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EMOTIONAL INTELLIGENCE AND CORONA-PHOBIA: THE MODERATING INFLUENCE OF AGE, FAMILY, GENDER

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Abstract: Applying emotional intelligence in daily activities is necessary for promoting positive relational and adaptive attitudes. This study explored emotional intelligence and corona-phobia and the moderating influence of age, family, gender. Four universities of which the researcher had contacts were purposively selected in the south-west region of Nigeria. The study employed a descriptive survey research design and a total of two hundred undergraduate and postgraduate respondents (one hundred and twentyone females and seventynine males) within the age range of twentyfive and forty participated in the study through the online monkey survey medium. The study adapted the Emotional Intelligence Scale (EIS) by Schutte, Malouff, Hall, Haggerty, Cooper, Golden and Dornheim; Brief Family Relationship Scale by Moos and Moos; and the Collett-Lester Fear of Death Scale by Lester for data collection. The four hypotheses raised were tested at 0.05 level of significance and data were analyzed using Pearson's Product Moment Correlation and multiple regression. The study revealed that emotional intelligence has a significant positive correlation on corona-phobia; it also confirmed the moderating influences of age and family on corona-phobia while gender was not a significant moderator. It was recommended that individuals should make deliberate efforts to build their skills on emotional intelligence as this facilitates individual coping ability with stress and its relatedness. Interventions for psychosocial preparedness were also suggested to reduce the negative impact that the outbreak of corona-phobia may have on individual mental health.
Keywords: Corona-phobia, Emotional intelligence, Family

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INTRODUCTION

Phobia is described as an anxiety disorder that presents extreme, exaggerated, irrational fear about a situation, place, creature or object which causes disorganization of an individual's life, such that heavoids the cause of thefear or anything that triggers it. This become necessary as even the thought of the source of the fear is strong enough to make the individual anxious with intense distress (Brazier, 2020). Brazier further pointed out that an individual with phobia will experience intense distress each time he encounters the source of phobia, thereby preventing him from normal functioning and sometimes leading to panic attacks. The American Psychiatric Association (APA, 2020) described it as a condition that serves as a protective purpose of the fight or flight response thereby creating feelings of imminent danger which alerts, the mind to respond quickly for self-protection. It is a persistent, an excessive, irrational and unreasonable fear of an object, activity or a situation which the victim tries to either avoid or endure with marked distress. In line with the above description of phobia, the association concluded that fear is a natural survival technique, which is important to be able to identify activities, events or situation that present threats to human survival, especially if such interferes and cause distress or discomfort with the individual's life experiences at play, work or any other interactive activities. In psychology, phobia is an overwhelming and debilitating fear of an object, place, situation, feeling or animal. Phobias are more pronounced than fears. They develop when a person has an exaggerated or unrealistic sense of danger about a situation or object.

The clinical postulation on phobia by APA (2020), suggested that the closer an individual is to the object, situation or activity of apprehensive sensation, the greater the panic state of fear especially if the individual is not able to get away from it with reactions coming in form of increased pulsation, heart palpitations, light-headedness, vomit/nausea, cold, dizziness, trembling, crying, clinginess, tantrum, panic and chokiness.

Wodele (2019), also confirmed that when an individual's source of phobia is encountered, it creates a deep sense of dread or panic. he differentiated phobia as being attached to specifics unlike other anxiety disoders which are non-specific. Wodele added that the impact of phobia can be severely disabling in some cases and may interfere with the individual's day-to-day activities at work, in school, as well as in personal relationships. He also discussed environmental factors and medical conditions as strong predictors that put

humans at risk of developing phobias in terms of paranoia, delusions, hallucinations, mental illnesses and irrationality.

Wodele further posited that phobia is a learned response picked up at a point or another in life. He believed that genetics can cause phobia and children who have a close relative with anxiety disorder are at risk of developing a phobia in distressing events. For example, such learned response picked up early in life might be due to an environment wherein parents with the manifestation of anxiety or worry can havean effect on the way a child deals with anxiety in later life. At some other times, negative activities like illness, bad health, temperament may trigger this fear reaction when some major life experiences occur. Fear and anxiety if uncontrolled or unconquered are bound to plung an individual deeper into pain, hardship, suffering, thereby rendering him incapable of freeing himself from the cold and brutal grips of the dangerous and treacherous coronavirus pandemic.

According to UK Research and Innovation (UKRI, 2020), Coronaviruses are a larger family of viruses transmitting between animals and humans that cause illnesses ranging from common cold to severe diseases such as Middle-East respiratory syndrome (MERS-CoV) and severe acute respiratory syndrome (SARS-CoV). Covid-19 is a novel virus with a new strain of coronavirus with CO standing for corona, VI for virus, D for disease. UKRI (2020) believed that although this virus causes mild illness in most people, it can make some people very fatally ill, especially older people living with underlining medical conditions, hence, it's being perceived and referred to as a pandemic due to the rapid increase in the number of cases in the number of countries it has spread to. However, Bender (2020) confirmed some checklists have been provided by health professionals to minimize and reduce the rate at which this virus spreads to include: vigorous scrubbing of hands with soap under running water; coughing or sneezing into a tissue; and ensuring waste is safely collected, stored or disposed.

Contributions of Keni, Alexander, Nayak, Mudgal, and Nandakumar (2020), confirmed Covid-19 as a type of ill state of health caused by corona-virus which has spread around the world with its initial emergence in Wuhan, China. Keni et. al., (2020) conceptualised it as a rapidly evolving viral situation which subjected the humans to varying degrees of agitations as it has been linked to causing high degrees of respiratory complications in affected victims across ages with its transmission mainly through air-borne droplets in sneezes, coughs or spittles from infected persons to any other contact.

Furthermore, it was identified as most commonly spread through handshakes, touching ones mouth, eyes or nose without disinfecting one's hands after touching surfaces that had previously been touched by an infected person. This viral infection has brought with it much anxieties and loss of lives that families are filled with panic and uncertainties of what to expect out of every second of existence.

To this effect, the pandemic has made humans see life as a risk which no one has control over, as reports on daily broadcasts present cases of two or three generations of families being wiped out by this siege.

What has made the emergence of coronavirus frustrating is that various information circulating have it that some particular individuals are at very high risk to thisinfection, just as some particular age grades have more vulnerability than others. The susceptibility of some category of people over another has also raised so much air of anxiety that these people tend to go through each day with deep fear sensations on their chances of living to see another day.

Some potential risk factors identified by health researchers in the Centre for Disease Control include: age, wherein the risk increases in older individuals; gender, where men are more at risk; environment, where residents in poorer areas are more prone to being infected; job/career/profession, where some career types are more exposed than others; health status, which exposes individuals with clinical challenges of diabetes, organ transplant, pregnancy, high blood pressure, heart conditions, cancer extremely vulnerable than others. The fear of corona-virus, herein referred to as corona-phobia indicates the extent of concern exhibited by individuals towards contracting the virus. The paper viewed Corona-phobia as the extreme terrorisms of the imagined threat more than the actual threat posed by the pandemic wherein an individual ponders on what will happen if one contracts coronavirus or whether one will recover from it. Evolutionary theories predict that people automatically attend to reactions that are important to their survival, thereby making their fears easily conditioned and difficult to extinguish (Lobue, Rakinson & DeLoache,2010). Depla, Haveten, Balkom and Graaf-de (2008); Oosterink, de Jongh and Hoogstraten (2009), estimated that more than 40% of the world population suffer from one or more fears of specific object or situation at some time in their lives.

With the dynamics of this virus and health complications that arise from it which include loss of lives, individuals, especially those under the highest vulnerability have many reasons to fear an attack of it. These are worrisome situations, as people are being forced to adjust to different relational style with

friends, situations and families. This ability to adjust, understand, use and manage these relational emotions in positive ways such that anxieties are reduced, communication are effective, empathy with others is archived, and conflict distinguished are pointers that such individuals are emotionally intelligent (Mayer, 1990). Faltas (2017), expressed that the ability of an individual to engage in self-regulation, self-awareness, motivations, self-management, reasoning, resilience, social awareness, stress management, self-control, relationship management are key in life situations. Emotionally intelligent individuals interact with others, are skilled in identifying emotions for overall success in life experiences, understand their role(s) in other peoples' life complexities and manage all these in order to advance and attain the best (Goleman, 2001).

Typically, emotional intelligence is a concept centered around self-understanding and it affects the quality of human lives because it influences behaviors and relationships (Wapano, 2021) Wapano affirmed that emotional intelligence also presents positive emotions which in turn build on love, such that individuals momentary thought-action that gives optimal wellbeing is not plagued by negative emotions like anxiety, fear or despair.

Gender is a significant variable that shapes how individuals identify, behave, experience and attribute responsibilities. Barnett and Rivers (2004), believed that ignoring differences in the variable may diminish important elements of an individual's identity although exaggerating its differences may cause harm to workplace, society, families or relationships. Investigating gender and age as moderating variables on corona-phobia buttressed Basso, Gallagher, Mikusa and Reuter (2011)'s finding that gender is connected to many trends which affect growth and exposure to anxiety encounters.

Further study by Oosterink, et.al. (2009), on gender confirmed that women appear to have higher prevalence rates of fear and specific phobia in general than men. It also concluded that childhood fears tend to be age-specific and fairly predictable but as the child gets older, the intensity of these fears often diminish although it sometimes follow them into adulthood (Thinkstock, 2016). Another explorative study concluded that women were significantly more likely than men to meet the criteria of phobia and almost four times more likely to have multiple phobia. It further quoted 21.2% of women as experiencing specific phobia like social anxiety disorder when compared with 10.1% of men (Reichenberger, Pfaller, Forster, Gerczuk, Shiban, Muhlberger, 2019). Report of National Institute of Mental Health, showed that adults typically develop

phobia for specific procedures like medicals, heights, elevators more younger ones.

The study sought to:

- investigate the relationship among emotional intelligence, family, ageon corona-phobia
- examine the joint prediction ofemotional intelligence, family, age, gender on corona-phobia
- assess the relative prediction of emotional intelligence, family, age on corona-phobia
- determine if gender would be a significant moderator on corona-phobia

METHOD

Respondents

Two hundred (200) respondents participated in the study. The respondents who were undergraduate and post-graduate students (121 females and 79 males) in four purposively selected universities insouthwest Nigeria fall within the age range of twenty (20) and forty (40) years.

Instruments

The participants completed the following three adapted questionnaires: The Collett-Lester Fear of Death Scale by Lester (2018); Emotional Intelligence Scale (EIS) by Schutte, Malouff, Hall, Haggerty, Cooper, Golden and Dornheim (1998); Brief Family Relationship Scale by Moos and Moos (1994).The Emotional Intelligence Scale (EIS) by Schutte et al., (1998) is a 33-item self-report scale which were responded to,on a 5-point likert format ranging from: 1= Strongly Disagree to 5 = Strongly Agree. The scale was divided into 3 parts: appraisal and expression of emotions, regulation of emotion; utilisation of emotion with higher scores indicating higher levels of emotional intelligence. Using Chrobach's alpha, the reliability index of the scale was 0.72.

The Collett-Lester Fear of Death Scale by Lester (2018) is a 32-item scale measuring the extent of disagreement or agreement of participants to the items. Responses ranged from: 1= SD (Strongly Disagree); 2= MD (Moderately Disagree); 3= SLD (slightly disagree); 4= SLA (slightly agree); 5= MA (Moderately Agree); to 6= SA (Strongly Agree). Using Chrobach's alpha, the reliability index of the scale was 0.75.

The Brief Family Relationship Scale by Moos and Moss (1994), is a 27-item brief measure of the relationship dimension in family functioning which were responded to on a 3 response alternative format with some responses

having reverse items. The scale consists of cohesion, expressiveness and conflict subscales of 9 items each which measure support, expression of opinions and angry conflict within a family. Using Chrobach's alpha, the reliability index for the scale was 0.75.

Procedure

Considering the lockdown imposition by the various levels of government due to the upsurge of the COVID-19, which made face to face contact impossible, it became an imperative to carry out both the piloting test administration and the quantitative administration via the Monkey survey, an on-line medium of gathering information which also guarantees wider response coverage within limited time.

Data Analysis

All data collected were analysed at 0.05 level of significance using Pearson's Product Moment Correlation, T-test Statistics and Multiple Regression Analysis in order to establish the correlation, relationship or moderating influence between/of the independent variables and the dependent variable.

FINDINGS AND DISCUSSION

Hypotheses

Taking into consideration the objectives of this study, it was hypothesized that:

H1: Emotional intelligence, family, age would have significant correlation with corona-phobia

H2: Emotional intelligence, family, age, gender would have significant joint prediction on corona-phobia

H3: Emotional intelligence, family, age would have significant relative prediction of corona-phobia

H4: Gender would be a significant moderator on corona-phobia

Table 1 Showing the Mean, Standard Deviations and Correlation Matrix of the Predictor Variables (Emotional Intelligence, Family, Age) and the Criterion (Dependent variable, Corona-phobia) (N = 200)

Variable	1	2	3	4
Corona-phobia	1			
Emotional intelligence	.273**	1		
Family	-.063	-.322**	1	
Age	.003	-.064	.032	1
Mean	32.46	87.96	15.98	2.06
Standard Deviation	14.97	15.28	1.70	.92

** Correlation is significant at the 0.01 level (2 tailed)

Table 1 summarized the zero-order Pearson correlations between the corona-phobia and other measures in the study. The results showed that significant correlations were obtained between corona-phobia and each of emotional intelligence ($r = .273$, $p < 0.05$), family ($r = -.063$, $p > 0.05$) and age ($r = .003$, $p > 0.05$).Therefore the alternate hypothesis was accepted.

Table 2 Summary of Regression for the Combined Effect of Independent Variables to the Prediction of Corona-Phobia.

R =.276
R Square =.076
Adjusted R square =.057
Std. Error =14.54315

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	3396.548	3	849.137		
	Residual	41243.132	195	211.503	4.015	.004
	Total	44639.680	198			

Table 2 showed the multiple regression analysis performed in predicting corona-phobia from emotional intelligence, family, age and gender yielded a

coefficient regression R = .276 multiple R square of .076 accounting for 7.6% of the variation in corona-phobia of the participants. The table shows the F–ratio of the ANOVA as 4.015 significant at the 0.05 level. This implies that, that each of the independent variables **(**emotional intelligence, family, age gender**)**, jointly predicted the corona-phobia of the participants.Therefore, the alternate hypothesis was accepted.

Table 3 Relative Contribution of the Independent Variables to the Prediction of Corona-Phobia.

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
Model	B	Std. Error	Beta		
(Constant)	4.368	14.501		.301	.764
Emotional intelligence	.279	.072	.285	3.900	.000
Family Relations	.217	.649	.025	.335	.738
Age	.344	1.116	.021	.308	.758

Results in Table 3 showed the relative contribution of each of the variables to the prediction of corona-phobia: emotional intelligence (β = .285; t= 3.900; p < 0.05); family (β = .025; t = .335; p > 0.05) and age (β = .021; t = .308; p > 0.05). This implied that, there is the likelihood for the participants to have phobia for corona when factor like emotional intelligence is in place.

Table 4: Difference in the Influence of Gender on Corona-Phobia

Gender	**N**	**Mean**	**SD**	**t-obs.**	**Df**	**t-crit.**	**Sig (2-tailed)**
Male	79	32.81	16.52	0.267	198	1.96	.062
Female	121	32.23	13.85				

Results in Table 4 showedthat gender is not a significant moderator on corona-phobia of the participants (t.obs = 0.267; df = 198; p > 0.05). The mean scores for male participants (x = 32.81) and female participants (x = 32.85). This observation supports a logical thinking that there is no significant moderating influence of gender on corona-phobia of the participants. Thus, the alternate hypothesis was rejected.

The study revealed that emotional intelligence has significant positive correlation on corona-phobia; it also confirmed the moderating influence of age, family and gender on corona-phobia while gender was not a potent influence. The findings of this study implied that emotional intelligence was significantly correlated with corona-phobia. However, a higher frequency of positive emotions reported by emotionally intelligent individuals may also indicate a potential of an emotionally intelligent person to exhibit adaptive reactions to corona-phobia through more positive emotional experiences as emotional intelligence is the ability to maintain one's emotional balance under stressful circumstances, including pandemic crisis. This suggests that corona-virus, otherwise COVID-19 can greatly impact on daily emotional experiences of an individual.

Studies of Extramera, Ruiz-Aranda, Pineda-Galan,Salguero, (2011); Martins, Ramalho, Morin, (2010); and Sanchez-Alvarez, Extramera,Fernadez-Berrocal, (2016), revealed that emotional intelligence has significant and positive associations with mental and physical health as it predicts increased positive and decreased negative effects, which subsequently affect subjective well-being. This is in agreement with Brackett, Rivers, Shiffman, Lerner, Salovey (2006); Kong, Gong, Sajjad, Yang, Zhao (2019); and Lopez, Salovey, Cote, Beers (2005) whose findings affirmed that emotionally intelligent people developed better social networks which subsequently predict their increased frequency of positive effect and decreased frequency of negative effect.

Bener, Ghuloum, Dafeeah (2011) study to determine age distribution as a correlate of phobias found that nearly half of the total phobia sufferers were in the 12-15 year age group (46.3%); and among children with phobia, females had higher rates than males (62.4% versus 37.6%). A corroboration on this result was made by Steinhausen, Jakobsen, Meyer, Jorgensen,Lieb (2016), who recorded younger age and female sex as risk factors to manifestation of phobic disorders. These were in disparity with a similar but older study by Fredrikson,Annas, Fischer, Wik (1996), which conveyed that fear can be more pronounced in older people compared to younger ones. Fredrikson et al. (1996) argued that fear is more pronounced in older individuals compared to younger people because older ones lived in a time when environmental information was not widely disseminated and people became susceptible to negative media extracts, whereas individuals aged 20-40 are less afraid and in greater contact with current media, documentaries and social network which present information on the truesituation of events.

Nevertheless, the study confirmed that there is no gender difference on corona-phobia, implying that both male and female gender have the proneness to fear corona-virus.

Irrespective of gender, both sexes share similar thoughts, fear and views on corona-virus. It suggested that both males and females have the fear that something bad would happen and that they may lose someone close to them. Similar view was expressed by Broche-Pérez, Fernández-Fleites, Jiménez-Puig, Fernández-Castillo and Rodríguez-Martin (2020), whose study portrayed that female participants experienced significantly greater fear of corona-phobia than men. Being a female was a predictor of medium and high levels of fear of corona-phobia in a study conducted by Wang, Pan, Wan, Tan, Xu, and Ho, (2020), when females were found to experience stronger negative psychological impact of the corona-phobia.

This was consistent with other reports of Rossi, Socci, Talevi, Mensi, Niolu, Pacitti, Di Marco, Rossi, Siracusano, Di Lorenzo (2020), which proposed that female gender is significantly associated with a greater psychological impact of the outbreak and higher levels of stress, anxiety, insomnia, perceived stress, adjustment disorder and depression. Another related study byRiglin, Collishaw, Shelton, McManus, Ng-Knight, Sellers and Rice (2016), indicated that gender differences regarding emotional intelligence are not clearly demonstrated but there are indicators that mental health in women is less affected than in men.

CONCLUSION AND RECOMMENDATION

The study revealed a strong influence of emotional intelligence on corona-phobia and found that age,family, emotional intelligenceshowed significant correlation on corona-phobia. It also indicated that age, family and emotional intelligencehave a relative influence on corona-phobia as well as confirmed their composite influence on corona-phobia. Nevertheless, there is no gender difference on corona-phobia, implying that both male and female gender have the proneness to fear coronavirus.

The following recommendations were made:

Health professionals should pay particular attention to corona-phobia as this expression of pandemic-related stress has reliably demonstrated incremental validity in accounting for major indicators of psychological distress.There is a need to design interventions that reduce the negative impact of the current outbreak of corona-phobia on individual’s mental health.Psycho-

social preparedness of individuals should be encouraged to enable better coping acts for future pandemics in citizens.Individuals should be committed to building skills on emotional intelligence as this facilitates improved coping ability with stress and its relatedness.Older members of the society should be able to work optimally from home or offices, because it is necessary to create an enabling environment that is free from any phobia or panic. It is significantly important to educate and calm children who might be experiencing the phobia-triggered panic.There is also a need to assure fearful children and their parents that during and after lockdown, they should be optimistic and they need to know that mental and physical wellbeing are linked and important during the crisis to decrease their exposure and susceptibility to diseases..

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