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Research Paper

The Impact of Social Support and Emotional Intelligence on Impulsiveness in Young Adults

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ABSTRACT

Social support and emotional intelligence go hand in hand while considering an individual's level of social skills and interpersonal relationships. Impulsiveness is the tendency to act without conscious thought for consequences, which is generally related to a deficit in inhibitory control. The aim of this study was to assess the relationship among social support, emotional intelligence, and impulsiveness while also taking into account whether a causal relationship exists between social support and impulsiveness, and emotional intelligence and impulsiveness among young adults. The sample consisted of 100 participants, n=50 males and n=50 females, aged 18-25 years, who were selected through simple random sampling. The instruments used for data collection were the Multidimensional Scale of Perceived Social Support (MSPSS), Schutte Self Report Emotional Intelligence Test (SSEIT), and Barratt Impulsiveness Scale-Revised (BIS-11) to measure the level of social support, emotional intelligence, and impulsiveness respectively. The Pearson's correlation coefficients were calculated, and Two-Way ANOVA with replication was used for the analysis of effect. The results showed that social support and emotional intelligence were positively correlated, whereas a strong negative correlation existed between the level of social support and impulsiveness, and emotional intelligence and impulsiveness. There was a significant effect of social support and emotional intelligence on impulsiveness, with no significant differences based on gender. The research findings were consistent with the hypothesis.

Keywords: *Social Support, Emotional Intelligence, Impulsiveness, Personality Disorders, Attention-Deficit/Hyperactivity Disorder, Substance Use Disorders, Mental Health*

Social support is the belief and experience that an individual is taken care of, that help is available from others, and, also, that they are a part of a social community that is supportive. Social support can be offered in various forms:

- Emotional, such as empathy
- Instrumental, such as physical assistance
- Informational, such as providing guidance
- Tangible, such as financial aid.

A sense of belonging is developed in the individuals, which according to Abraham Maslow's Hierarchy of Needs is an extremely important construct to enable a person to reach their

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highest potential (Maslow, 1943). This leads to a higher level of self-esteem, self-worth and self-confidence in one's own skills. A good social support system also benefits an individual's social functioning and result in healthy interpersonal relationships.

Increased psychological well-being at work (House et al., 1988) and in the face of significant life events (Cobb, 1976) correlated with social support. There are numerous studies demonstrating how social support helps to reduce issues with one's mental health and subsequent improvement.

With many connections to physical health, including mortality rates in people. Individuals with less social support are far more likely to die from various diseases like cancer and cardiovascular diseases (Uchino, 2009). Several research studies have demonstrated that those who have more social support have higher chances of a longer life. (Holt-Lunstad et al., 2010).

The buffering model, which maintains that social support buffers against the negative effects of stressors (Cohen & Wills, 1985), and the direct effects model, which maintains that social support is also advantageous in the absence of stressors, are the two main constructs that relate social support with an individual's health.

Emotional intelligence can be described as the ability to effectively utilize emotional expression, control, and awareness for oneself as well as for other individuals, which consequently leads to healthy interpersonal relationships and an overall improved social functioning. Individuals with higher emotional intelligence tend to be more aware of their own as well as other people's emotions, as emotional intelligence not just pertains to oneself but to others too. It entails understanding, interpreting, and responding to people's emotions, in an appropriate way, through verbal as well as non-verbal communication. Feeling empathy, having self-motivation or internal motivation, and demonstrating effective communication or social skills are all aspects of emotional intelligence.

Some of the characteristics of having high emotional intelligence are:

- Self-awareness: This refers to the ability of being aware of one's own thoughts, emotions and behaviour, which helps the person to manage their cognition easily.
- Self-control: This involves the ability to control one's emotions as well as actions, and to express oneself in a socially appropriate and healthy manner.
- Higher level of self-esteem and self-worth: Emotionally intelligent individuals generally have higher self-esteem and self-worth because of increased confidence in one's own skill to manage their personal and professional relationships efficiently, which often leads to a better social as well as work environment, providing a positive space for the individual to improve their overall functioning.

The theoretical basis behind emotional intelligence can be explained by various models.

- Emotions are seen in the ability model as valuable sources of information that aid in understanding and navigating the social environment. The concept suggests that people differ in their capacity to handle emotional information and in their capacity to connect emotional processing to a broader range of cognition (Salovey et al., 2004).
- The Mixed Model concentrates on EI as a broad range of competences and skills that support effective leadership. Within each construct of EI, a set of emotional abilities is present. In order to perform at a high level, emotional competencies must be developed because they are taught abilities rather than innate qualities. According to

the model, people have a general EI from birth that influences their capacity to gain emotional competences (Goleman, 1995).

A person's perception of their emotional intelligence is referred to as their trait EI. In contrast to the ability-based model, which refers to actual abilities, which have proven to be difficult towards scientific assessment, this explanation of EI incorporates behavioural tendencies and subjectively perceived abilities and is evaluated by self-report.

Impulsiveness, also known as impulsivity, is the inclination to act hastily, exhibiting behaviour that shows little to no thinking, planning, or thought of the repercussions. Impulsive actions frequently have unfavourable outcomes, are expressed in an impatient manner, potentially dangerous, or improper for the circumstance, and compromising future aims and goals. When these behaviours result in favourable ends, they are generally viewed as evidence of confidence, daring, or spontaneity rather than impulsiveness. Hence, it can be understood that the concept of impulsiveness has two distinct elements: the first is acting without the proper amount of thought, and the second is favouring short-term goals or achieving instant gratification over a more beneficial long-term one.

Impulsiveness is an aspect of an individual's personality as well as an important factor in various mental health disorders such as personality disorders and mood disorders, including Borderline Personality Disorder (BPD), Antisocial Personality Disorder (APD), Attention-Deficit/Hyperactivity Disorder, Foetal Alcohol Spectrum Disorders and Substance Use Disorder. It can also be seen in Neurodegenerative Diseases as well as in the case of Acquired Brain Injury, both due to Traumatic and Non-Traumatic Brain Injury.

There are certain theories that have been utilized to better understand the concept of impulsiveness, these include the concept of ego depletion, inhibitory control, and the dual process theory.

Ego depletion theory suggests that there is a repository of self-control from where it is taken out each time a person desires to perform self-control. Gradually, it is depleted, resulting in a decreased ability to self-regulate. Self-control is compared to a muscle, which weakens when it constantly goes through intense physical strain (Hagger et al., 2010), whereas regular exercise and practice can help strengthen it. This condition of reduced self-control strength is called ego depletion (Muraven & Baumeister, 2000).

Inhibitory control can be described as the ability to inhibit a response, this is also an executive function. Impulsiveness shows a lack of or reduction in this ability. Individuals who present impulsive actions often have difficulty in practicing inhibitory control than those who do not engage in impulsive behaviour.

Dual process theory explains that there are two type of mental processes, automatic and controlled. The automatic processes occur without any forethought, planning or a conscious decision, and they do not require higher order cognitive abilities. On the other hand, controlled processes are conscious in nature and less experience based. Impulsive individuals make decisions based on previous experience rather than careful reflection that would have led to more informed decision-making.

Prior research literature relate social support, emotional intelligence, and impulsiveness with one another, as well as with a number of mental health disorders and problems.

Heimen (2022) studied the association among EI, social support, medicament and well-being in attention-deficit hyperactivity disorder. The sample included 96 individuals with ADHD. Data collection was done through SSEIT that examined emotional intelligence, SWLS that assessed life satisfaction, MSPSS that assessed perceived social support and PANAS that measured affect. The results showed a positive association of EI with social support and well-being. Individuals who took medication were less fearful and restless as well as more attentive than individuals who did not take any medication.

Khalid & Mukhtar et al. (2022) studied the relationship between emotional intelligence and impulsivity in the context of internet gaming disorder. The sample consisted of 387 subjects, aged 15 to 24 years, who gamed. Data was collected through Barratt Impulsiveness Scale, WLIES, WHO-5 Well-being Scale, and IGDS9-SF. The results showed a relationship between EI and IGD, which negatively affected wellbeing, and a strong relationship with Impulsivity as well.

Wang et al. (2021) studied the interaction between emotional intelligence and prosocial behaviour with social support and self-esteem as medial and moderating factors respectively. The sample consisted of 742 college students aged 18-20 years and a survey, consisting of Emotional Intelligence, Prosocial Tendencies Measurement, Perceived Social Support and Self-Esteem scales, was administered. The results showed a significant relationship between emotional intelligence and prosocial behaviour with social support mediating it. Self-esteem acted as a moderating factor on the effect of emotional intelligence on prosocial behaviour and the relationship between social support and prosocial behaviour.

Merchán-Clavellino et al. (2020) studied the relationship between emotional intelligence, impulsivity and alcohol consumption. A sample of 384 subjects were taken who were alcohol users, out of which 319 were female. The age range was from 18 to 25 years. A number of questionnaires were administered including the Barratt Impulsivity Scales 11, Sensation Seeking Scale Form V, Sensitivity to Punishment and Sensitivity to Reward, and Trait Meta-Mood Scale. The results display that the impulsivity, mainly disinhibition, has a significant role in recurrent alcohol use while emotional intelligence being a mediating factor.

Eskander et al. (2020) studied the effect of impulsiveness and emotional dysregulation on individuals with comorbid borderline personality disorder and bipolar disorder. A review of previous literature with terms such as BPD, Bipolar Disorder, Impulsiveness and Emotional Dysregulation was carried out, and 35 studies were selected after analysis. The results showed that relative to individuals with either one of the two disorders, individuals with comorbid borderline personality disorder and bipolar disorder had more difficulties related to impulsiveness and emotional control. There are also higher chances of suicide in such individuals.

Izydorczyk et al. (2019) assessed the association among impulsiveness, emotional intelligence, resilience and self-esteem in the context of compulsive and restrained eating. The sample consisted of 211 subjects, 105 males and 106 females aged 20 to 29 years, from the southern part of Poland. The tools used for data collection were SPP-25 for resilience, MSEI for self-esteem, IVE for impulsiveness, DEBQ for eating habit, and INTE for emotional intelligence. The results showed that emotional eating significantly and favourably correlated with self-esteem and impulsiveness. Impulsiveness and self-esteem were strongly and positively linked with external eating. Additionally, there was a strong and favourable

correlation between restrained eating and self-worth. Resilience was strongly and adversely linked with both external and emotional eating behaviours. Women had a much stronger positive association between impulsiveness and external eating than men. Impulsiveness showed a negative impact on EI as well as on emotional and external eating. Eating behaviour, self-esteem, and EI all were affected by resilience. EI had no such influence on negative eating habits.

Chen (2019) studied the relationship between emotional intelligence and perceived social support in Chinese students. The sample consisted of 493 teenagers, all were from middle school. MPSS was used to examine the perceived social support. The results showed that perceived social support related to friends had a much more significant relationship with EI and resilience than in the case of family social support. The type of school, whether boarding or regular, also played a role in those teenagers who had lower level of perceived social support, where in the case of boarding school, there was a more significant positive relation between resilience and emotional intelligence. Students with high emotional intelligence and perceived social support showed a high level of resilience, with no significant differences based on gender.

Bakhshizadeh et al. (2019) studied the predictive effect of empathy, EI and apathy on BPD in soldiers. The sample consisted of 150 BPD diagnosed soldiers from a psychiatric hospital for the army. The tools used were TAS-20 to assess apathy, Bar-On EQ-i for emotional intelligence, and EQ (Mehrabian and Epstein) to measure empathy. The results showed a strong negative association of borderline personality disorder with emotional intelligence and empathy, and a strong positive association with apathy/alexithymia.

Zadehasan & Khorrami (2019) studied the association among EI, impulsiveness, irrational beliefs and abuse potential. The sample consisted of 357 students (male) from secondary schools in Dizfūl, Iran. Data was collected through BIS-11 for impulsivity, Bar-On EQ-i for emotional intelligence, APS for addiction potential, and IRT to examine irrational beliefs. The results showed that EI was adversely associated with addiction potential, while a positive association existed among irrational beliefs, impulsivity and abuse potential.

Lopez-Zafra et al. (2019) studied the relationship between social support and emotional intelligence as well as the effect of their interaction on depression and life satisfaction in adolescents. The sample consisted of 1277 students and statistical analysis was carried out on the adapted scales. The results display that social support affects life-satisfaction and depression, and emotional intelligence affects life satisfaction, which affects depression. The interaction between the two also has significant effect on life satisfaction.

Gomez-Leal et al. (2018) assessed the relation between emotional intelligence and psychopathy. A review of previous literature was carried out, and 29 papers were categorized according to the different concepts of emotional intelligence and the sample. The sample consisted of those who had engaged in violence, and had been to prison or a psychiatric institution. The results varied with the type of model of emotional intelligence, and in the case of performance-based ability model, emotional intelligence negatively correlated with psychopathy. Self-reports had inconsistent results. Individuals with higher emotional intelligence showed lower psychopathic characteristics.

Peter et al. (2018) studied the deficits in emotional intelligence abilities in the context of BPD. The sample consisted of 85 individuals with BPD (69 females) with a mean age of 33.6 years,

39 individuals with Cluster C PD (23 females) with an average age of 36.6 years, and 69 controls (44 women) having the mean age of 35.6 years. The tools used were MSCEIT to assess emotional intelligence and EQI to examine emotional quotient. The results showed that relative to the Cluster C PD sample and the control group, individuals with borderline personality disorder had difficulty in understanding emotions, as well as managing stress.

Hudson (2018) studied the association among impulsiveness, social support, EI and substance abuse. As a dependent variable, EI was also looked at in order to shed further light on its association with substance usage. The results showed that social support was positively associated with EI, whereas impulsiveness was adversely associated with it. Impulsiveness was positively linked with substance abuse. This suggests that greater level of EI indicated higher social support, and lower impulsiveness.

Alvarez-Fernandez et al. (2017) studied social support in ASD and ADHD. The sample consisted of 41 individuals with high functioning autism spectrum disorders with the same Intelligence Quotient, or 69 individuals with ADHD, and 69 control subjects, aged 18 to 58 years. Multidimensional Scale of Perceived Social Support was administered. The results showed that individuals with autism spectrum disorders had overall lower scores, especially in the friend component, in the perceived social support tool, when compared with individuals with ADHD and the control group. Individuals with ADHD also had lower scores in comparison with the control group.

Coccaro et al. (2016) studied the association among emotional intelligence, impulsiveness and aggression. The sample consisted of 1544 individuals and the tool used was TMMS to examine perceived emotional intelligence. The clarity dimension of the tool mediated the association between emotional repairing capacity and attention to emotions, so that the latter two were only significantly related at greater clarity of emotions. Impulsiveness and aggression were linked to the three components of TMMS, where Clarity was strongly correlated with Impulsiveness and repair with aggression.

Hurtado et al. (2016) studied the association between executive functions and EI. The sample consisted of 19 individuals diagnosed with schizophrenia, two of them with undifferentiated type and the rest with paranoid type, 15 individuals clinically diagnosed with BPD, and 18 controls. The tools used were MSCEIT for emotional intelligence, while Trail Making Test, Stroop Test, WAIS, WCST, and tasks related to planning and fluency were used to assess the executive functions. Results showed that in comparison to the non-clinical subjects, individuals with schizophrenia and BPD scored lower in executive functions as well as EI. The deficits were higher in individuals with BPD.

Eickenberry (2016) studied the association between substance abuse and EI. The sample consisted of 105 subjects, all college going, to assess the relation between different dimensions of emotional intelligence and substance abuse. The tools used were SSEIT to examine emotional intelligence, and SSI-SA for substance abuse. The results showed a strong association between substance abuse and the emotion management component of emotional intelligence.

Sharma et al. (2015) studied the relationship between emotional intelligence and criminal behaviour. The sample included 202 subjects, with 101 being convicted offenders and the rest 101 constituted the control group. MEII was administered to measure emotional intelligence. The results showed that the convicts had a lower score across various domains, such as

interpersonal awareness, intrapersonal awareness, interpersonal management and intrapersonal management, in the inventory as well as lower EQ than the control group.

Salas et al. (2015) studied the factors that are associated with behavioural and emotional issues in children residing in foster families. The sample consisted of 104 children along with their foster family. Structural equation modelling was carried out. The results suggest that the issues faced by the children are significantly predicted by the foster family's parenting style as well as the manner in which they show their emotions to the children. Rejection from the parents' side can lead to a sense of increased parental burden, and will also adversely affect the child's self-worth.

Agbeniga et al. (2015) studied the predictive effect of EI, achievement motivation, and self-competence on impulsiveness in students. The sample consisted of 300 students from secondary schools. The tools used were GSES to assess self-efficacy, IBS for impulsivity, EIS for emotional intelligence, and AAMS to examine achievement motivation. The results showed that EI had the strongest predictive effect on impulsive behaviour, followed by self-competence/efficacy and then achievement motivation.

Checa & Fernández-Berrocal (2015) studied the part of IQ and emotional intelligence in cognitive control operations. Stroop test was used to examine the cognitive control processes, while the MSCEIT was used to assess emotional intelligence. The results showed a negative correlation between the managing emotions component of the emotional intelligence test and impulsivity index, whereas intelligence quotient was negatively correlated with interference suppression.

Howe et al. (2014) studied the association among EI, psychopathic traits and professional achievement in the finance sector. The sample consisted of 55 subjects, working in the finance sector in New York metropolitan area. PPI-R for psychopathy and MSCEIT for emotional intelligence were administered on the sample. The results showed that relative to other community data, the subjects displayed greater interpersonal-affective traits of psychopathy and much lower EI, while the impulsive-behavioural qualities were adversely related to emotional intelligence. Interpersonal-affective traits were linked to greater salaries as well as higher positions.

Kristensen et al. (2014) studied the link between symptoms of ADHD and trait EI. The sample consisted of 1388 teenagers, aged 14 to 17 years, and 3313 subjects, aged 18 to 24 years. The results agreed with the idea that there were deficits in emotional regulation and processing in individuals with ADHD. Trait emotional intelligence was medium to strongly linked in both the sample groups, and its components of adaptation and stress management played a significant role in the context of hyperactive/impulsive symptoms as well as the ones related to attentional deficits.

Moore (2014) studied the contribution of EI and impulsiveness to restrained eating. A study of prior literature was conducted, which presented that EI led to healthy eating habits, while impulsiveness adversely affected those behaviours. The results showed that restraint, impulsiveness and EI were all correlated with a greater BMI, but impulsiveness does not mediate the association between unhealthy eating habits and restrained eating.

Shahzad et al. (2013) studied the relationship between trait emotional intelligence and aggression. The sample consisted of 140 adolescents ranging from 12 to 16 years, among

which 71 were male and 69 were female. Trait Emotional Intelligence Questionnaire–Short Form and Aggression Questionnaire were administered. The result displays a significant negative relationship between trait emotional intelligence and aggression. People with higher emotional intelligence has a lower risk of impulsivity, violent behaviour and aggression.

Peter et al. (2013) studied emotional intelligence in the context of BPD. The sample consisted of 61 individuals with BPD, 69 subjects with different personality disorders and 248 controls. MSCEIT was used to examine emotional intelligence. The individuals with BPD had trouble understanding emotions, but were able to regulate them. There were no deficits in emotional perception and regulation. The severity of borderline personality disorder was negatively correlated with emotional intelligence.

Limonero et al. (2013) studied perceived EI and impulsiveness in cannabis use. The sample consisted of 146 college students. The tools used were SWLS to assess life satisfaction, Trait Meta Mood Scale 24 to measure perceived emotional intelligence, and IS to examine impulsiveness. The results showed that abuse of cannabis was associated with impulsiveness, attention to emotions and alcoholism. Cannabis abuse was not associated with life satisfaction.

Sinclair & Feigenbaum (2012) studied the association among Trait EI, symptoms of BPD, mindfulness and regulation of emotions (ER). The sample consisted of 66 individuals. Questionnaires were used to compare the data between individuals with BPD and those without, after which the Spearman's rank correlation coefficients were calculated. The results showed that lower trait emotional intelligence was linked to more severity in BPD symptoms, emotional regulation deficits and reduced mindfulness. Clinically diagnosed individuals with BPD had lower trait emotional intelligence, which can be considered a predictive factor for BPD.

Ermer et al. (2012) studied the role of emotional intelligence in psychopathy. The sample consisted of 374 male prisoners, and data was collected through PCL-R for psychopathy and MSCEIT to assess emotional intelligence. The results showed a relationship between psychopathy and emotional intelligence, according to which deficit in abilities related to emotional intelligence can be seen in individuals with psychopathy.

Finzi-Dottan et al. (2011) assessed stress-related growth in parents whose children have attention-deficit/hyperactivity disorder. The sample consisted of 71 parents with children having ADHD, and 80 parents whose children do not have ADHD as the control group. A study of social support, EI, self-competence, and considering parenting as a threat or a challenge was conducted. The results showed that EI played the main role in stress-related growth in parents with children having ADHD, while social support had a stronger relation with growth in the control group. The level of self effectiveness and perceptions related to parenthood acted as moderators between EI and social support, and growth.

Rationale of the Present Study

There are several studies linking impulsiveness to an array of mental health disorders and negative expression of behaviour, with deficits in abilities related to emotional intelligence and a lack of perceived social support as contributing factors. The purpose of this research is to assess the relationship amongst social support, emotional intelligence and impulsiveness in young adults as well as the impact of social support and emotional intelligence on impulsivity. Prior research literature has established that there is a significant association between

emotional intelligence and impulsiveness along with social support playing an important role in emotional expression, regulation and control.

Impulsive behaviour or impulsiveness is a common symptom in various personality disorders such as Borderline Personality Disorder and Antisocial Personality Disorder, which can be exacerbated, even more so in the presence of adverse social events, as a young adult continues to participate independently in their social world. Therefore, there is a necessity for in-depth study based on impulsiveness, and how the availability of support provided by a healthy and positive social environment as well as further enhancement in emotional intelligence can affect this trait, which in turn might promote prosocial behaviours in adolescents.

Hypothesis

- There will be a significant negative relationship between social support and impulsiveness.
- There will be a significant negative relationship between emotional intelligence and impulsiveness.
- There will be a significant positive relationship between emotional intelligence and social support.
- There will be a significant effect of social support and emotional intelligence on impulsiveness.
- There will be no significant difference based on gender.

Variables

This study will examine the effect of social support and emotional intelligence on the trait of impulsiveness/impulsivity. Therefore, the variables are categorised as follows:

Independent Variables

Social Support and Emotional Intelligence

Dependent Variable

Impulsiveness

METHOD

Sample

A sample of 100 participants was selected, which consisted of female young adults (n=50) and male young adults (n=50), ranging from 18 to 25 years of age.

Sampling Method

The subjects were selected for this study through simple random sampling, which is a type of probability sampling. The questionnaires were filled by those who were within the age group of 18-25 years.

- **Inclusion Criteria.** The study included those participants who were equal to or under the age of 25 and older than or equal to 18 years. This study was gender inclusive.
- **Exclusion Criteria.** The study required that the subjects were not above the age of 25, and/or below the age of 18.
- **Ethical Approval.** The study necessitated that the involved subjects provided their informed consent for participation and permission for their anonymous responses to be published.

Materials

There were three instruments used to assess the variables:
The Multidimensional Scale of Perceived Social Support (Zimet et al.,1988) to measure the level of social support as perceived by the subject.

This scale has three dimensions that include friends, family, and a partner or significant other, which examines a person's understanding of the source as well as the extent of their social support. It consists of 12 questions or items, measured on a Likert scale of 7 points. There are no negatively keyed statements. The options range from 'Very Strongly Disagree' to 'Very Strongly Agree,' with 'Strongly Disagree,' 'Mildly Disagree,' 'Neutral,' 'Mildly Agree' and 'Strongly Agree' in between, which are scored 1, 2, 3, 4, 5, 6 and 7 respectively.

The Schutte Self Report Emotional Intelligence Test (Schutte et al., 1998) to measure the subject's emotional intelligence.

This test examines an individual's emotional expression, emotional regulation, and how they use emotions to resolve issues. It consists of 33 questions, which include three negative statements that are scored in a reversed order. The responses are on a 5-point scale with the highest score allotted to 'Strongly Agree' and the lowest score, 1, given to 'Strongly Disagree.'

The Barratt Impulsiveness Scale (Revised) to examine the level of impulsivity in the subject. The original scale was developed in 1995 by Ernest Barratt.

This scale assesses impulsiveness across three dimensions, attentional, motor and planning. The planning dimension is divided into two parts. The tool consists of 30 items, in which 11 questions are reversely scored. The options are 'Rarely/Never,' 'Occasionally,' 'Often,' and 'Almost Always/Always,' which are scored 1, 2, 3, and 4 respectively.

Procedure

A questionnaire was prepared by combining the three instruments, Multidimensional Scale of Perceived Social Support, Schutte Self Report Emotional Intelligence Test, and Barratt Impulsiveness Scale (Revised), which was then distributed among young adults. A total of 100 responses, n=50 female and n=50 male, were randomly selected for analysis.

A thorough description of the concepts included in the study was provided at the start of the process. All queries and doubts were resolved before taking informed consent.

There was no condition of a time-limit to complete the study. The participants had to select the options that were in accord with their individual self, which were then scored based on the norms of the respective scales.

In the SSEIT, which assessed emotional intelligence, items 5, 28 and 33 were scored in reverse. In the BIS-11 that measured impulsivity, items 2, 4, 19, 20, 21, 22, 23, 24, 26, 27 and 30 required reverse scoring.

RESULTS

The individual responses from the three scales were scored according to their respective standardized norms and grouped into three columns for each variable, the sample was

categorized into male and female. The Pearson's Correlation Coefficient, as shown in Table 1, was calculated to find the relationship among social support, emotional intelligence, and impulsiveness.

The Pearson's r was 0.9951 for social support and emotional intelligence, -0.9938 for social support and impulsiveness, and -0.9934 for emotional intelligence and impulsiveness. The P-Value is less than 0.00001 for the three correlation coefficients, which suggests that the association is significant at $p<0.01$, $p<0.05$, $p<0.10$ indicating a very strong significant relationship among the variables.

As predicted, there was an extremely significant negative relationship between social support and impulsiveness, and emotional intelligence and impulsiveness, while an extremely significant positive relationship existed between social support and emotional intelligence.

Table 1 Correlation table for the total sample

	Social Support	**Emotional Intelligence**	**Impulsiveness**
Social Support	1		
Emotional Intelligence	0.995176996	1	
Impulsiveness	-0.993898617	-0.993456433	1
P-Value		*<0.0001*	

In order to understand the effect of social support and emotional intelligence on impulsiveness, and differences based on gender in the sample, two-way ANOVA with replication was carried out, as shown in Table 2 and Table 3. The two-way ANOVA is a parametric test for statistical analysis, used to assess the effect of two independent variables on a dependent variable.

Table 2 presents the summary of the total sample, which had been divided into male and female to measure the differences relative to gender. Table 3 shows the source of variation in the study based on sample, columns and interaction.

The p-value was 0.543, 0.0002965, and 0.618 for the sample, columns and interaction respectively. The p-value for the sample is statistically insignificant at alpha-level=0.1, alpha-level=0.05, and alpha-level=0.01, which suggests that there is no significant difference between the male and female groups. For the columns, the p-value is statistically significant at alpha-level=0.1, alpha-level=0.05, and alpha-level=0.01 indicating that the independent variables, social support and emotional intelligence, have significant effect on the dependent variable impulsiveness. On the other hand, the p-value for interaction is statistically insignificant at alpha-level=0.1, alpha-level=0.05, and alpha-level=0.01, hence there is no significant interaction between gender and the three variables. The findings coincide with the hypothesis.

Table 2 ANOVA: Two Factor with Replication

SUMMARY	Social Support	Emotional Intelligence	Impulsiveness	Total
Female				
Count	50	50	50	150
Sum	33.03571429	32.35757576	27.34166667	92.73495671
Average	0.6607142857	0.6471515152	0.5468333333	0.6182330447
Variance	0.08128123698	0.08261357921	0.07352859977	0.08067577188
Male				
Count	50	50	50	150
Sum	34.96428571	34.66060606	26.08333333	95.70822511
Average	0.6992857143	0.6932121212	0.5216666667	0.6380548341
Variance	0.08531057661	0.08515116283	0.06884920635	0.08552432195
Total				
Count	100	100	100	
Sum	68	67.01818182	53.425	
Average	0.68	0.6701818182	0.53425	
Variance	0.08283022973	0.08357082672	0.07062976291	

Table 3 ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Sample	0.02946774989	1	0.02946774989	0.3708700558	0.5430006694	3.873282557
Columns	1.327230613	2	0.6636153065	8.352013528	0.0002965281208	3.026465904
Interaction	0.0765996412	2	0.0382998206	0.4820271875	0.6180174386	3.026465904
Within	23.35998373	294	0.07945572696			
Total	24.79328173	299				

DISCUSSION

The results showed that the Pearson's correlation coefficients were statistically significant for the three variables. A Pearson's r value of -0.9938 between social support and impulsiveness, and a Pearson's r value of -0.9934 between emotional intelligence and impulsiveness in the total sample suggested a very strongly significant negative correlation. At the same time, a Pearson's r value of 0.9951 indicates a very strongly significant positive correlation between social support and emotional intelligence. The individuals who scored lower in social support and emotional intelligence had higher level of impulsiveness, while those individuals who had higher social support and emotional intelligence scores showed lower level of impulsiveness. Those participants who had higher social support scores also had higher ratings in emotional intelligence, whereas lower scores in social support correlated with a lower level of emotional intelligence.

The statistical analysis presented a statistically significant p-value=0.0002965 between the variables, indicating that the availability of social support and abilities related to emotional intelligence have a strong effect on the level of impulsiveness in an individual. In addition to a significant effect, social support and emotional intelligence are also negatively correlated with impulsiveness, which suggests that improvement in an individual's perceptions of social support and a boost in emotional intelligence can lead to less indulgence in impulsive behaviour. Impulsiveness in an individual decreases with an increase in the levels of social support and emotional intelligence.

The greater p-value=0.543 in the sample indicates that there were no significant differences in the male and female sample, and that both genders demonstrated similar levels of social support, emotional intelligence and impulsiveness. The interaction effect was also statistically insignificant with p-value=0.618, which shows that gender had no effect on the levels of social support, emotional intelligence and impulsiveness in the participants. A male subject will not display more impulsive behaviours than a female subject, nor will the gender of a participant have an effect on their level of social support and emotional intelligence.

CONCLUSION

In the current times, social support has become a necessary factor in the overall growth and well-being of an individual, whether we take the emotional or social functioning into consideration. The presence of a well-knit social network and a healthy social environment can have a positive effect on the symptoms of several mental health disorders. Emotional intelligence includes the expression, regulation as well as the understanding or being aware of others' and one's own emotions. Showing empathetic behaviour, having internal motivation and the ability to carry out effective communication with others, are also indicative of emotional intelligence. As a result, higher emotional intelligence leads to healthier interpersonal relationships. According to this study, social support and emotional intelligence are positively correlated. To refine the abilities related to emotional intelligence, an individual needs to be provided with a growth-fostering social environment. Moreover, an emotionally aware and empathetic individual will have a better social network than the one with a lack of interpersonal skills.

As shown in this study, impulsiveness is a major component of various psychological disorders. An individual with a strong support network and emotional intelligence will be cautious of engaging in impulsive acts, for it not only adversely affects the person's social bonds and skills based on emotional intelligence, but also results in mental health problems. When an individual feels that the level of social support they are receiving from friends, family and their partner is optimum, they find it easier to manage and regulate emotions in order to express them in an appropriate manner, while also keeping others' well-being in mind. Impulsiveness based behaviours can arise from lack of support and dysfunctional emotional regulation or control.

This study concluded that gender did not play an important role in the level of association as well as the cause-and-effect relationship among the variables, scores did not differ on the premise of being male or female. In the sample, social support and emotional intelligence were positively correlated while maintaining a strong negative relationship with impulsiveness, and a significant effect of social support and emotional intelligence was proved on impulsiveness. These findings can open doors for future studies, which could provide further solutions to improve the mental health of young adults.

Recommendations

There is a need for in-depth study on ways to reduce impulsive behaviours that could improve symptoms in young adults with clinically diagnosed substance use, personality and other mental health disorders.

The relationship between social support and impulsiveness can be researched further. This would equip individuals with a series of skills based on emotional intelligence, which could be attained in a supportive social environment, and would develop strong interpersonal relationships.

Limitations

There is a lack of prior research related to the effect of social support and emotional intelligence on impulsiveness, as most of the literature that relates social support with emotional intelligence does not include impulsiveness.

A larger sample size, which was limited in the present study due to time-constraints, can improve the precision of empirical findings. In addition to quantitative analysis, various other research methods can be adopted for data collection and analysis.

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Conflict of Interest

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