548506.2013.802356
- Connor, B., & Slear, S. (2009). Emotional intelligence and anxiety; emotional intelligence and resiliency. *International Journal of Learning*, 16(1).

- Danesh, E., Mohammadi, S., Saliminia, A., & Tankamani, N. (2013). Relationship between emotional intelligence, irrational beliefs and academic achievement. *Applied Psychological Research Quarterly*, 4(4), 45-58.
- Dryden, W. (1999). *Rational emotive behavior therapy: A personal approach*. Bicester, Oxon: Winslow Press.
- Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York Lyle Stuart.
- Ellis, A. (1975). *The biological bases of human irrationality*. Paper presented at the annual meeting of the American Psychological Association, New Orleans. Louisiana
- Ellis, A. (1992). *When AA doesn't work for you: Rational steps to quitting alcohol*. Forte Lee, NJ: Barricade Books, Inc
- Ellis, A. (1994). *Reason and emotion in psychotherapy*. New York: Birch Lane Press Group.
- Ellis, A (2001). *Overcoming destructive beliefs, feelings, and behaviors: New directions for rational emotive behavior therapy*. Prometheus Books.
- Ellis, A., & Harper, R. (1975). *A new guide to rational living*. North Hollywood, CA Wilshire.
- Fernandez-Berrocal, P., Alcaide, R., Extremera, N., & Pizarro, D. (2006). The role of emotional intelligence in anxiety and depression among adolescents. *Individual Differences Research*, (4), 16-27.
- Field, A., (2005). *Discovering statistics using SPSS*, (2nd ed). London: Sage
- Finlay-Jones, R., Brown, G. W. (1981). Types of stressful events and the onset of anxiety and depressive disorders. *Psychological Medicine*, 11: 803-815.
doi:<http://dx.org/10.1017/S0033291700041301>
- Gerrig, R. J., & Zimbardo, P. G. (2002) *Psychology And Life*, (16 ed). Boston, MA: Allyn and Bacon.

- Ghumman, A., & Shoaib, M. (2013). Personality Traits Linked with Irrational Beliefs: A Case of Adults, Gujrat-Pakistan. *Middle-East J. Scientific Res*, 16(4), 496-501. doi:10.5829/idosi.mejsr.2013.16.04.11755
- Goleman, D. (1995). *Emotional intelligence*. New York: Bantam Books.
- Goleman, D. (2006). *Emotional intelligence* (pp. 34). New York: Bantam Books.
- Goleman, D. (1998). *Working with emotional intelligence*. New York: Bantam Books.
- Goleman, D. (1998a). Working with emotional intelligence. New York: Bantam Books.
- Goleman, D. (1998b). What makes a leader? Harvard business review, November-December.
- Himle, J. A., Himle, David, P., Thyer, B. A. (1989). Irrational beliefs and the anxiety disorders. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 7(3): 155-165. doi:10.4236/health.2010.28130
- Johnson, S. J., Batey, M., & Holdsworth, L. (2009). Personality and health: The mediating role of trait emotional intelligence and work locus of control. *Personality and Individual Differences*, 47, 470–475. doi: 10.1016/j.paid.2009.04.025
- Jones, R. G. (1969). *A Factored Measure of Ellis' Irrational Belief System with Personality and Maladjustment Correlates*. (Unpublished doctoral Dissertation) Texas Technological College, America. Retrieved from <https://repositories.tdl.org/ttu-ir/>
- Jones, R. G. (1968). *A J measure of Ellis "irrational belief system", with personality and maladjustment correlates*. Dissertation Abstracts international, 29, 43-79. Retrieved from <http://www.proquest.com/>
- Kaokebisiyoki, F., Aminyazdi, S., Yousefi, A., & Modares, G. M. (2010). Efficiency of group treatment especially rational – emotive – behavioral treatment on anxiety of infertile

(sterile) women who were under IVF treatment: contemporary psychology Quarterly Extra Version, (Extra version) 5. 652 – 656.

- Kamae, A., & Weisani, M. (2014). The Relationship between social anxiety, irrational beliefs and emotional intelligence with homesickness in dormitory students of Tehran university. *The Neuroscience Journal of Shefaye Khatam*, 2(3), 138-138.
- Kayani. S., Kayani. S., & Saleem. S. (2015). Relationship between emotional intelligence and academic achievement of postgraduate students in Pakistan. *International Journal of Innovation and Scientific Research*, 15(1). 202-206.
- Khalili, A. (2011). Gender differences in emotional intelligence among employees of small and medium enterprise: an empirical study. *Journal of International Management Studies*, 6(2), 184-193.
- Katyal, S., & Awasthi, E. (2005). Gender differences in emotional intelligence among adolescents of Chandigarh. *Journal of Human Ecology*, 17(2), 153-155.
- Khaledian, M., Saghafi, F., Moradi, S., & Khairkhah, Z. (2013). Investigating the relationship of irrational beliefs with anxiety and their effect in two different academic systems in Iran (under graduate college students of payam nour university and islamic azad university). *Journal of International Research Journal of Applied and Basic Sciences*, 4(5), 1185-1191.
- Khan, M. I., Awan, U., Yasir, M., Mohamad, N. A. B., Shah, S. H. A., Qureshi, M. I., & Zaman, K. (2014). Transformational Leadership, Emotional Intelligence and Organizational Commitment: Pakistan's Services Sector. *Argumenta Oeconomica*, 2(33), 67-92. doi: 10.15611/aoe.2014.2.04

- Kring, A. M., & Johnson, S. L. (2011) Anxiety Disorders. In Davison, G. C., & Neale, J. M (12th eds.), *Abnormal Psychology*, 176-177. University of California Press.
- Laster, D. (1989). Depression, suicidal preoccupation and rational thinking. *Journal of General Psychology*, 116(2), 221-223. doi: 10.1080/00221309.1989.9711126
- Leuner, B. (1966). Emotional intelligence and emancipation. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 15(6), 193-203.
- Lim, T. S. (2011). *Gender differences in emotional intelligence: are you smart as you think emotionally* (Doctoral dissertation, UTAR). Retrieved from <http://eprints.utar.edu.my/>
- Lizeretti, N. P., & Extremera, N. (2011). Emotional intelligence and clinical symptoms in outpatients with generalized anxiety disorder (GAD). *Psychiatric Quarterly*, 82(3), 253-60. doi: 10.1007/s11126-011-9167-1
- Luque-Reca, O., Pulido-Martos, M., Lopez-Zafra, E., & Augusto-Landa, J. M. (2015). Emotional intelligence and health-related quality of life in institutionalised Spanish older adults. *International Journal of Psychology*, 50(3), 215-222. doi: 10.1002/ijop.12089
- Malouff, J.M., & Schutte, N. S. (1986). Development and validation of a measure of irrational belief. *Journal of Consulting and Clinical Psychology*, 54, 860-862.
- Mavroveli, S., Petrides, K. V., Rieffe, C., & Bakker, F. (2007). Trait emotional intelligence, psychological well-being and peer-rated social competence in adolescence. *British Journal of Developmental Psychology*, 25(2), 263-275. doi: 10.1348/026151006X118577
- Mayer, J. D., Salovey, P., & Caruso, D. R. (2008). Emotional Intelligence: New Ability or Electric Trait?. *The American Psychological Association*, 63(6), 503-517. doi: 10.1037/0003-066X.63.6.503

- Mayer, J. D., Salovey, P., & Caruso, D. R. (2004). Emotional Intelligence: Theory, Finding, and Implications. *Psychological Inquiry*, 15(3), 197-215.
- Naghavi, F., & Redzuan, M. (2011). The relationship between gender and emotional intelligence. *World Applied Sciences Journal*, 15(4), 555-561.
- Nasir, M., & Masrur, R. (2010). An exploration of emotional intelligence of the students of IIUM in relation to gender, age and academic achievement. *Bulletin of education and research*, 32(1), 37-51.
- Nemati, P., Karapetyan, V., & Haghi, S. (2012). The effect of cognitive-behavioral counseling on the level of anxiety in woman with sexual dysfunction. *Life Science Journal*, 9(2), 678-681.
- Nieuwenhuijsen, K., Jos, H. A. M., Verbeek, Angela, G. E. M., de Boer, Roland, W. B., Blonk, Frank, J. H., & van Dijk. (2010). Irrational beliefs in employee with an adjustment, a depressive, or an anxiety disorder: a prospective cohort study. *Journal of Rational-Emotive and Cognitive Behavior Therapy*, 28(2), 57-72. doi: 10.1007/s10942-007-0075-0
- Nieuwenhuijsen, K., Noordik, E., Van, D. F., & Van, D. K. J. (2013). Employees with common mental disorders: from diagnosis to return to work. *Journal of Occupational Rehabilitation*, 23(2):290-9.
- Ohman, Arne. (2000). Fear and anxiety: evolutionary, cognitive, and clinical perspectives. In Lewis, M., Haviland, J., and Jeannette, M. (2nd eds). *Handbook of emotions*. New York: The Guilford Press. pp. 573-93.
- Patel, M. K. (2013). Construction and standardization of anxiety measurement test for the students of standard 9th and 10th of Anand district. *International Journal of Research in Humanities and Social Sciences*, 1(1), 53-58.

- Payne, W. L. (1985). *A study of emotion: developing emotional intelligence; self integration; relating to fear, pain and desire*. (Doctoral paper). Retrieved from <http://eqi.org/>
- Petry, N. M. (2002). A comparison of young, middle-aged, and older adult treatment-seeking pathological gamblers. *The Gerontologist*, 42(1), 92-99. doi: 10.1093/geront/42.1.92
- Petrides, K. V., & Furnham, A. (2000). On the dimensional structure of emotional intelligence. *Personality and Individual Differences*, 29, 313-320. doi:10.1016/s0191-8869(99)00195-6
- Petrides, K. V., Pita, R., & Kokkinaki, F. (2007). The location of trait emotional intelligence in personality factor space. *British Journal of Psychology*, 98, 273-289. doi:10.1348/000712606X120618
- Petrides, K. V. (2010). Trait emotional intelligence theory. *Industrial and Organizational Psychology*, 3(2), 136-139. doi: 10.1111/j.1754-9434.2010.01213.x
- Properties of beck anxiety inventory (online) 1993(cited 2008 June 1) Available from: <http://www.cpsnova.edu/~cpphelp/BAI.html>.
- Rahim, S. H., & Malik, M. I. (2010). Emotional intelligence & organizational performance:(A case study of banking sector in Pakistan). *International Journal of Business and management*, 5(10), 191.
- Rashid, A. (2010). *Relationship of Perceived Expressed Emotion with Symptoms of Anxiety and Depression among students in Selected Universities in Lahore*. (Unpublished master's dissertation, Punjab University, Lahore).
- Rowney, J., Hermida, T., & Malone, D. (2010). *Anxiety disorder, disease management project*, Center for continuing education: Cleveland clinic. Retrieved from <http://www.clevelandclinicmeded.com/>

- Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition, and Personality*, 9(3), 185-211. doi: 10.2190/dugg-p24e-52wk-6cdg.
- Shahzad, S., Riaz, Z., Begum, N., & Khanum, S. J. (2014). Urdu translation and psychometric properties of trait emotional intelligence questionnaire short form (TEIQue-SF). *Asian journal of management sciences & education*, 3(1), 130-140.
- Shafie, A., & Naseri, G. (2001). *Counseling and psycho – treatment*, University publication center.
- Stanciu, M. M., Dumitru, H., Mocanu, D., Mihoc, A., Grădinaru, B. G., & Panescu, C. (2014). The connection between gender, academic performance, irrational beliefs, depression and anxiety among teenagers and young adults. *Romanian Journal of Cognitive Behavioral Therapy and Hypnosis*, 1(2).
- Stys, Y., & Brown, S. L. (2004). A Review of the emotional intelligence literature and implications for corrections. *Research Branch Correctional Service of Canada*. 15-76
- Sunil, K., & Rooprai, K. Y. (2009). *Role of emotional intelligence in managing stress and anxiety at workplace*. A paper presented in Proceedings of ASBBS Annual Conference: Las Vegas 16(1), 163-172.
- Sylvers, P., Jamie, L., & Scott, L. (2011). Differences between trait fear and trait anxiety: Implications for psychopathology. *Clinical Psychology Review*, 31(1), 122–137. doi:10.1016/j.cpr.2010.08.004
- Tabar, H. A., Gorjian, B., & Pazhakh, A. (2012). The effect of emotional intelligence on male and female high school students' performance in production and recognition test item formats of reading comprehension. *Advances in English Linguistics*, 1(3), 61-65.

- Tittle, M. (1997). *The Effects of Foreign and Second Language Students' Irrational Beliefs and Anxiety on Classroom Achievement*. Retrieved from <http://eric.ed.gov/>
- Thorndike, R. K. (1920). Intelligence and its uses. *Harper's Magazine*, 140, 227-335.
- Vernon, P. A., Villani, V. C., Schermer, J. A., & Petrides, K. V. (2008). Phenotypic and genetic associations between the big five and trait emotional intelligence. *Twin Research and Human Genetics*, 11(5), 524–530.
- Vierimaa, J. C. (2013). *Emotional Intelligence and Project Leadership*. (Unpublished master's thesis). Chalmers university of technology, Sweden. Retrieved from <http://publications.lib.chalmers.se/>
- Woods, P. J., & Coggin, S. K. (1985). Irrationality profiles for anger and anxiety. *Journal of Rational Emotive Therapy*, 3(2), 124-129.
- Welpel, I., Tumasjan, A., Stich, J., Spörle, M. (2005). *Emotional intelligence and its consequences for occupational and life satisfaction-Emotional intelligence in the context of irrational belief*. A paper presented in Ludwig Maximilians Universität München. Retrieved from <http://ei.heygroup.com>
- Zomer, L. (2012). *The relationships among emotional intelligence, gender, coping strategies, and well-being in the management of stress in close interpersonal relationships and the workplace* (Doctoral dissertation, University of Toronto). Retrieved from <https://tspace.library.utoronto.ca/>

Appendix

تحقیق میں شمولیت کا اقرار نامہ

میں انڈینٹل اسلامک یونیورسٹی اسلام آباد کے شعبہ نفسیات میں ایم ایس کی طالبہ ہوں۔ میں انسانی جذبات و خیالات سے متعلق ایک تحقیق کر رہی ہوں اس سلسلے میں آپ کا تعاون چاہتی ہوں۔

طریقہ کار: آپ سے انڈیو کیا جائے گا جس میں آپ کی بیماری سے متعلق سوالات ہونگے اور پھر آپ کو کچھ سوالناموں کو پُر کرنا ہو گا۔ آپ کی اس تحقیق میں شمولیت مکمل رازدارانہ ہوگی۔ آپ کو اختیار حاصل ہے کہ آپ کسی بھی وقت تحقیق میں شمولیت جاری رکھنے سے معذرت کر لیں۔

رازداری: میں آپ کو یقین دلاتی ہوں کہ آپ سے حاصل کردہ تمام معلومات صرف تحقیقی مقاصد کے لئے استعمال میں لائی جائیں گی اور اس کے بعد ہمیشہ مکمل رازداری میں رہی گی۔ اگر آپ کسی سوال کا جواب نہ دینا چاہیں تو آپ کو یہ حق حاصل ہے۔

میں اقرار کرتا کرتی ہوں کہ میں ۱۸ سال سے زیادہ عمر کا ہوں اور باہوش دماغ اس تحقیق میں رضا کارانہ شمولیت پر رضا مند ہوں۔

ریسرچر: ممبرین سلیم

ایم ایس طالبہ شعبہ نفسیات

انڈینٹل اسلامک یونیورسٹی اسلام آباد

ای میل: ambreen_saleem2002@yahoo.com

ہسپتال کا نام:

ہسپتال کی اسٹیٹ:

نام اور دستخط شرکت کنندہ۔

ذاتی معلومات کا سوالنامہ

نام: _____ جنس: _____
 عمر: _____ تعلیم: _____
 آپ کا پیشہ کیا ہے؟ طالب علم سرکاری ملازم غیر سرکاری ملازم کاروبار مزدوری بیروزگاری
 ماہانہ آمدنی: _____

آپ کی ازدواجی حیثیت کیا ہے؟ غیر شادی شدہ شادی شدہ طلاق یافتہ علیحدگی
 میاں بیوی کی تعلیم: _____ بیوہ / رٹووا
 میاں بیوی کا پیشہ: _____
 شادی کا دورانیہ: _____
 بچوں کی تعداد: _____
 اگر طلاق، علیحدگی یا بیوگی ہو چکی ہے تو اس کا دورانیہ: _____

آپ کس خاندانی نظام میں رہتے ہیں؟ انفرادی خاندانی نظام مشترکہ خاندانی نظام
 آپ کے خاندان کی مالی حیثیت؟ کمزور درمیانی بہتر بہت بہتر
 شہری علاقہ دیہی علاقہ

آپ کے والدین حیات میں؟ والد ہاں نہیں
 والدہ ہاں نہیں

آپ کے والد کی تعلیم کتنی ہے؟
 آپ کے والد کا پیشہ کیا ہے؟ سرکاری ملازم غیر سرکاری ملازم کاروبار مزدوری بیروزگاری
 آپ کے والد کی ازدواجی حیثیت کیا ہے؟ شادی شدہ طلاق یافتہ رٹووا
 آپ کی والدہ کی تعلیم کتنی ہے؟
 آپ کی والدہ کا پیشہ کیا ہے؟
 آپ کی والدہ کی ازدواجی حیثیت کیا ہے؟ شادی شدہ طلاق یافتہ بیوہ

آپ کے گھر میں کل کتنے افراد ہیں؟
 آپ کے گھر میں کتنے کمانے والے افراد ہیں؟
 ایک محتاط اندازے کے مطابق آپ کے خاندان کی ماہانہ آمدنی کتنی ہوگی؟

آپ کے گھر میں کسی کو کوئی بیماری ہے؟ نفسیاتی طبی
 آپ کے خاندان میں کوئی ایسا شخص ہے جس کو کوئی نفسیاتی بیماری ہے یا کبھی ہوئی تھی؟ ہاں نہیں
 اس بیماری کی نوعیت کیا ہے؟
 اس سے آپ کا کیا رشتہ ہے؟

Beck Anxiety Inventory

درج ذیل بیانات کو غور سے پڑھیے اور اپنی کیفیت کے مطابق دیے گئے چارٹ میں درست نمبر پر نشان لگائیے۔

نمبر شمار	بیانات	بالکل نہیں	معمولی	قابل برداشت	نا قابل برداشت
1	جسم میں سویاں چبھنا یا جسم کا سو جانا				
2	جسم میں گرمی کا ٹکنا (گرمی لگنا)				
3	ناگہوں میں جان نہ رہنا (کیکپاہٹ کا طاری ہونا)				
4	سکون نہ آنا				
5	بدترین حالات کا خوف رہنا				
6	چکر آنا سر کا بھاری پن				
7	دل کی دھڑکن کا محسوس ہونا (تیز ہو جانا)				
8	غیر یقینی کی کیفیت رہنا				
9	گھبراہٹ رہنا				
10	خوف زدہ رہنا				
11	گھٹن محسوس ہونا				
12	ہاتھوں کا کانپنا				
13	خود اعتمادی کی کمی				
14	غصہ کا آنا (چڑچڑاپن)				
15	سانس میں دشواری				
16	موت کا خوف رہنا				
17	مستقل ڈر کا رہنا				
18	بدبضی یا پیٹ میں تکلیف رہنا				
19	بے ہوشی کا طاری ہونا				
20	چہرے سے گرمی ٹکنا یا چہرے کا کالا پڑ جانا				
21	بغیر گرمی کے پسینہ آنا				

IRRATIONAL BELIEF SCALE

ہدایات :

برائے مہربانی درج ذیل بیانات کو استعمال کرتے ہوئے واضح کیجیے کہ آپ ان سے کس حد تک متفق ہیں (ہر بیان کے جواب کے سامنے تک کا نشان لگائیں)

نمبر شمار	بیانات	بالکل غیر کسی حد غیر کسی حد بالکل متفق	تفوق تک غیر متفق	تفوق تک متفق
1	ایک اہم شخص بننے کے لئے مجھے ہر کام میں قابلیت حاصل ہونی چاہئے۔			
2	میرے منفی جذبات بیرونی دباؤ کا نتیجہ ہیں۔			
3	خوش رہنے کے لئے مجھے ان تمام لوگوں کی رضامندی برقرار رکھنی چاہیے جو میرے لئے اہم ہیں۔			
4	اکثر لوگ جو میرے ساتھ ناانصافی کرتے ہیں وہ عموماً برے انسان ہیں۔			
5	میری کچھ عادات اس قدر پختہ ہیں کہ میں انہیں کبھی تبدیل نہیں کر سکتا۔			
6	جب ایسا محسوس ہو کہ کوئی بات غلط ہو رہی ہے تو اس کے بارے میں فکر مند ہونا معقول ہے۔			
7	زندگی جیسی ہے اس سے بھی آسان ہونی چاہیے۔			
8	یہ بہت ہی ناگوار ہوتا ہے اگر میں جو چاہوں دیکھ نہ ہو۔			
9	زندگی میں مشکل حالات کو بہتر بنانے کے لئے کوشش کرنے کی بجائے انتظار کرنا زیادہ معقول ہے۔			
10	یہ میرے لئے ناقابل نفرت ہوتا ہے جب میں غیر یقینی کیفیت ختم نہ کر سکوں۔			
11	ماضی کے بہت سے واقعات نے مجھ پر اتنا اثر ڈالا کہ تبدیلی ناممکن ہے۔			
12	وہ افراد جو میرا ناجائز فائدہ اٹھاتے ہیں انہیں سزا ملنی چاہیے۔			
13	اگر کچھ برا ہونے کا خدشہ ہو تو پریشانی ہونا فطری ہے۔			
14	جب چیزیں میری مرضی کے مطابق نہ ہوں تو میرے لیے تکلیف دہ ہوتا ہے۔			
15	مجھے خود کو مطمئن رکھنے کے لیے کچھ نہ کچھ حاصل کرتے رہنا چاہیے۔			
16	چیزوں کو معمول سے بہتر انداز میں ہونا چاہیے۔			
17	جب سب کچھ غلط ہو رہا ہو تو میں خود کو بے یار مددگار محسوس کرتا ہوں۔			
18	خوش رہنے کے لیے ان تمام لوگوں کا پیار بہت ضروری ہے جو میرے لیے اہم ہیں۔			
19	ذاتی مشکلات کو حل کرنے کی کوشش ان کو نظر انداز کرنے سے زیادہ بہتر ہے۔			
20	مجھے اپنے مستقبل کے بارے میں کوئی بھی غیر یقینی کیفیت نا پسند ہے۔			

نوٹس

مہربانی فرما کر نیچے دیئے گئے جملوں میں سے اس ہندسے کے گرد دائرہ بنا کر جواب دے دیں، جو کہ آپ کے متفق یا غیر متفق ہونے کو ظاہر کرے۔ اگر آپ کسی جملے سے پرزور غیر متفق ہیں تو ہندسہ (۱) کے گرد دائرہ لگائیں، اگر آپ پرزور متفق ہیں تو ہندسہ (۷) کے گرد دائرہ لگائیں، اگر آپ کو یقین نہیں ہوتا کہ آپ متفق ہیں یا غیر متفق تو ہندسہ (۴) کے گرد دائرہ لگائیں۔ کام جلدی سے کریں لیکن خیال سے۔ اس میں کوئی درست یا غلط جوابات نہیں ہیں۔

متفق	غیر متفق	
۷	۶	۱ اپنے جذبات کا دوسرے لوگوں سے اظہار کرنا میرے لئے کوئی مشکل نہیں۔
۷	۶	۲ مجھے چیزوں کو کسی دوسرے فرد کے نقطہ نگاہ سے دیکھنے میں دشواری ہوتی ہے۔
۷	۶	۳ مجموعی طور پر میں ایک بہت ہی پر عزم شخص ہوں۔
۷	۶	۴ مجھے اکثر اپنے جذبات پر قابو پانے میں دشواری ہوتی ہے۔
۷	۶	۵ عام طور پر میں اپنی زندگی کو پر لطف نہیں پاتا رہتا ہوں۔
۷	۶	۶ میں لوگوں سے موثر انداز میں پیش آ سکتا / سکتی ہوں۔
۷	۶	۷ میں جلد ہی اپنا ارادہ بدل لیتا رہتا ہوں۔
۷	۶	۸ کئی دفعہ میں یہ جان نہیں سکتا / سکتی کہ میں کیا جذبات محسوس کر رہا / رہی ہوں۔
۷	۶	۹ میں محسوس کر رہا / رہی ہوں کہ میرے اندر کئی اچھی خوبیاں ہیں۔
۷	۶	۱۰ مجھے اپنے حقوق کے حصول کے لئے اٹھ کھڑے ہونے میں دشواری ہوتی ہے۔
۷	۶	۱۱ میں عام طور پر لوگوں پر اثر انداز ہو سکتا / سکتی ہوں جیسا کہ وہ محسوس کرتے ہیں۔
۷	۶	۱۲ مجموعی طور پر میرا بہت سی چیزوں کے بارے میں میری رائے مایوس کن ہے۔
۷	۶	۱۳ جو میرے قریبی ہیں وہ اکثر شکایت کرتے ہیں کہ میں ان کے ساتھ اچھا سلوک نہیں کرتا۔
۷	۶	۱۴ مجھے اکثر اپنی زندگی کو حالات کے ساتھ ڈھلنے میں دشواری ہوتی ہے۔
۷	۶	۱۵ مجموعی طور پر میں دباؤ سے نمٹنے کے قابل ہوں۔
۷	۶	۱۶ مجھے اکثر ان لوگوں سے خلوص کا اظہار کرنے میں دشواری ہوتی ہے جو کہ میرے قریب ہیں۔
۷	۶	۱۷ میں عام طور پر کسی دوسرے کے قریب جا کے ان کے جذبات کو محسوس کر سکتا / سکتی ہوں۔
۷	۶	۱۸ مجھے عام طور پر اپنے آپ کو پر عزم رکھنے میں دشواری ہوتی ہے۔
۷	۶	۱۹ عام طور پر جب میں چاہوں اپنے جذبات پر قابو کرنے کے طریقے نکال سکتا / سکتی ہوں۔
۷	۶	۲۰ مجموعی طور پر میں اپنی زندگی سے خوش ہوں۔
۷	۶	۲۱ میں اپنے آپ کو معاملات پر ایک اچھی بات چیت کرنے والا سمجھتا / سمجھتی ہوں۔
۷	۶	۲۲ میں ایسے چیزوں میں ملوث ہو جاتا / جاتی ہوں لیکن بعد میں سوچتا / سوچتی ہوں کہ کاش اگر میں ان سے باہر نکل سکتا / سکتی۔
۷	۶	۲۳ میں اکثر ٹھہرتا ہوں اور اپنے احساسات کے بارے میں سوچتا / سوچتی ہوں۔
۷	۶	۲۴ مجھے یقین ہے کہ میں ذاتی خوبیوں سے بھرا / بھری ہوں۔
۷	۶	۲۵ یہ جانتے ہوئے بھی کہ میں گھج ہوں میں پیچھے ہٹنے پر ناکل ہو جاتا / جاتی ہوں۔
۷	۶	۲۶ مجھے نہیں لگتا کہ میں دوسرے لوگوں کے احساسات کے مقابلے میں صلاحیت رکھتا / رکھتی ہوں۔
۷	۶	۲۷ عام طور پر مجھے یقین ہے کہ میری زندگی میں چیزیں بہتر ہوں گی۔
۷	۶	۲۸ مجھے ایسے تعلقات قائم رکھنے میں دشواری ہوتی ہے یہاں تک کہ ان سے جو میرے قریب ہیں۔
۷	۶	۲۹ عام طور پر میں نئے ماحول میں ڈھلنے کے قابل ہوں۔
۷	۶	۳۰ دوسرے لوگ میرے پر سکون رہنے پر تعریف کرتے ہیں۔

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Ambreen



Ambreen Saleem
ambreen_saleem
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Need Help (15)

Ambreen Saleem Hi, Dear how are you? Hop 10/13/13 at 7:12 PM

Petrides, Dino <k.petrides@ucl.ac.uk> 10/13/13 at 8:18 PM
To: Ambreen Saleem

Dear Ambreen,

Thank you for getting in touch about this. I am currently on unpaid leave due to personal reasons, hence the brief email. I have attached the Urdu version of the TEIQue-SF to this email. Please feel free to use for research purposes. You will find a lot of information about the scale and the theory behind it at www.psychometriclab.com

I hope this helps,
Dino

London Psychometric Laboratory (UCL)
www.psychometriclab.com

Show original message

TEIQue-SF...pdf

Reply, Reply All or Forward | More

Ambreen Saleem Thank you very much for y 10/13/13 at 9:09 PM

Petrides, Dino Hello Ambreen, The translatio 10/14/13 at 1:32 PM

Ambreen Saleem I have no words to say tha 10/14/13 at 1:36 PM

Ambreen Saleem hello 10/28/13 at 6:55 PM

Compose

- Inbox
- Drafts (14)
- Sent
- Archive
- Spam (12)
- Trash

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- Important
- Unread
- Starred
- People
- Social
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- Travel
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- Important
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Folders

- untitled
- untitled1

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scale (14)

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- Smart Views

Ambreen Saleem Hi, Dear how are you? Hop 03/13/13 at 8:28 AM

Ambreen Saleem ----- Forwarded Message ----- 03/13/13 at 7:05 PM

John Malouff <jmalouff@une.edu.au> 03/14/13 at 4:17 AM
To: ambreen_saleem2002@yahoo.com

Hi Ambreen. I have attached the scale and a related article.

Best wishes,
John

From: Nicola Schutte
Sent: Thursday, March 14, 2013 9:29 AM
To: John Malouff
Subject: FW: scale

Hi John,

Can you help with this?

Thanks, N

From: Ambreen Saleem [mailto:ambreen_saleem2002@yahoo.com]
Sent: Wednesday, 13 March 2013 5:54 PM
To: Nicola Schutte
Subject: Re: scale

Irrational Belief Scale – IBS (Malouff and Schutte 1986)

A 20 item self report measure developed to assess irrational beliefs.

Respondents use a 1 to 5 scale of agreement to answer each of the 20 items,

which are summed for a total scale score. Higher scale scores indicate stronger irrational beliefs.

The scale is widely used in REBT clinical and research use (Lindner *et al* 1999, Wertheim and Poulakis 1992)

volume 10 number 4 **NURSERESEARCHER**

Sorry Madam but i am asking for this scale if you can kindly facilitate me.

I will be great full to you.

- Important
- Unread
- Starred
- People
- Social
- Shopping
- Travel
- Finance
- Important
- Unread
- Starred
- People
- Social
- Shopping
- Travel
- Finance

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