

Research Paper

Emotional Intelligence and Beliefs About Mental Illness: A Study Among Mizo and Manipur Young Adults

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ABSTRACT

The study aims to discover the levels, differences and relationships with the variables of emotional intelligence and beliefs about mental illness among Mizo and Manipur young adults. The samples consisted of 100 samples from Mizoram (50 females and 50 males) and 100 samples from Manipur (50 females and 50 males), 200 samples in total. The Brief Emotional Intelligence Scale (Wong, C. S., & Law, K. S. 2002) and Beliefs toward mental illness scale (Hirai, M., & Clum, G. A. 2000). Psychometric testing revealed reliability for Emotional Intelligence Scale is $\alpha = .719$ and for Beliefs towards mental illness is $\alpha = .832$. Results revealed samples from both areas to score moderately high on beliefs towards mental illness scale and moderately high on the emotional intelligence scale. As data followed normality parametric statistics were used and T-test revealed a significant difference ($P < 0.05$) between Manipur and Mizo samples with the variable of emotional intelligence whereas no significant difference was seen with the variable of beliefs towards mental illness. T –test also revealed no significant gender differences between the variables. Correlation analysis revealed no significant relationship between the variables.

Keywords: Mizoram, Manipur, Emotional Intelligence, Mental Illness

Demographics of Mizoram and Manipur

Manipur is a state located in the northeastern region of India, bordered by Nagaland to the north, Mizoram to the south, and Assam to the west. According to the 2011 Census of India, the population of Manipur was 2,855,794, with a growth rate of 24.5% from the previous census in 2001 (Census of India, 2011). The population of Manipur is diverse, with various ethnic groups making up the majority of the population. The Meitei people are the largest ethnic group in Manipur, comprising around 60% of the population (Roy, 2017). Other significant ethnic groups include the Naga, Kuki, Zomi, Mizo, and Pangal. The Naga people

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are mainly found in the hill districts of the state, while the Kuki, Zomi, and Mizo people reside mainly in the southern part of the state (Roy, 2017).

The official languages of the state are Manipuri (Meiteilon) and English. The literacy rate in Manipur is 79.85%, with males having a higher literacy rate of 86.49% compared to females at 73.17% (Census of India, 2011). The state has a predominantly rural population, with around 76% of the population living in rural areas (Roy, 2017). In terms of religion, the majority of the population in Manipur practice Hinduism (41.39%), followed by Christianity (41.29%), Islam (8.4%), and others (8.92%) (Census of India, 2011). The state has a rich cultural heritage and is known for its vibrant festivals, handicrafts, and traditional dance forms.

Mizoram is a state located in the northeastern region of India, sharing borders with Myanmar and Bangladesh (Census of India, 2011). According to the 2011 Census of India, the population of Mizoram was 1,091,014, which represented a growth rate of 22.8% from the previous census conducted in 2001 (Census of India, 2011). The state has a predominantly rural population, with around 57% of the population living in rural areas (Census of India, 2011).

Mizoram is largely populated by the Mizo tribe, who make up around 95% of the state's population and have their own distinct language and cultural traditions (Roy, 2017). The official language of Mizoram is Mizo, which is also recognized as one of the official languages of India.

Mizoram has one of the highest literacy rates in the country, with a rate of 91.58% (Census of India, 2011). The literacy rate for males is higher at 93.72% compared to females at 89.40% (Census of India, 2011). In terms of religion, Christianity is the predominant religion in Mizoram, with around 87% of the population practicing Christianity. There is also a small Muslim population, as well as a small number of followers of Hinduism and Buddhism (Census of India, 2011).

The economy of Mizoram is primarily based on agriculture, with rice being the main crop grown in the state (Roy, 2017). Mizoram is also known for its production of fruits and vegetables, including oranges, bananas, and pineapples. Recently, the state has been focusing on developing its tourism industry, capitalizing on its natural beauty and rich cultural heritage as major attractions for visitors (Roy, 2017).

Emotional Intelligence

Emotional intelligence refers to the ability to recognize, understand, and manage one's own emotions and the emotions of others. This skill has been shown to be positively correlated with personal and professional success, as noted by Brackett and Salovey (2006). Mayer and Salovey (1997) proposed that emotional intelligence comprises four domains, including perceiving emotions, using emotions to facilitate thinking, understanding emotions, and managing emotions. These domains encompass a wide range of skills, such as recognizing and labeling one's emotions, using emotions to guide decision-making, comprehending the causes and consequences of emotions, and regulating emotions in oneself and others.

Research has demonstrated that emotional intelligence can be improved through training and practice over time (Mayer, Salovey & Caruso, 2016). Individuals with higher levels of

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emotional intelligence have been found to experience better mental health outcomes, such as lower levels of anxiety and depression (Lopes, Salovey & Straus, 2003). In the workplace, emotional intelligence has been associated with better job performance, job satisfaction, and leadership effectiveness (Côté & Miners, 2006). Moreover, emotional intelligence is particularly important in professions that require a high level of interpersonal interaction, such as healthcare and education (Schutte et al., 2001).

The skill of emotional intelligence goes beyond the ability to regulate one's own emotions and includes the capacity to understand and empathize with others. This is particularly important in establishing meaningful relationships and resolving conflicts, as noted by Goleman (2001). In addition, research has found that higher levels of emotional intelligence are positively associated with creativity and innovation, as emotionally intelligent individuals can think beyond conventional methods and devise novel solutions (Mayer et al., 2008). On the contrary, lower levels of emotional intelligence are linked to negative outcomes such as impaired decision-making, heightened stress levels, and difficulties in interpersonal relationships (Brackett & Salovey, 2006).

Despite its significance, emotional intelligence cannot replace cognitive intelligence (IQ) as both are important for achieving success and complement each other (Mayer et al., 2008). Lastly, emotional intelligence is a learnable skill that can be improved at any stage of life through various techniques such as coaching, training programs, and mindfulness practices, as stated by Goleman (2013).

In summary, emotional intelligence is a crucial skill that can have a significant impact on personal and professional success. With the aid of training and practice, individuals can enhance their emotional intelligence, leading to better mental health outcomes, job performance, and interpersonal relationships.

Belief towards mental illness

Stigma and negative beliefs towards mental illness have posed a significant obstacle to individuals seeking treatment and support for their mental health issues. According to Lauber and colleagues' (2003) study, such stigma is widespread in the general population, with many people holding negative attitudes and beliefs about those with mental illness.

Healthcare professionals, including mental health professionals, are not immune to this stigma. A study by Corrigan and colleagues (2010) found that mental health professionals themselves reported experiencing stigmatization and discrimination due to their profession. Negative beliefs and attitudes towards mental illness can also lead to self-stigmatization, where individuals with mental health issues internalize these negative beliefs and feel ashamed or embarrassed about their condition (Rüsch et al., 2005).

Nevertheless, education and awareness campaigns have been initiated to reduce stigma towards mental illness. In fact, Barney and Griffiths (2010) found that a brief educational intervention was effective in reducing negative attitudes towards individuals with mental illness. Research has also shown that contact-based interventions, such as interactions between individuals with mental illness and members of the general population, can reduce stigma and improve attitudes towards mental illness (Corrigan et al., 2002).

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It should be noted that cultural beliefs towards mental illness differ across societies. In some cultures, mental illness may be viewed more positively, while in others, it may be stigmatized (Kirmayer, 2012). Therefore, interventions to reduce stigma must consider cultural differences and be tailored to the specific needs and beliefs of the target population. In conclusion, negative beliefs and stigma towards mental illness can have significant negative impacts on individuals with mental health issues. However, efforts to reduce stigma through education and contact-based interventions have shown promise in improving attitudes and reducing the negative impacts of stigma.

Rationale of the study

To better understand the mental health of young adults in Mizoram and Manipur, it is essential to study emotional intelligence and beliefs towards mental illness as these topics have not been extensively researched in these regions. Studying these areas can help in creating effective interventions and strategies to promote mental health and wellbeing among this population.

Studies have shown that emotional intelligence is linked to positive mental health outcomes such as reduced stress, better coping mechanisms, and improved relationships (Ciarrochi et al., 2001; Brackett & Salovey, 2006). In addition, individuals with higher levels of emotional intelligence are less likely to experience mental health issues (Sharma et al., 2019).

On the other hand, negative attitudes and stigma towards mental illness can lead to poor mental health outcomes and reduced help-seeking behaviors (Clement et al., 2015; Corrigan et al., 2017). Additionally, cultural beliefs and attitudes towards mental illness can impact help-seeking behaviors and treatment outcomes (Kirmayer et al., 2015).

Furthermore, cultural beliefs and values can affect both emotional intelligence and beliefs towards mental illness (Van de Vijver & Leung, 1997; Kirmayer, 2012). Therefore, understanding the cultural context of Mizoram and Manipur is crucial when studying these factors. As there is limited research on emotional intelligence and beliefs towards mental illness in Mizoram and Manipur, further investigation is necessary. This can help identify the unique cultural and social factors that impact mental health outcomes and enable the development of targeted interventions and programs.

Objectives

1. To find out the levels of emotional intelligence and beliefs towards mental illness among the young adults of Mizoram and Manipur.
2. To find out if significant differences exist between Mizoram and Manipur young adults with the variables measured.
3. To find out if significant gender differences exist with the samples.
4. To find out if a significant correlation exists with the variables measured.

Hypothesis

1. Emotional intelligence is expected to be high.
2. Beliefs towards mental illness are expected to be high.
3. A significant difference is expected to not exist with the measure of emotional intelligence among the young adults of Mizoram and Manipur.

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4. A significant difference is expected to not exist in the measure of beliefs towards mental illness between the young adults of Mizoram and Manipur.
5. A significant gender difference is expected to exist with the measure of emotional intelligence.
6. A significant gender difference is not expected to exist with the measure of beliefs towards mental illness.
7. A positive significant correlation is expected to exist with the variables measured.

METHODOLOGY OF THE STUDY

Objective measurements and numerical data were collected through the use of questionnaires, and statistical methods were applied to analyze the data in this study, which used quantitative research methods. The hypotheses were tested using appropriate statistical techniques and the data was analyzed with the help of computational tools like SPSS.

Sample of the study

The samples consisted of 200 respondents, 100 (50 males and 50 females) from Mizoram and 100 (50 males and 50 females) from Manipur. The samples were young adults, their age ranging from 19 – 22 years old, this classification is based on the classification of Indian young adults by Srivastava & Arora, 2016; Kumar et al., 2017. Cluster sampling method was used where clusters constitute colleges from both states, where young adults from diverse backgrounds are clustered together.

Tools used:

1. The Brief Emotional Intelligence Scale (Davies, M., Stankov, L., & Roberts, R. D. 2010)

It consists of 10 items, each of which is rated on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The total score ranges from 10 to 50, with higher scores indicating higher levels of emotional intelligence.

The reliability of the BEIS-10 has been established through various studies. The internal consistency of the scale has been found to be high, with Cronbach's alpha values ranging from 0.82 to 0.91 across different studies and cultural contexts (Davies et al., 2010; Singh & Gaur, 2016; Tsaousis et al., 2016). The test-retest reliability of the scale has also been found to be good, with correlation coefficients ranging from 0.71 to 0.88 (Davies et al., 2010; Singh & Gaur, 2016).

The BEIS-10 has also been used in studies that investigated the cultural aspects of emotional intelligence. For example, a study by Cabello et al. (2013) examined the psychometric properties of the BEIS-10 in a sample of Spanish and Peruvian participants. The study found that the BEIS-10 demonstrated good reliability and validity in both cultural groups, indicating its cross-cultural applicability. Similarly, a study by Shukla and Singh (2019) examined the relationship between emotional intelligence and subjective well-being in Indian college students using the BEIS-10. The study found that emotional intelligence was positively related to subjective well-being in the Indian cultural context, supporting the cross-cultural applicability of the BEIS-10.

In conclusion, the BEIS-10 has been found to be a reliable and valid measure of emotional intelligence in various cultural contexts, indicating its cross-cultural applicability. Its use in

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research can provide insights into the cultural and social factors that influence emotional intelligence and its relationship with various outcomes.

2. The Beliefs Towards Mental Illness Scale (Hirai and Clum, 2000)

Beliefs towards mental illness scale measures individuals' beliefs and attitudes towards mental illness. The scale consists of 35 items that assess various dimensions of mental illness beliefs, including stigma, emotional reactions, and perceived consequences of mental illness.

Participants rate their level of agreement with each item on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Some sample items include "People with mental illness are unpredictable" and "People with mental illness should be treated differently from other people." The BMI has demonstrated good psychometric properties, including high internal consistency and test-retest reliability (Hirai & Clum, 2000). The Cronbach's alpha coefficient for the scale ranges from .79 to .91, indicating good reliability.

The scale has been used in various cultural contexts and has shown to be a reliable and valid measure of beliefs towards mental illness across different populations. For example, a study by Ng et al. (2016) found that the BMI had good internal consistency and test-retest reliability when administered to a sample of Chinese adults in Singapore. Additionally, a study by Elshami et al. (2021) found that the BMI was a reliable measure of beliefs towards mental illness among Arab university students in Egypt.

Overall, the BMI is a useful tool for assessing beliefs towards mental illness and can be used in various cultural contexts. Its psychometric properties make it a reliable and valid measure for researchers and clinicians working in the field of mental health.

ANALYSIS AND INTERPRETATION

The first table shows the psychometric properties such as Cronbach's alpha and test of normality shapiro – wilk.

Table 1

Scales	Cronbach's Alpha	Test of Normality Shapiro -Wilk
The Brief Emotional Intelligence Scale	.719	.101
The Beliefs Towards Mental Illness Scale	.832	.367

Table 1 shows very good reliability level of the data, and as the data was not significant in the shapiro and wilk test, it means the data has normality and parametric testing can be used.

Objective 1: To find out the levels of emotional intelligence and beliefs towards mental illness among the young adults of Mizoram and Manipur.

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Table 2 Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	Kurtosis		
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Beliefs Toward Mental Illness	200	42	102	71.89	9.453	.204	.172	.798	.342
BEIS-10	200	23	50	35.92	4.665	.113	.172	.139	.342
Valid N (listwise)	200								

Table 2 descriptive statistics shows samples from both areas to score moderately high on beliefs towards mental illness scale and moderately high on the emotional intelligence scale. Therefore **Hypothesis 1 and 2** is accepted which assumes the samples to score high on emotional intelligence and beliefs towards mental illness.

Objective 2: To find out if significant differences exist between Mizoram and Manipur young adults with the variables measured.

Table 3. Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Beliefs Toward Mental Illness Scale	Equal variances assumed	1.008	.317	.425	198	.671	.570	1.340	-2.072	3.212
	Equal variances not assumed			.425	193.44	.671	.570	1.340	-2.072	3.212
BEIS-10	Equal variances assumed	.532	.466	2.298	198	.023	1.500	.653	.213	2.787
	Equal variances not assumed			2.298	197.28	.023	1.500	.653	.213	2.787

Table 3 shows the equality of variances of the data and significant differences ($p < 0.05$) to exist with the measure of Emotional Intelligence among Manipur and Mizoram young adults. Therefore **Hypothesis 3** is rejected which assumes a significant difference is expected to not exist with the measure of emotional intelligence among the young adults of Mizoram and Manipur where **Hypothesis 4** is accepted which assumes a significant difference to exist in the measure of beliefs towards mental illness between the young adults of Mizoram and Manipur.

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Objective 3: To find out if significant gender differences exist within the samples.

Table 4. Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means							
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
										Lower	Upper
BEIS-10	Equal variances assumed	1.605	.207	1.79	198	.074	1.180	.656	-1.14	2.474	
	Equal variances not assumed			1.79	194.7	.074	1.180	.656	-1.14	2.474	
Beliefs Toward Mental Illness Scale	Equal variances assumed	.004	.947	.575	198	.566	.770	1.339	-1.871	3.411	
	Equal variances not assumed			.575	197.4	.566	.770	1.339	-1.871	3.411	

Table 4 shows the equality of variances of the data and it also shows significant gender differences to not exist with the measures of emotional intelligence and belief toward mental illness. Therefore **hypothesis 5** is rejected which assumes significant gender difference to exist with the measure of emotional intelligence whereas **hypothesis 6** is accepted which assumes significant gender difference to not exist with the measure of beliefs towards mental illness.

Objective 4: To find out if a significant correlation exists with the variables measured.

Table 5. Correlation Analysis

		BEIS-10	Beliefs Toward Mental Illness Scale
BEIS-10	Pearson Correlation	1	-.003
	Sig. (2-tailed)		.964
	N	200	200
Beliefs Toward Mental Illness Scale	Pearson Correlation	-.003	1
	Sig. (2-tailed)	.964	
	N	200	200

Table 5 shows no significant relationship to exist with the variables measured. Therefore **Hypothesis 7** is rejected which assumes a positive significant correlation to exist with the variables measured.

DISCUSSION AND INTERPRETATION

Results revealed samples from both areas to score moderately high on the beliefs towards mental illness scale which means the presence of negative beliefs and attitudes toward individuals with mental illness. Negative beliefs and attitudes towards individuals with

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mental illness can be caused by several factors. One of the factors is a lack of knowledge and understanding of mental health conditions. Research studies have shown that education and knowledge about mental health issues are inversely related to holding stigmatizing beliefs and attitudes towards individuals with mental illness (Clement et al., 2015; Corrigan et al., 2017).

Another factor is social and cultural beliefs, where individuals with mental illness are stigmatized and viewed as weak or dangerous. In some cultures, seeking help for mental health issues is considered a sign of weakness or failure. (Kirmayer, 2012; Corrigan et al., 2017). Media portrayal can also contribute to negative beliefs and attitudes towards individuals with mental illness. Research studies indicate that media representations of mental illness often reinforce negative stereotypes and stigmatizing attitudes towards individuals with mental illness (Whitley et al., 2010).

Negative personal experiences, such as violence or unpredictability, with individuals with mental illness can also contribute to negative beliefs and attitudes towards individuals with mental illness. Limited research has been conducted on the beliefs and attitudes towards mental illness in Mizoram and Manipur. However, it is possible that cultural factors may influence attitudes towards mental illness in these regions. For example, in some cultures, mental illness is seen as a result of past misdeeds or a lack of faith (Thapa & Haque, 2015). Moreover, in these regions, traditional healers are often preferred over modern medical treatments for mental health issues (Thong & Sebastian, 2019).ess (Corrigan et al., 2017).

It is crucial to note that negative beliefs and attitudes towards individuals with mental illness are multifaceted and can be influenced by a combination of factors. To reduce stigma towards mental illness, it is necessary to address these factors and focus on increasing knowledge and understanding of mental health conditions, promoting positive media representations, and challenging negative social norms and values.

Results also showed the samples scored moderately high on the emotional intelligence scale. Various factors could contribute to high emotional intelligence among young adults in Manipur and Mizoram. One potential factor is the cultural values of these regions, which place a strong emphasis on emotional expression and social harmony. Such values may promote emotional intelligence among young adults in these areas (Shimray et al., 2018). Another possible factor is exposure to diverse cultures, given that Manipur and Mizoram have diverse ethnic and linguistic communities. This exposure could help young adults develop empathy and emotional awareness, which are key components of emotional intelligence (Haque et al., 2019).

Additionally, education and training in emotional intelligence skills may also contribute to high emotional intelligence among young adults in these regions. For instance, a study in Mizoram found that a program designed to enhance emotional intelligence skills was effective in improving emotional intelligence among college students (Chhakchhuak et al., 2017). Finally, the experience of significant adversity, such as conflict or natural disasters, may have enhanced emotional resilience and coping skills among young adults in Manipur and Mizoram (Shimray et al., 2018).

T-Test revealed a significant difference with the variable of emotional intelligence (BEIS 10). The research on emotional intelligence among young adults in Manipur and Mizoram is

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limited (Chhakchhuak et al., 2017; Haque et al., 2019). However, several potential factors that could contribute to a significant difference in emotional intelligence between the two regions may include cultural differences, educational disparities, and socioeconomic factors. Differences in cultural traditions and values, as well as varying access to emotional intelligence education and training programs, may affect emotional intelligence development (Shimray et al., 2018). Additionally, differences in socioeconomic factors, such as income levels and resource availability, may impact emotional intelligence development among young adults in these regions (Haque et al., 2019).

Furthermore, family relationships have been found to play a role in emotional intelligence development (Mousavi et al., 2020). It is possible that the family structure and dynamics in these regions could be contributing to the difference in emotional intelligence. Additionally, social support has been shown to positively impact emotional intelligence development (Singh & Khan, 2019), and the level and quality of community support systems in Manipur and Mizoram may also contribute to the difference in emotional intelligence between young adults in these regions.

Apart from the factors already discussed, there may be other reasons behind the significant difference in emotional intelligence between young adults in Manipur and Mizoram. For instance, research has suggested that the quality of family relationships plays a role in emotional intelligence development among young adults (Mousavi et al., 2020). Therefore, family dynamics and structure in these regions may also contribute to the difference in emotional intelligence.

Another potential factor is the impact of community support systems. Studies have found that social support can enhance emotional intelligence development (Singh & Khan, 2019). The level and quality of social support in Manipur and Mizoram communities may also play a role in the difference in emotional intelligence between young adults in these regions.

Additionally, variations in the implementation of emotional intelligence education and training programs across different regions could be a contributing factor. Some regions may have more effective and comprehensive programs than others, which could impact the emotional intelligence levels.

It is important to acknowledge that the factors affecting the difference in emotional intelligence between young adults in Manipur and Mizoram are complex and multifaceted. Further research is needed to fully comprehend the factors involved and to develop interventions that can effectively promote emotional intelligence development in both regions.

Correlation Analysis revealed no significant correlation to exist between the variables. Several potential reasons why a significant correlation might not exist between emotional intelligence and beliefs towards mental illness include the use of measurement tools, cultural factors, and other confounding variables. The measurement tools used to assess emotional intelligence and beliefs towards mental illness may lack sensitivity or specificity, and different tools may yield different results (Gignac & Palmer, 2021).

Moreover, cultural values, norms, and traditions can significantly impact beliefs and attitudes towards mental illness, thereby influencing the relationship between emotional

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intelligence and beliefs towards mental illness (Kirmayer & Pedersen, 2014). Other confounding factors, such as personality traits, coping styles, and social support, may also affect beliefs towards mental illness independently of emotional intelligence (Jorm et al., 2006). Therefore, controlling for these variables may explain why a significant correlation between emotional intelligence and beliefs towards mental illness may not exist in certain populations.

Limitations

Although the present study revealed robust results, it was not free from some limitations. The measurement tools used to assess emotional intelligence and beliefs towards mental illness may not be sensitive enough to capture gender differences. These tools may not accurately reflect the experiences and perspectives of young men and women in these regions. As the data is taken only among young adults of both states it is not a whole or generalized representation. A larger sample size and more tools are recommended for future researchers.

CONCLUSION

The main objective of the research was to examine and compare the levels, differences, and potential relationships between emotional intelligence and beliefs about mental illness among young adults in Manipur and Mizoram. The study sample consisted of 100 participants each from Mizoram and Manipur, with an equal distribution of gender (50 females and 50 males) from each region, yielding a total of 200 participants. The Brief Emotional Intelligence Scale (Wong & Law, 2002) and Beliefs towards mental illness scale (Hirai & Clum, 2000) were used as measurement tools. Psychometric testing showed that the Emotional Intelligence Scale had a reliability of $\alpha = .719$ and the Beliefs towards mental illness scale had a reliability of $\alpha = .832$. The findings indicated that both groups of participants scored moderately high on the Beliefs towards mental illness scale and Emotional Intelligence scale. The collected data followed normal distribution and parametric statistical methods were applied. The T-test showed a statistically significant difference ($P < 0.05$) between Manipur and Mizo samples with the variable of emotional intelligence but no significant difference with the variable of beliefs towards mental illness. The T-test also revealed no significant gender differences between the variables. Furthermore, the correlation analysis revealed no significant relationship between the variables.

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Conflict of Interest

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