

Effect of Emotional Intelligence and Gender on Coping Attitude of IDPs in Abuja

Emmanuel E. Uzodinma, Osolafia E. Muhammad
and Hauwa Pate Sadiq

Abstract

The study investigated Emotional Intelligence and Gender as predictors of two coping strategies (Religious and Emotional-focused) amongst Internally Displaced Persons' (IDPs). Data were collected using two revalidated psychometric instruments; Brief COPE Inventory and Schutte Self-report Emotional Intelligence Test (SSEIT). Four hypotheses which were directly linked with the research objectives were tested using multiple regression analysis. The results showed that emotional intelligence did not significantly predict religious coping among IDPs ($\beta = .052, p > .05, t = .454$). Therefore, the first hypothesis was rejected. Male IDPs were higher in religious coping scores than their female counterparts ($\beta = .47, p < .05, t = 9.19$). Therefore, the second hypothesis was accepted. However, in the third hypotheses, the results showed that emotional intelligence significantly inversely predicted emotional support coping among IDPs ($\beta = .127, p < .05, t = -2.49$) implying that high emotional intelligence results to low emotional support coping. Similarly, female IDPs were higher in emotional support coping scores than their male counterparts ($\beta = -.46, p < .05, t = -9.03$). Therefore, the fourth hypothesis was accepted. The study recommends that therapist should be gender sensitive when handling IDPs with low emotional intelligence and religion should be considered a significant factor for male IDPs.

Keywords: Emotional Intelligence, Emotional coping, Religious coping, Gender and Internal displacement.

Introduction

Internal displacement has become a global phenomenon as statistics of displaced persons continue to record an exponential increase alongside its psychosocial and economic consequences. It was reported (Internal Displacement Monitoring Centre, IDMC, 2017) in 2016 alone, that there were about 40.3 million internally displaced persons and that conflict and violence were the main cause of these displacements. The report further indicated that 12.6 million (40%) of these IDPs were largely displaced in Africa. Of import to these statistics was the fact that majority of the displacements recorded in 2016 (IDMC, 2017) happened in relatively high-risk environments, with features of low coping capacity, high levels of socio-economic vulnerability, and high exposure to natural and human made hazards. A report of UNHCR & IPU (2013) stated that despite its international attraction and rising scale, particularly with the current global focus and public attention on refugees and migrants, internal displacements with its attendant consequences has by and large remained underrepresented.

The case of internal displacement in Nigeria is nothing to be desired. For over a decade, the growing number of Internally Displaced Persons (IDPs) in Nigeria has become alarming. A report by the (International Organization on Migration, IOM, 2019) exposed that not less than 60,000 persons are displaced in every three months' interval in the North-east and Western regions of Nigeria, mainly as a result of insurgency and banditry. Also, the (IDMC & News Agency of Nigeria (NAN), 2016) reported that, as at 2013, about 3.3 million people in the North-eastern region of Nigeria alone were displaced fundamentally as a result of insurgency. Moreover, a report has indicated that in at least 11 Northern Nigerian States, displacement has been linked to increased inter-communal conflicts, the activity of armed groups, and counterinsurgency operations (IDMC, 2017) which has left many homeless and adversely confined in make-shift shelters.

Given the trauma associated with violent eviction or displacement resulting to loss and negative experiences; especially under adverse conditions not of their own choice, the displaced persons (IDPs) may unconsciously and naturally resort to evolving or seek for coping behaviour that could serve as protective measures in order to guarantee their survival. Coping strategy is a cognitive, emotional and behavioural mechanisms that one utilizes to manage or reduce stress and its effects (Dada, 2006). Scholars have prescribed several coping measures for people who have had negative or traumatic experiences like the IDPs. Pence, Thielman and Mugavero (2008) posited that coping with religion for instance is among the adaptive means of coping with various levels of stress. Askari, Hassanbeigi and Pourvahed (2013) identified religious coping as a form of emotion-focused coping mechanism. Also, emotional support coping response (Mayers and Brown, 2005) has been described as an adaptive coping strategy employed by individuals who seek social solace in their peers and family.

Some factors have also been closely linked with various coping behaviours within the context of this study. Emotional Intelligence is suspected to fall into this category. It has been identified as the wheel for feeling, thinking, learning, problem-solving, and decision-making (Mayer & Salovey, 2008) that may serve as a means of dealing with anxiety related situations. Displaced persons have the tendency to misinterpret their own emotional reactions, experience difficulties to control emotional outbursts, or act strangely under various pressures, resulting in harmful consequences to themselves, others, and the larger society (Mayer, 2004). Similarly, gender differences has been perceived as a factor that could influence choice of coping responses. Empirical evidence has suggested differences in coping responses and skills between men and women (Seguin & Roberts, 2015), indicating that when dealing with stressors from the environment, men are more likely to resort to the problem-focused coping strategies, such as planning and constructive thinking, compared to the women who would prefer the emotional support-focused approach.

Statement of the Problem

The past two decades have witnessed an unprecedented upsurge of displacement statistics, mostly occasioned by natural disasters and violent conflicts. Several millions of people across the globe have suffered a great deal of loss of their homes, means of livelihood and network of relationships to mention a few. The psychological consequences cum adjustment problems that arise from such negative experiences are enormous and far-reaching. To cope with the trauma and pains of forceful displacement is to say the least perhaps one of the major sources of mental illness and behaviour maladaptiveness. The psychological problems experienced by displaced persons, particularly the unaccompanied and vulnerable people amongst them can only be imagined. The problems range from depression, social and other forms of anxiety to substance abuse. The inability of IDPs to manage their emotional outbursts could also pose a grave challenge to their coping responses. To this effect the study investigate the role of emotional intelligence in relation to the coping measures adopted by the IDPs. Also, it is believed that gender differences could be a factor to consider in terms of the effectiveness of coping measures employed. To this end therefore the study aimed at establishing whether or not there exists a relationship amongst the variables of interest in order to determine the suitability of preferred coping responses in the population of study.

Research Objectives

The broad objective of this study was to determine whether factors such as emotional intelligence and gender could predict various coping measures employed by displaced persons. Specifically, the study:

1. Investigated emotional intelligence as a predictor variable of coping measures among displaced persons
2. Investigated gender differences as a predictor of coping measures among displaced persons.

Literature Review

McKinley (2014) found that positive emotional intelligence is a strong predictor of better psychological adjustment than high self-esteem whereas negative or low emotional intelligence is significantly related to depression, harmful and distressing behaviors. Studies have shown that sad mood can be attributed to low level of EI (Weng, 2008). It has also been found that people with high emotional intelligence have ability to mend their pessimist thinking and mood state (Leppanen & Nelson, 2009). EI is related to other mental health variables and is significantly correlated to higher levels of self-esteem and positive mood among individuals (Oginska-bulik, 2005). Shah and Thingujam (2008) examined coping response in relation to emotional intelligence.

The sample comprised of 197 students, between the age of 18 and 25 years. Participants completed self-reported measures of emotional intelligence and ways of coping. It was found that appraisal of emotions in itself was positively correlated with plan-full problem solving and positive reappraisal coping styles. Appraisal of emotions in others was positively correlated with plan-full problem solving and positive reappraisal. Emotional regulation of the self was positively correlated with plan-full problem solving, confronting coping, self-controlling, positive reappraisal and with distancing, but negatively correlated with escape avoidance. No gender differences were found in perceived emotional intelligence and ways of coping except for self-control, where males reported higher than females. McLafferty, Mallet & McCauley (2012) found that University life can be stressful. In their Research it was discovered that higher rates of resilience or emotional intelligence facilitate coping in academic settings.

Age and gender differences in coping have been noted but results are inconsistent. Moreover, the main aim of the study was to investigate if resilience, emotional intelligence, age and gender, predicted successful coping among students at the University of Ulster, Northern Ireland. An opportunity sample of 117 social work undergraduate students completed self-report questionnaires. Regression analyses revealed that resilience, emotional intelligence and age were all significant unique predictors of coping, while gender was not. The study found that mature students coped better, with resilience being the best predictor. Such findings are of benefit to those involved in education, in that they may identify ways in which to help students cope better with university life and in their future careers. Also, Mayer and Cobb (2005) reported that those who challenge situations, and aim at the purpose of actions are steady in performing tasks, and have higher emotional intelligence.

In a study, Shukla and Serivatava (2016) examined the existence of EI differences in the demographic, social anxiety and job stress relationship and effect of trait EI on the relationship of socio-demographic variable with job stress on Indian sample. The most significant finding in this study is the strong relationship among trait EI, job stress and socio-demographic variable. Firstly, findings corroborated gender differences in trait EI. In line with other studies, women scored higher than men in EI. Even age, education, annual income, and work experience found significant positive relationship with EI. Whereas, with respect to relationship between gender and job stress, it is found that there is gender difference in handling job stress. Male employees scored higher job stress as compared to female employees. In other words, female employees are more efficient in handling job stress in retail organization, due to higher level of EI ($TEI = .372, p < .01$). The result also revealed that there is significant negative but moderate relationship between age, annual income and work experience and EI. Several evidence exist to suggest that Emotional intelligence may influence the choice of coping methods that individuals make under stressful or anxious circumstances (Baker & Berenbaum, 2007).

Although emotional intelligence has emerged as another critical individual variable that may protect people against stress and anxiety, to date few studies have analysed this issue. Stella and Donald (2018) examined the roles of emotional intelligence as buffer to stress or anxiety, family support, and gender on job demands among employees of selected healthcare organizations. Multiple regression analysis was used to statistically analyse the results. The total number of participants who volunteered for the study were (113) for the health care employees. The participants of the study were selected using convenient sampling technique. Family support was measured using the Family Support Scale (FSS). Emotional intelligence was measured using the Schutte Emotional Intelligence Scale (SEIS) and

Job demand was measured using the Job-Demands Scale developed by Jackson and Rothman (2005). The result revealed that perceived organizational supports shows inverse relationship on job demand. ($\beta = -.30$, $p < .01$). Family support did not show significant results ($\beta = -.10$, $p > .01$). Emotional intelligence also does not predict stressful job demand ($\beta = -.70$, $p > .01$). The regression analysis showed an interaction of all study variables (perceived organizational support, family support and emotional intelligence and job demand) indicating that the joint pull of all study variables predicted job demands [$F(3,277) = 16.23$, $p < .01$].

Hypotheses

1. Emotional intelligence will significantly predict religious coping measures among displaced persons
2. Emotional intelligence will significantly predict emotional support coping measures among displaced persons.
3. Gender will significantly predict religious coping measures among displaced persons
4. Gender will significantly predict emotional support coping measures among displaced persons.

Method

Sample and Sampling techniques

Simple random sampling technique was used to select 300 IDPs (150 males and 150 females) from the population of two IDP's camps. The participants were within the age range of 20 – 60 years and a mean age of 40. The sample included IDPs who have spent at least six (6) months in the displacement camps. The study employed purposive sampling technique to select two Internally Displaced Persons (IDPs) Camps, out of four government recognized displaced persons' camps situated in the Federal Capital Territory (FCT), Abuja. The Area 1 IDPs camp with a population of 1500 and the New Kuchingoro IDPs camp with a population of 1200 IDPs respectively were chosen for the study.

Instruments

Two data collection instruments were used: (i) The Brief COPE Inventory and (ii) The Schutte Self-report Emotional Intelligence Test (SSEIT). All the instruments for the study were revalidated using samples from the Nigerian IDPs population. The introductory components of the instruments contained section requesting respondents to fill in their demographic information including their age and gender categories.

Procedure

Permissions were sought and obtained from the respective Camp Directors for the participants to be accessed and for the study to be undertaken in the selected IDPs' camps. Informed consent was gotten from the participants before proceeding with administration of the scales. The researcher administered the two questionnaires which measured emotional support coping and religious coping respectively. The instruments were simultaneously administered for easy retrieval and identification. Each participant got two questionnaires to fill and return back to the researcher. No time limit was given for completing the questionnaires, however, the instruments were retrieved same day.

Design/Statistics

The study adopted a cross-sectional survey research design. The design accommodated the use of primary data collection instruments (questionnaires). Coping responses was the dependent variable in the study, while emotional intelligence and gender were the independent variables. Multiple regression analysis was employed to test the hypotheses for the study. The statistics is appropriate for testing data from large sample size and could be used to test the significance of the relationship between variables.

Results

Table 1: Summary of Hierarchical Multiple Regression Analyses Adapting with Religion on Emotional Intelligence and Gender.

Predictors	Step 1 β	Step 2 β
Step 1		
Gender	.470*	.474*
Step 2		
Emotional Intelligence		.052
F	84.499*	1.039
R ²	.221*	.225
ΔR ²	.221*	.003
Df	1,298	1,296
Dublin Watson	1.66	

In the first hypothesis, emotional intelligence was regressed into the model at the second step with it only explaining 0.3% of the variations in religious coping scores of IDPs. The results showed that emotional intelligence does not significantly predict religious coping among IDPs ($\beta = .052$, $p > .05$, $t = .454$). Therefore, the first hypothesis was rejected.

However, in the second hypothesis, gender which was first regressed into the model as a control variable explained 22.1% of the variations in religious coping scores of IDPs. The results showed that male IDPs (dummy coded as 1) were higher in religious coping scores than their female counterparts ($\beta = .47$, $p < .05$, $t = 9.19$). Therefore, the second hypothesis was accepted.

Table 2: Summary of Hierarchical Multiple Regression Analyses for Emotional Support coping strategy on Emotional Intelligence and Gender.

Predictors	Step1 β	Step 2 β
Step 1		
Gender	-.464*	-.464*
Step 2		
Emotional Intelligence		.127*
F	81.548*	6.190*
R ²	.215*	.236*
ΔR ²	.215*	.016
Df	1,298	1,296
Dublin Watson	1.76	

In the third hypothesis, emotional intelligence was regressed into the model at the second step with it explaining only 1.6% of the variations in emotional support coping scores of IDPs. The results showed that emotional intelligence significantly inversely predicted emotional support coping among IDPs ($\beta = .127$, $p < .05$, $t = -2.49$) implying that high emotional intelligence results to low emotional support coping. Therefore, the third hypothesis was accepted.

Similarly, in the fourth hypothesis, gender which was first regressed into the model as a control variable explained 21.5% of the variations in emotional support coping scores of IDPs. The results showed that female IDPs (dummy coded as 0) were higher in emotional support coping scores than their male counterparts ($\beta = -.46$, $p < .05$, $t = -9.03$). Therefore, the fourth hypothesis was accepted.

Discussion

The results of this study indicated that emotional intelligence is not a predictor of religious coping responses among Displaced Persons. The first hypothesis which stated that emotional intelligence will significantly predict religious coping responses among Internally Displaced Persons (IDPs) was rejected. In the first hypothesis, emotional intelligence was regressed into the model at the third step with it explaining only 0.3% of the variations in religious coping scores of IDPs. The results showed that emotional intelligence does not significantly predict religious coping among IDPs ($\beta = .052$, $p > .05$, $t = .454$). The overall model of the three step hierarchical regression analysis was significant for emotional Intelligence [$R^2 = .003$, $F(1, 296) = 26.71$, $p < .05$]. The finding is in contrast with the claim of Mclafferty, Mallet and McCauley (2012) that resilience, emotional intelligence and age were all significant unique predictors of coping responses.

Also, Kim and Agrusa (2010) investigated the relationship between emotional intelligence (EI) and three coping styles using an adult, hospitality industry population. The hierarchical regression indicated that emotional intelligence was by far the most dominant predictor of task coping among all selected explanatory variables. Emotional intelligence has proved to be a protective factor against stress. IDPs with high emotional intelligence tend to seek active or problem-focused coping strategies instead of reactive coping responses such as relying on religion. The researcher thinks that the reason for this result may be because emotional intelligence tend to serve as a buffer for stress or anxiety and guides the IDPs against being superstitious or adopting externally influenced choice of actions. Rather, IDPs who have high emotional intelligence instead of seeking religious solace, tend to take the responsibilities of finding the remote cause to their problems and evolving a realistic way of cognitively solving their problems.

In the second hypothesis, which stated that there will be a significant gender differences in religious coping responses among Internally Displaced Persons (IDPs), gender which was first regressed into the model as a control variable explained 22.1% of the variations in religious coping scores of IDPs. The results of multiple regression analyses showed that male IDPs were higher in religious coping scores than their female counterparts ($\beta = .47$, $p < .05$, $t = 9.19$). Therefore, the second hypothesis is accepted. The overall model of the three-step hierarchical regression analysis was significant for gender [$R^2 = .221$, $F(1, 298) = 84.50$, $p < .05$].

The results is consistent with the claim of Shah and Thingujam (2008) who found no gender differences in perceived emotional intelligence and ways of coping except for self-control, where males reported higher than females. In contradiction however, Orrin (2008) in an investigation on the comparison of everyday stressful factors and the approaches to coping with them among the male and female university students found that the average frequency and unpleasantness of the everyday stressful factors and the approaches to coping with them displayed no significant difference between the males and females. The researcher believes that ethnicity and religious affiliation contributed to the reason why male IDPs would prefer religious coping responses compared to the females. This is so because most of the IDPs are from the northern part of Nigeria and largely dominated by Islamic religious practice. A major tenet of the Islamic religious practice compel them to first and foremost put their fate in their "Creator" before anything else. Males are also required to fend for their females who are supposedly equally required by the Islamic doctrine to be less-exposed and visible, but to depend on their husbands to provide their needs.

Furthermore, the findings of this study indicate that emotional intelligence significantly predicts emotional support coping responses. In the third hypothesis, which stated that emotional intelligence will significantly predict emotional coping responses among Internally Displaced Persons, emotional intelligence was regressed into the model at the third step with it explaining only 1.6% of the variations in emotional support coping scores of IDPs. The results showed that emotional intelligence significantly inversely predicted emotional support coping among IDPs ($\beta = .127$, $p < .05$, $t = -2.49$) implying that high emotional intelligence results to low emotional support coping. Therefore, the eight hypothesis is accepted. The overall model of the three step hierarchical regression analysis

was significant for emotional intelligence [$R^2=.003$, $F(1, 296) = 30.43$, $p<.05$]. This finding is consistent with the claim of Mclafferty, Mallet and McCauley (2012) that resilience, emotional intelligence and age were all significant unique predictors of coping responses (Lizzeretti, Costa and Gimeon-Beyon, 2014 in a study to analyse the possible relationship between Emotional Intelligence (EI) and Personality Disorders in outpatients suffering from Anxiety Disorder).

The main findings indicate that 89.4% of the patients in the sample met the criteria for the diagnosis of some Personality disorder. The findings also confirm that patients with anxiety disorders present a low EI, especially because of difficulties in the skills of emotional comprehension and regulation, and the lack of these skills is related to a higher level of anxiety and the presence of Personality disorder. These findings suggested the need to consider emotional skills of emotional intelligence and personality as central elements for the diagnosis and treatment of Anxiety Disorder. Also, Kim and Agrusa (2010) investigated the relationship between emotional intelligence (EI) and three coping styles including emotional support coping, using an adult, hospitality industry population.

The hierarchical regression indicated that emotional intelligence was by far the most dominant predictor of task coping among all selected explanatory variables. This also agrees with the findings of Baker and Berenbaum (2007) that emotional intelligence may influence the choice of coping methods that individuals employ under stressful or anxious circumstances. The researcher thinks that the reason why the analysis showed strong relationships between emotional intelligence and emotional coping responses is because, as expected IDPs who are weak in managing their emotional outbursts tend to seek emotional support from significant others to make up for their shortcomings. The analysis indicated an inverse relationship between the two variables, which implies that the higher emotional intelligence, the lower the tendency to seek emotional support and vice-versa.

Similarly, the results of multiple regression analyses to test the fourth hypothesis, which stated that there will be a significant gender differences in emotional support coping responses among IDPs showed that gender which was first regressed into the model as a control variable explained 21.5% of the variations in emotional support coping scores of IDPs. The results showed that female IDPs were higher in emotional support coping scores than their male counterparts ($\beta = -.46$, $p < .05$, $t = -9.03$). Therefore, the fourth hypothesis was accepted. The results further indicate that the overall model of the three step hierarchical regression analysis was significant for gender [$R^2 = .221$, $F(1, 298) = 81.55$, $p < .05$]. This finding is consistent with Kelly, Tyrka and Carpenter (2010) who examined sex differences in the use of coping strategies and their relationship to depression and anxiety-related psychopathology. The study found sex differences in the use of emotional coping measures and their association with depression and anxiety-related problems.

In another study, Panayitou, Karekla and Leonidou (2015) examined the hypothesis that gender differences in coping, with women relying more on specific types of avoidance, may in part explain women's anxiety risk. In contrast Ozoji, Ugodulunwa and Bahago (2007) investigated coping strategies, anxiety, gender and achievement of students in college science in North East, Nigeria. The findings of the study showed significant correlations among coping strategies including emotional support coping, anxiety and achievement scores of students in college science. Also, significant gender differences were not found between males and females. The researcher believes that the reason for the disparity in emotional support coping between male and female IDPs as shown in the analyses is because females tend to display more emotional reactions than their male counterparts. Culturally, most women solicit and elicit emotional support easily and with pride, but men often would prefer to handle their emotional concerns themselves to seeking support for fear of not being perceived as weak. From the analyses, also, female IDPs tend to employ more emotional support coping responses and same is true when it comes to high emotional intelligence, the females recorded more strength than males. The researcher thinks that the reason for this may be because the female IDPs, rather than suppress negative feelings of anger, frustration or emotional distress, would resort to emotional outbursts which naturally attract attention, care or support from significant others around them.

Conclusion/Recommendations

One thing that the IDPs share in common is “loss”. The devastating psychological effects of loss of family, relationships, means of livelihood, social status and even self-identity is enormous. Yet, there seems to be no known, ideal protective or coping measures for IDPs who are mentally and emotionally traumatized by their loss. This study comes handy, particularly for counsellors and clinical psychologists who may be concerned about the suitability of recommended coping measures for their clients in the IDPs camps.

The study recommends that therapist should be gender sensitive when handling IDPs with low emotional intelligence and religion should be considered a significant factor for male IDPs. The study leaves clues on appropriate coping strategies, like high emotional intelligence and emotional support, with less harmful consequences. Policy makers and legislators will find this study useful, especially in drafting a national policy on internal displacement. Findings of this study will guide the policy makers to include periodic psychological assessment and to, as a matter of policy, make provisions for short, medium and long term treatment or therapeutic plans as it relates to the welfare of IDPs.

References

- Adams, P. (2003). The relationship of perceived social support to substance use in offspring of alcoholics. *Journal of Addictive Behaviors*, 26(3):363–374.
- Agha, M., Sha'rbaf and Pajakhzade, I. (2002). Coping strategies and its relationship with stress. *Journal of Dental and Medical Sciences, Volume 12*, 86-92.
- Akwash, F. (2014). *Stress: The Academicians and the Ordinary Minds Perspectives*. Jos: Jos University Press.
- Askari, J., Hassanbeigi, A., Pourvahed, D. (2013). The rate of various psychological stressors, perceived mental strain due to these stressors, and coping strategies in opium addicts compared to normal individuals, *Procedia Social and Behavioral Sciences*, 30, 654 -661.
- Azubuikwe, P., Oni, G., and Dirisu, K. (2012). Psychosocial correlates of alcohol, tobacco and cannabis use amongst secondary school students in Ilorin, Nigeria. *West African Journal of Medicine*, 13:213–7.
- Baker, J., P., and Berenbaum, H. (2007). Emotional approach and problem-focused Coping. *Psychological Bulletin*, 111, 112-130.
- Bar-On, R. (1997). *Bar-On Emotional Quotient Inventory (EQ-i): A test of emotional intelligence*. Toronto, Canada: Multi-Health Systems.
- Bar-On, R. (2000). Emotional and social intelligence: Insights from the Emotional Quotient Inventory. In R. Bar-On & J. D. A. Parker (Eds.), *The handbook of emotional Intelligence* (pp. 363-388). San Francisco: Jossey-Bass.
- Bar-on, R. (2010). Emotional Intelligence: An Integral Part of Positive Psychology: *South African Journal of Psychology*, 31(3) 483- 511.
- Bar-On, R., and Parker, J. D. A. (2000). *The handbook of emotional Intelligence* (pp. 363-388). San Francisco: Jossey-Bass.
- Blazer, D., and Hughes, A. (1991). The Bioecological Model of Human Development. In R. M. Lerner (Ed.), *Handbook of Child Psychology: Theoretical Model of Human development* (6th ed., Vol. 1, pp. 793-828). New Jersey: John Wiley & Sons, Inc.
- Bolton, T., Robinson, J., and Sareen, E. (2011). Treating Substance Abuse in Schizophrenia: An initial report. *Journal of Substance Abuse Treatment*, 20, 163–175.
- Brackett, M., A., Mayer, J. D., & Warner, R. M. (2004). Emotional intelligence and its relation to everyday behavior. *Journal of Personality and Individual Differences*, 36, 1387-1402.
- Brayant, C., Jackson, H., and Ames, D. (2008). The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *Journal of Affective Disorders*, 109: 233-250.
- Carver, C., and Vargas, S. (2011). *Stress, Coping and Health: The Oxford Handbook of Health Psychology*, Oxford.

- Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology* (61), 679-704.
- Carver, C., S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioural Medicine*, 4: 92-100.
- Carver, C., Scheier, F., and Weintraub, K. (1989). Assessing coping strategies: a Theoretically based approach. *Journal of Personality and Social Psychology*. 1989; 56(2):267-283.
- Chan, Y., F., Dennis, M., L., and Funk, R. (2006). Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing, and substance use disorders and crime/violence problems among adolescents and adults. *American Journal on Addictions*, 15, 80-91.
- Chapman, B. P., and Hayslip, B., (2006). Emotional intelligence in young and middle adulthood: Cross-sectional analysis of latent structure and means. *Psychology and Aging*, 21(2), 411-418.
- Chiva, R., and Alerge, J. (2008). Emotional intelligence and job satisfaction: The role of organizational learning capability. *Personnel Review* 37(6).
- Cobb, E. (2005). New paradigms for assessing emotional intelligence: Theory and data. *Journal of Emotion*, 8, 540-551.
- Cohen, H. (2002). Prevalence of post-traumatic stress disorder in fibromyalgia patients: overlapping syndromes or post-traumatic fibromyalgia syndrome. *Semin Arthritis Rheum*, 32(1):38-50.
- Compas, B., Desjardins, L., Vannatta, K., Young-Saleme, T., Rodriguez, E., Dunn, M. et.al. 2014). Children and adolescents coping with cancer: self- and parent reports of coping and anxiety/depression. *Journal of Health Psychology*. 33(8):853-61.
- Currie, H., L. (2012). On inhibition/disinhibition in developmental psychopathology: Views from cognitive and personality psychology and a working inhibition taxonomy. *Psychological Bulletin*; 126(2):220-246.
- Dada, M., F. (2006). Problems, counselling needs and coping strategies of African Refugees in Nigeria. A Ph.D Thesis submitted to the Department of Guidance and Counseling, University of Illorin, Illorin.
- Das, R. (2011). Emotional intelligence and gender differences. *Sarhad Journal of Agriculture*, 25(1), 127-130.
- David, L., Alonso, P., and Viswesvaran, C. (2005). An Evaluation of Construct Validity: What Is This Thing Called Emotional Intelligence? *Human Performance* 18(4):445-462.
- Degenhardt, F., Chiu, P., Sampson, C., Kessler, N., Anthony, Angermeyer, V. (2008). Gender difference in predicting high-risk drinking among undergraduate students. *Journal of Drug Education*, 35: 79-94.
- Duncan, B., Christopher, A., and Jack, C. (2008). Major depression associated with Earlier alcohol relapse in treated teens with AUD. *Journal of Addictive behaviors*, 26, 255-76.
- Felsten, G. (2007). Gender and coping: Use of distinct strategies and associations with stress and depression. *Journal of Anxiety, Stress, & Coping*: 11(4), 289-309.
- Folkman, S., and Lazarus, S. (1984). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*. 54:466-75.
- Fournier, G. (2002). Epidemiology and comorbidity of anxiety disorders in the elderly. *American Journal of Psychiatry*, 151, 640-649.
- Goddy, M., and Courage, K. (2004). Appraisals cause experienced emotions: Experimental evidence. *Journal of Cognition and Emotion*, 18, 1-28.
- Gonclaves, S., Pachana, B., and Bryn, A. (2011). Relapse crises and coping among di-eters. *Journal of Consulting and Clinical Psychology*, 57(4), 488-495.
- Gowdhaman, K., and Murugan, M. (2009). Emotional intelligence among the B.Ed. teacher trainees. *Handbook of Education*, Baston, Inc.
- Gustavo, H., and Lissa, T. (2005). Co-occurrence of anxiety and bipolar disorders: Clinical and therapeutic overview. *Journal of Depression and Anxiety* 31(3).
- Hargie, A., G., Saunders, S., A., & Dickson, J. C. (1995). Affective social competence. *Social Development*, 10, 79-119.

- Harrod, N., R. & Scheer, D., S. (2005). An exploration of adolescent emotional intelligence in relation to demographic characteristics. *Adolescence*, 40, 503-512.
- Hill, N., Bromell, L., Tyson, F., and Flint, R. (2007). Developmental commentary: Ecological perspectives on parental influences during adolescence. *Journal of Clinical Child and Adolescent Psychology*, 36(3):367-77.
- Hoven, W. (2010). Comorbidity of mental disorders with substance misuse. *The British Journal of Psychiatry*, 171:4-5.
- Hunt, D. (2002). Parent-re-ported predictors of adolescent panic attacks. *Journal of American Academy Child and Adolescent Psychiatry*, 43:613-620.
- Husain, H. (2005). Somatic complaints in children with anxiety disorders and their unique prediction of poorer academic performance. *Child Psychiatry and Human Development*, 110.
- Internal Displacement Monitoring Center (2017). Global report on Internal Displacement. Norwegian Refugee Council.
- International Organization for Migration, (2019). How 59, 000 People are Displaced in three Months in Northeastern Nigeria: ILO, Geneva
- Jackson, L., T. and Rothman, S. (2005). Work-related wellbeing of educators in a district of the North West Province, *Perspectives in Education*, 2, (3), 107-122.
- Jacques, E., T. (2009). The Relationships between Emotional Intelligence and the Academic Performance and Selection of a Major of College Students. Retrieved July 13, 2010, from Pre-Quest database.
- Johnson, V., and Pandina, J. (2000). Alcohol problems among a community sample: Longitudinal influences of stress, coping, and gender. *Substance Use & Misuse*, 35:669-686.
- Johnston, L., O'Malley P., Bachman, J., and Schulenberg, J. (2006). monitoring the Future national `results on adolescent drug use: overview of key findings. Institute for social research, University of Michigan.
- Kafetsios, K. (2004). Attachment and emotional intelligence abilities across the life course. *Personality and Individual Differences*, 37(1), 129-145.
- Kahn, R. Wise, H., Kennedy, P., and Kawachi, I. (2000). State income inequality, household income, and maternal mental and physical health: cross sectional national survey: *Behavior and Medicine Journal*. 72(7), 131-152.
- Kamarzarrin, Khaledian, A., Shooshtari, and Tosang (2013). Emotional Intelligence: *Annual Review of Organizational Psychology and Organizational Behavior*, Vol. 1:459-488.
- Kandel, S. (2000). Etiologic connections among substance dependence, antisocial behavior, and personality: Modeling the externalizing spectrum. *Journal of Abnormal Psychology*, 111(3):411-424.
- Kennedy, F. (2013). Trauma exposure, posttraumatic stress, and psychiatric comorbidity in female juvenile offenders. *Journal of the American Academy of Child & Adolescent Psychiatry*. 44:798-806.
- Kenneth, C., Piquart, M., and Gamble, D. (2016). Meta-analysis of depression and substance use and impairment among cocaine users. *Journal of Drug and Alcohol Dependence* 98 (2):13-23.
- Kluwer, S. (2016). Cognitive-behavioural coping approach: an effective strategy to preventing psychopathology in Hispanic Youth. *Acta Psychopathological*, 4(1), 1-10.
- Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.
- Legerstee, D., Garnefski, F., Jellesma, A., Verhulst and Utens, I. (2010). Recovery challenges among dually diagnosed individuals. *Journal of Substance Abuse Treatment*, 18(4), 321-329.
- Leppä`nen, J., M., and Nelson, C., A. (2009). Tuning the developing brain to social signals of emotions. *Nature Reviews Neuroscience*, 10, 37-47.
- Lewis, G., Byrd, A., and Ollendick, S. (2012). Implications of mental and substance use disorders: A comparison of single and dual diagnosis patients. *Journal of Nervous and Mental Disease*, 181(6), 365-370.

- Li, W., & Jackson, K. (2016). Aging and mental health in Australia. In: Li WW, Cummings, S., Ponnuswami, I., et al., editors. (eds) *Aging and Mental Health: Global Perspectives*. New York: Nova Science Publishers, 13–32.
- Lieb, R. (2005). Parental major depression and the risk of depression and other mental disorders in offspring: a prospective-longitudinal community study. *Archives of General Psychiatry*, 59(4), 365–74.
- Lizzeretti, P., Costa, M., and Gimeon-Beyon, A. (2014). Emotional Intelligence and Personality in Anxiety Disorders. *Advances in Psychiatry*, Vol. 7.
- Lloyd, T. (2004). Gender differences in extraversion, neuroticism, and psychoticism in 37 nations. *Journal of Social Psychology*. 137:369–373.
- Lopes, P. N., Salovey, P., and Straus, R. (2003). Emotional intelligence, personality, and the perceived quality of social relationships. *Personality and Individual Differences*, 35, 641–658.
- Magi, A. (2004). Competence in emotional intelligence: Insights from the Emotional Competence Inventory (ECI). *Handbook of emotional intelligence*, 343–362.
- Martins, A., Ramalho, N., and Morin, E. (2010). A comprehensive meta-analysis of the relationship between Emotional Intelligence and health. *Handbook of emotional intelligence*, 234–245.
- Matud, M., P. (2004). Gender Differences in Stress and Coping Styles: Personality and Individual Differences, 37, 1401–1415.
- Mayer, D. (2004). Emotional Intelligence: New Ability or Eclectic Traits?: *American Psychologist*, 63(6): 103–17.
- Mayer, D. and Salovey, J. (2008). Human abilities: emotional intelligence: *Annual Review of Psychology*, 59:507–36.
- Mayer, D., Salovey, J., and Caruso, P. (2008). Emotional Intelligence: Theory, Findings, and Implications: *An International Journal for the advancement of psychological theories Vol.15(3)*.
- Mayer, J., D., and Salovey, P. (1997). What is emotional intelligence? In P. Salovey & Sluyter, D. (Eds.). *Emotional development and emotional intelligence: Implications for educators* (pp.3– 31). New York, NY: Basic Books.
- Mayer, J., D., Salovey, P., and Caruso, D., R. (2002). Emotional Intelligence meets traditional Standards for Intelligence: *journal of Emotions and Intelligence*, (27) 267–298.
- Mayer, J., D., Salovey, P. and Caruso, D., R. (1999). Measuring emotional intelligence with the MSCEIT V2.0. *Emotion*, 3, 97–105.
- McKinley, S., K. (2014). *The Emotional Intelligence of Resident Physicians*. Doctoral dissertation, Harvard Medical School.
- Mclafferty, T., Mallet, J., and McCauley, D. (2012). *Coping at university: The role of resilience, emotional Intelligence, age and gender*. Cambridge, MA: MIT Press.
- Measelle, J., R., Slice, E., and Hogansen, J., M. (2006). Developmental trajectories of co-occurring depressive, eating, antisocial and substance abuse problems in female adolescents. *Journal of Abnormal Psychology*, 115, 524–538.
- Merki, B. (1993). *Teen Health, Decision for Healthy Living*. New York: McGraw-Hill.
- Merki, O. (1993). Cigarette consumption and socio-economic circumstances in adolescence as predictors of adult smoking. *Journal of Addiction*, 98:1765–1772.
- Mitchell, D. (2011). Treatment and outcomes of older patients with alcohol use disorders in community residential programs. *Journal of Studies on Drug use*, 6(2), 41–52.
- Mohanty, I. and Uma -Devi, L. (2010). *Socio-personal variables and emotional Intelligence of adolescents in secure attachment style*. NJ: Boston
- Morales, L. and Jacobson, J., J. (2018). Relationship of Coping Responses and Anxiety Symptoms in young adults. *Journal of Developmental Psychology*, 50:1179–1189.
- Nasar, R. and Nasar, Z. (2008) Emotional Intelligence and Creativity. *Indian Psychological Review*, 71, 251–254.
- Nasrabadi, L. (2004). Facial appearance, gender, and emotion expression. *Journal of Emotion and Expression*, 4(4):378–88.

- National Commission for the protection of Human subjects of Biomedical and Behavioral Research (1979). *The Belmont Report: ethical principles and guidelines for protection of Human subjects of biomedical and behavioural research*. Boston.
- Newman, A., and Caspi, J. (2009). Assessing older adults with generalized anxiety: A replication and extension. *Behaviour Research and Therapy*, 39, 221–235.
- News Agency of Nigeria (June 18, 2016). Nigeria has 4.4m Internally Displaced Persons Commission. Available at <http://www.nannewsngr.com>. Assessed on 3rd, February, 2016
- Nnabuife, E., J., Chukwuemeka, O., Chinwendu, P., Ephraim, D., and Ikechukwu, E. (2018). The Relationship between Self-esteem and Emotional Intelligence among Undergraduate Medical Students of Imo State, Owerri. *International Journal of Brain and Cognitive Sciences* 7(1): 1-8.
- Nte, D. (2008). Hallucinogens Pharmacology & Therapeutics. *American Journal of Psychiatry*, 101, (2), 129-133.
- Oginska, N. (2005). Emotional intelligence in the workplace: exploring its effects on occupational stress and health outcomes in human service workers. *International Journal of Occupation Medicine, Environ Health*. 18(2):167-75.
- Olalekan, T., and Abdulkarim, I. (2014). Depression and Paranoid Ideation as Correlates of Substance Abuse among Nigerian Military Personnel Deployed for United Nations Peace Support Operation. *Global Journal of Human-Social Science*: 14(3).
- Orrin, N. (2008). The feability of Bar-On's Emotional Quotient Inventory Short Form: Catch me if you can. *Human Performance*, 20, 43–59.
- Oshikoya, K., A. (2006). Perception of Drug Abuse amongst Nigerian Undergraduates. *World Journal of Medical Sciences* 1 (2): 133-139.
- Ozaji, B., E., Ugodulunwa, C., A., and Bahago, B., A., (2007). Internal displacement, mental health and science, technology and mathematics education delivery: Implications for sustainable national development. A paper presented at the Nigerian Psychology Association regional conference held at University of Jos, Nigeria, from 10th-13th September.
- Panayitou, G., Karekla, M., Leonidou, C. (2015). Coping through avoidance and Gender disparities in Anxiety. *Journal of Contextual Behavioural Science*, 6(2), 215-220.
- Pence, W., Thielman, M. and Mugavero, J. (2008). Coping strategies and patterns of alcohol and drug use among HIV-infected patients in the United States Southeast. *AIDS Patients Care STDS*, (11):869-77.
- Porter, M. and Haslam, N. (2005). Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. *Journal of American Medical Association*, 294(5); 602-12
- Regier, D., A. (2009). The epidemiology of anxiety disorders: The Epidemiologic Catchment Area (ECA) experience. *Journal of Psychiatric Research*. 24(2): 3–14.
- Rickels, K., and Schweizer, F. (2004). Pregabalin for treatment of generalized anxiety disorder: a 4-week, multicenter, double-blind, placebo-controlled trial of pregabalin *Archive of General Psychiatry*, 62(9), 1022-1030.
- Robertson, G. (2003). Treating paternal drug abuse using Learning Sobriety Together: Effects on adolescents versus children. *Journal of Drug and Alcohol Dependence*, 92(1–3):228–238.
- Rooy, D., L., Alonso, A., and Viswesvaran, C. (2005). Group differences in emotional intelligence scores: Theoretical and practical implications. *Personality and Individual Differences*, 38,689-700.
- Salovey, P. and Mayer, J., D. (1990). Emotional intelligence. *Journal of Imagination, Cognition, and Personality*, 9, 185-211.
- Salovey, P., and Mayer, J., M. (1990). Coping intelligently: emotional intelligence and the coping process. In C. R. Snder (Ed), *Coping: The Psychology of what works*. Oxford: Oxford University Press.
- Schoevers, S. (2003). Comorbidity of chronic diseases in general practice. *Journal of Clinical Epidemiology* 46:469–73.

- Schutte, N., S., Malouff, J., Hall, L., Hggerty, D., Cooper, J., Golden, C., and Dornheim (1998). Development and validation of a measure of emotional intelligence. *Journal of personality and individual differences*, 25: 167-177.
- Schuermans, J. (2005). The outcome of anxiety disorders in older people at 6-year follow-up: Results from the Longitudinal Aging Study Amsterdam. *Acta Psychiatrica Scandinavica*, 111: 420-428.
- Seamon, C. (2003). Self-Esteem, Sex differences, and Self-Disclosure: A Study of the Closeness Relationships: The Osprey Journal of ideas and inquiry; All Volumes (2001-2008). 99. Available on http://www.digitalcommons.unf.edu/oji_volumes/99.
- Seguin and Roberts, S. (2015). Gender differences in how men and women who are referred for IVF cope with infertility stress: *Journal of Human Reproduction*; 21(19):2443-9.
- Seguin, M and Robert (2015). Resource loss and coping strategies used by internally displaced women in Georgia: A qualitative study. PhD thesis, London School of Hygiene & Tropical Medicine. DOI: <https://doi.org/10>.
- Shah, M. and Thingujam, N., S. (2008). Perceived emotional intelligence and ways of coping among students. *Journal of the Indian Academy of Applied Psychology*, 34(1): 83-91.
- Spielberger, C., D., Gorsuch, R., Lushene, R. (1970). State-trait Anxiety Inventory Manual. Palo Alto: Consulting Psychologists press.
- Srivastava, K., B., and Bharamanaikar, S., R. (2004). Emotional intelligence and effective leadership behavior. *Psychological Studies*. 49(2-3), 107-113.
- Steel, Z., Chey, T., Silove, D., Marnane, Bryant and Ommeren (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *Journal of American Medical Association*, 302(5); 537-49.
- Stein, M., B. (2005). Well-being and life satisfaction in generalized anxiety disorder: Comparison to major depression disorder in a community sample. *Journal of Affective Disorder*, 79, 161-166.
- Stein, S., J., and Book, H. (2006). The EQ edge: Emotional Intelligence and your success. Canada: John Wiley & Sons.
- Stella, A., and Donald, D. (2018). Emotional Intelligence, Family Support and Gender as Predictors of Job Demand among Health Workers in Ondo State, Nigeria. *International Journal of Psychology and Behavioural Sciences*, 8(2): 31-37.
- Stella, B., and Donald, H. (2018). Achieving emotional literacy: A program to increase your emotional intelligence. New York, NY: Avon.
- Thorne, K., Andrews, J., and Nordstokke, D. (2013). Relations among Children's Coping Strategies and Anxiety: The Mediating Role of Coping Efficacy. *The Journal of General Psychology* 140(3):204-223.
- Tol, W., Barbui, Galappatti, A., Silove, Betancourt, Souza, et al. (2011). Research Priorities for Mental Health and Psychosocial Support in Humanitarian Settings. *Lancet*, 374; 1857 -1862.
- Tonmy, L., Shields, M. (2016). Childhood sexual abuse and substance abuse: A gender paradox? *Child Abuse and Negligence*, 63:284-294.
- Torpy, M., Janet, M., Burke, A., and Golub, M (2011). Generalized anxiety disorder. *Journal of American Medical Association*; 305(5):522.
- Vaccaro, D., and Wills, T., A. (2000). The role of life events, family support, and competence in adolescent substance use: A test of vulnerability and protective factors. *American Journal of Community Psychology*. 20(3):349-374.
- Verlag, K., M. (2017). Cognitive bias and drug craving in recreational cannabis users. *Drug and Alcohol Dependence*, 74(1), 105-111.
- Wagner, E., Mayer, M., and McInich, G. (2009). Positivity, coping style and tobacco and alcohol use in adolescence. *Electronic Journal of Research in Educational Psychology*, 11(2), 345-366.
- Wainwright, N., Surtees, P., LaFortune, L., Khaw, K., Brayne, D. (2010). Bridging the Gap between practice and research: Forging partnerships with community-based drug and alcohol treatment. Washington, DC: National Academy Press.
- Weng, H., C. (2008). Doctors' emotional intelligence and the patient-doctor relationship. *Journal of Medical Education* 42(7), 703-711.

- World Health Organization (2004). Guide to drug abuse epidemiology (an informal publication). WHO/MSD/003,1-25.
- Wills, T. A., Sandy, J. M., Yaeger, A. M., Cleary, S. D., & Shinar, O. (2001). Coping dimensions, life stress, and adolescent substance use: A latent growth analysis. *Journal of Abnormal Psychology, 110*(2), 309-323.
- Wills, T. A., Vaccaro, D., McNamara, G. & Hirky, A. E. (2006). Escalated Substance Use: A Longitudinal Grouping Analysis from Early to Middle Adolescence. *Journal of Abnormal Psychology, 105*: 166–180.
- Wills, T., Vaccaro, A. (2000). How are social support effects mediated? A test with parental support and adolescent substance use. *Journal of Personality and Social Psychology. 71*(5):937–952
- Windle, M., and Windle (2006). Coping strategies, stressful life events, problem behaviors, and depressed affect. *Journal of Anxiety, Stress and Coping, 19*(3):241-257.
- Wong, C., S., Wong and Law, K., S. (2005). The effects of leader and follower emotional intelligence on performance and attitude: An exploratory study. *The leadership quarterly, 13*(3), 243-274.
- Zomer, L., M. (2012). The Relationships among Emotional Intelligence, Gender, Coping Strategies, and Well-Being in the Management of Stress in Close Interpersonal Relationships and the Workplace. Unpublished doctoral dissertation, University of Toronto.
- Zuckerman, M., and Lubin, B. (1965). Manual for the Multiple Adjective Checklist. San Diego: EDITS publishers. Social Research Association (2003). Ethical guidelines. U.K.