



Effect of storytelling and free play on social and emotional competence among adolescents in orphanage

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ABSTRACT : The current study aimed at examining the effect of storytelling and free play intervention on the level of social emotional competence among adolescents in orphanages. The research method used was a pretest-posttest design with quasi-experimental and control group. The sample consisted of a total of 60 adolescent participants, 30 from orphanage 1 and 30 from orphanage 2 in Chennai, who were non-randomly assigned as experimental and control group respectively. After the intervention, the Social Emotional Competence Questionnaire which was used in the pre-test was administered again to both the groups. Using One-way Analysis of Covariance (ANCOVA) it was revealed that, after adjusting for pretest scores, there was a significant difference in social-emotional competence [$F(1,57) = 122.840, p = 0.000$, partial $\eta^2 = 0.683$] among the experimental and control group. Post hoc tests showed that there was a significant difference in social-emotional competence between groups, which indicated that the experimental group had increased Social Emotional Competence than the control group ($p = 0.000$). From the adjusted means it was revealed that, the pre-treatment social emotional competence of the participants in the experimental group had increased significantly after treatment ($M = 92.5333$). Qualitative analysis revealed that adolescents' level of happiness increased post treatment. The findings suggest that storytelling and free play can effectively enhance social-emotional skills in adolescents from under-privileged backgrounds. Incorporating such interventions into training programs and school curricula may benefit similar populations.

KEYWORDS: Social emotional competence, Storytelling, Freeplay, Adolescents, Orphanage

INTRODUCTION

Social Emotional Competence

The ability to understand and manage one's own and others' emotions is called Social Emotional Competence. It is an important aspect of positive mental health, academic achievement and overall well-being. Social Emotional Competence can also be developed and strengthened through various interventions such as social skills training, cognitive-behavioral therapy, and mindfulness practices.

Casel framework

According to CASEL (2008), social-emotional competence (SEC) encompasses skills such as understanding and managing emotions, showing empathy, forming meaningful relationships, making responsible decisions, and handling stress effectively. CASEL categorizes SEC into intrapersonal skills (regulating one's own emotions) and interpersonal skills (understanding others' emotions and relationships). This framework includes five domains: self-awareness, social awareness, self-management, relationship management, and responsible decision-making. Self-awareness involves recognizing and managing one's own emotions, while social awareness pertains to understanding others' feelings and showing empathy. Self-management involves controlling one's impulses, relationship management relates to peer interactions, and responsible decision-making includes considering ethical and societal factors in decisions.

Theories

- **Emotional Intelligence Theory:** The theory proposed by Daniel Goleman states that Emotional Intelligence is important to an individual as much as his general intelligence. Emotional Intelligence consist of 5 domains namely, Self awareness, Self regulation, motivation, social skills and empathy.
- **Social Learning Theory:** Albert Bandura's theory explains how people tend to learn or acquire new behavior or a set of skills. He emphasized that observational learning, modelling, vicarious reinforcement and cognitive factors like attention, motivation, memory play an important role in learning and social interactions.
- **Emotion Regulation Theory:** This theory given by James Gross states that people modify their emotions to meet their social or personal needs, demands and goals. This plays a crucial role in social emotion competence as it allows the individual to act appropriately in the social setting.

Orphan Mental Health:

Parents act as a primary caregiver to the child, from where the child securely explores the world. The warmth and security given by the primary caregivers' aid in positive mental well being of the child. However, orphan children lack this foundational experience which makes them vulnerable to emotions. Ibrahim et al (2024) conducted a study with children raised at orphanages that lacked primary nurturance. The results concluded that children developed insecure attachment styles and low emotional intelligence in comparison to non-orphaned children. Researches show that orphans suffer from various emotional and behavioral problems (Kaur et al, 2018) and show greater prevalence of mental health problems (Sahad et al, 2018; Demoze et al, 2018)

Storytelling

Storytelling has been an integral part of human culture since ancient times, helping to define our nature. For millennia, stories have been used to transmit wisdom, culture, and knowledge through myths, legends, and folktales (McLellan, 2002; Reamy, 2002). Buckler and Zien (1996) describe storytelling as a means to create future opportunities and communicate complex ideas through narratives (Sole & Wilson, 2002). Its significance lies in its ability to connect people, impart values, build community, inspire action, and enhance communication skills.

Impact of Stories on Children

Stories are crucial for child development, offering a way to integrate new experiences and learn various subjects (Gardner, 1980). They enhance memory and information processing (Glaser et al., 2009; Hong & Lin-Siegler, 2012) and improve academic achievement, particularly in science (Töpper et al., 2014). By engaging with stories, children explore their emotions and coping mechanisms, gaining insights into their own experiences (Zin & Nasir, 2007; Morgan & Roberts, 2010).

Free play and its benefits

Free play is a self-directed, unstructured play that fosters exploration, creativity, and skill development in children. Research shows it positively impacts cognitive, social, emotional, and physical growth. Piaget highlighted its role in cognitive development, while studies indicate it enhances subjective experience of well-being, building a foundation for life-long social and emotional health (Hewes, 2014). Pellegrini and Smith (1998) found links to creativity and problem-solving, and further studies show benefits in physical activity and motor skills (Kurnia et al., 2024). Overall, free play encourages self-directed learning and innovative thinking, making it essential for holistic child development.

NEED FOR THE STUDY

Family structures are increasingly nuclear, limiting children's exposure to grandparents and their moral stories, which can enhance social and emotional intelligence. In today's fast-paced world, both parents and children spend more time on screens than engaging in storytelling or free play, resulting in fewer interactions. This is particularly concerning for orphaned adolescents, who face even greater challenges. Investigating the impact of storytelling and free play on the social-emotional competence of orphans is crucial for their well-being and long-term development, as current research is lacking in this area.

The following literatures explore the themes of social emotional competence and free play.

Shaikh A (2018) found that storytelling significantly enhances adolescents' emotional intelligence in a Mumbai school. Ahmed et al. (2020) reported social-emotional learning improves competencies in junior secondary students. Clements R (2004) noted mothers believe their children play outdoors less than they did. Nelson A et al. (2008) highlighted storytelling fosters social bonding in youth. Taneja et al. (2001) showed structured play positively impacts orphaned children's development. Dr. Amraniya A S (2021) found no emotional competency difference between parented and orphaned adolescents. Multiple studies link lower emotional intelligence in orphans and foster youth to their environments, emphasizing the need for supportive interventions.

Similarly, Dr. Karfe AS and Matsayi LA (2019) found that non-orphan students in Nigeria exhibit higher psychological well-being compared to orphans. Ohnishi M (2011) reported that orphans' happiness correlates with daily meals, caregiver relationships, and fewer work commitments. Bustinoor et al. (2020) noted that most adolescents in a children's village in Indonesia experience high happiness, influenced by clarity and supportive environments. Kamarulzaman et al. (2017) observed a strong link between gratitude and happiness among orphans, without gender differences. Worku et al. (2018) highlighted lower development and resilience in orphans. Overall, emotional competence is crucial for well-being and social skills across various studies.

METHODOLOGY**Objective**

The objective of the study was to examine the effect of storytelling and free play intervention on the level of social emotional competence among adolescents in orphanages.

Hypothesis

1. There will be no significant post-test difference among experimental and control groups in social emotional competence among adolescents in orphanages, when controlling for pretest scores.
2. Storytelling and Freeplay intervention will have a positive effect on social emotional competence of adolescents in orphanages.

Research design

To examine the effect of storytelling and free play intervention on the level of social emotional competence among adolescents in orphanages, the research design used was, pre-test and post-test design with a quasi-experimental - control group. While the type of treatment was the independent variable, social emotional competence was the dependent variable, pretest was the covariate.

Sampling techniques

The sampling technique used was non-randomized purposive sampling, where 60 adolescents belonging to the age category 13 to 17, studying in local schools were selected from 2 orphanages in Chennai. Out of which, 30 from one orphanage were assigned to be the experimental group and 30 from another orphanage were assigned to be the control group.

Tools used

The tool used in the study was the Social Emotional Competence Questionnaire (SECQ), developed by Mingming Zhou & Jessie Ee (2012). It evaluates students' social-emotional skills through 25 items across five subscales: Self-Awareness, Social Awareness, Self-Management, Relationship Management, and Responsible Decision Making. Rated on a 5-point Likert scale, the SECQ provides a total competence score and subscale scores, with higher scores indicating greater competence. The instrument has an alpha coefficient of $\alpha=0.88$, indicating strong psychometric properties.

For qualitative analysis, a Happiness Rating Scale was developed by the author, which constituted of the question, 'when were you happy?' Subjective report from the participants was collected post intervention daily.

Intervention

The 13-day intervention included daily sessions designed to enhance various social-emotional skills. Each day featured two sessions lasting 1.5 to 2 hours in total.

Session 1: Storytelling (30 minutes to 1 hour) Stories were tailored to the CASEL framework, covering self-awareness, social awareness, self-management, relationship management, and responsible decision-making. Narrations were interactive, with participants predicting story outcomes or creating alternative endings with morals. Reflections on characters followed each story.

Session 2: Free Play (1 hour) Participants engaged in both indoor and outdoor activities of their choice, including art and craft, clay modeling, sand play, origami, and various games such as football, throwball, and shuttle cork.

Daily Stories and CASEL Dimensions:

1. **Rinku – The King:** Self-awareness, Social awareness
2. **The Lone Prince:** Relationship management
3. **I Can Feel You:** Relationship management, Social awareness
4. **Little Friend:** Social awareness, Relationship management
5. **Two Friends:** Relationship management
6. **Fox and His Shadow:** Self-awareness
7. **Saluting the Donkeys:** Social awareness, Responsible decision-making
8. **Temper Teenager and Nail:** Self-awareness, Self-management, Relationship management
9. **What You Sow Is What You Reap:** Responsible decision-making
10. **Life or Empire:** Responsible decision-making
11. **Unity is Strength:** Self-management, Responsible decision-making
12. **The Penny Wise Monkey:** Self-awareness, Social awareness, Responsible decision-making
13. **Talkative Tortoise:** Relationship management

Statistical analysis

- Shapiro Wilk test, Homogeneity of regression slopes, Levene's Test of Equality of Error Variances was computed to check the assumptions for ANCOVA.
- One-way Analysis of Covariance (ANCOVA) was computed to examine the posttest difference among experimental and control groups in social emotional competence among adolescents in orphanages, when controlling for pretest scores.

RESULTS AND DISCUSSION

A one-way between-groups analysis of covariance (ANCOVA) was conducted to evaluate the effects of storytelling and free play on social-emotional competence among adolescents in orphanages, while controlling for pretest scores. The independent variable was the type of treatment (storytelling/free play vs. control), and the dependent variable was the posttest social-emotional competence scores, with pretest scores included as a covariate.

Assumptions Checks:

Normality: Shapiro-Wilk tests assessed normality for pretest and posttest scores across both groups. For the experimental group, pretest ($W = 0.976$, $p = 0.702$) and posttest scores ($W = 0.947$, $p = 0.138$) were normally distributed. However, the control group's pretest scores ($W = 0.921$, $p = 0.029$) deviated from normality. Despite this, Green, Salkind, and Akey (2000) suggest that ANCOVA remains robust with sample sizes of 15 or more, allowing the analysis to proceed.

Table 1: *The Results on the Assumptions of Normality*

			Kolmogorov-Smirnov ^a			Shapiro-Wilk	
	Treatment		Statistic	Df	Sig.	Statistic	df
Pretest	Control		0.129	30	.200*	0.921	30
	Storytelling and Freeplay		0.113	30	.200*	0.976	30
Posttest	Control		0.136	30	0.163	0.973	30
	Storytelling and Freeplay		0.172	30	0.024	0.947	30

*, This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Homogeneity of Regression Slopes: Scatterplots confirmed that the relationship between pretest and posttest scores was linear and similar across groups. Based on F test, the interaction between pretest scores and treatment was not significant ($F(1,56) = 2.193$, $p = 0.144$), indicating that the regression slopes were homogeneous.

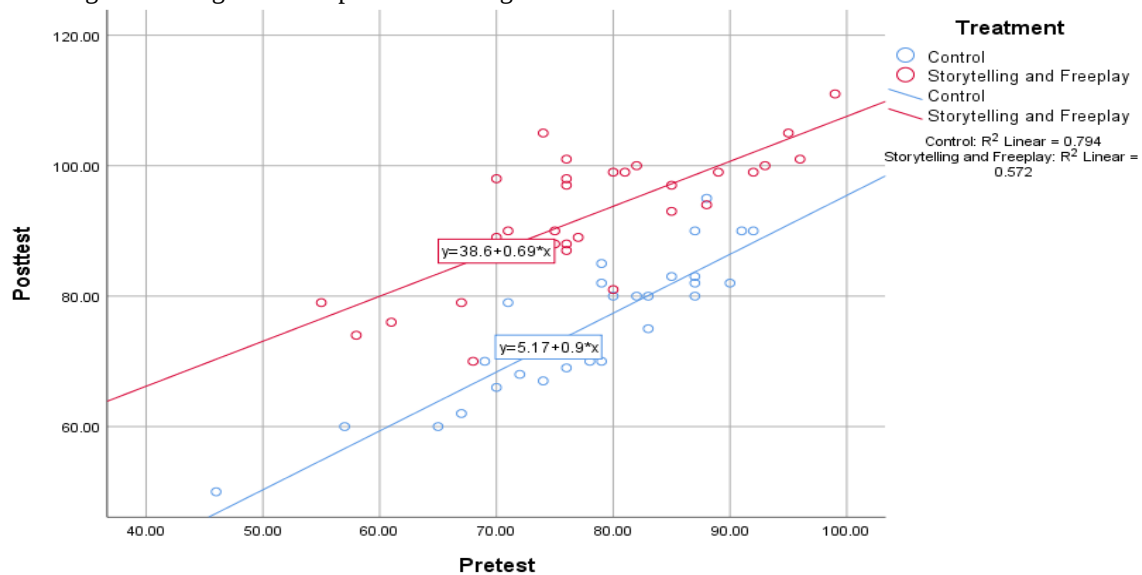


Figure 1: The Results on the Homogeneity of the Regression Slopes

Table 2: The Results on the Homogeneity of the Regression Slopes

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	8546.756a	3	2848.919	84.313	0
Intercept	505.086	1	505.086	14.948	0
Treatment	294.639	1	294.639	8.72	0.005
Pretest	4141.466	1	4141.466	122.566	0
Treatment * Pretest	74.114	1	74.114	2.193	0.144
Error	1892.227	56	33.79		
Total	433631	60			
Corrected Total	10438.983	59			

a. R Squared = .819 (Adjusted R Squared = .809)

Homogeneity of Variance: Levene's test confirmed that the variance in error was homogeneous across groups ($F(1,58) = 2.007$, $p = 0.162$).

Table 3: The Results on the Assumption of Homogeneity of Variance

Levene's Test of Equality of Error Variances

F	df1	df2	p
2.007	1	58	0.162

ANCOVA Results: After controlling for pretest scores, ANCOVA revealed a significant difference in posttest social-emotional competence between the experimental and control groups ($F(1,57) = 122.84$, $p = 0.000$). The partial eta squared value of 0.683 indicates a moderate effect size, suggesting that 68% of the variance in social-emotional competence was explained by the storytelling and free play intervention when controlled with a pretest.

Table 5: Mean and Standard Deviation for Pretest and Posttest scores on Social emotional competence among control and experimental group

		Pretest Scores			Posttest Scores	
Treatment	N	Mean	SD	N	Mean	SD
Control	30	77.83	10.279	30	75.43	10.41
Experimental	30	78.2	10.98	30	92.53	10.01

Qualitative Analysis

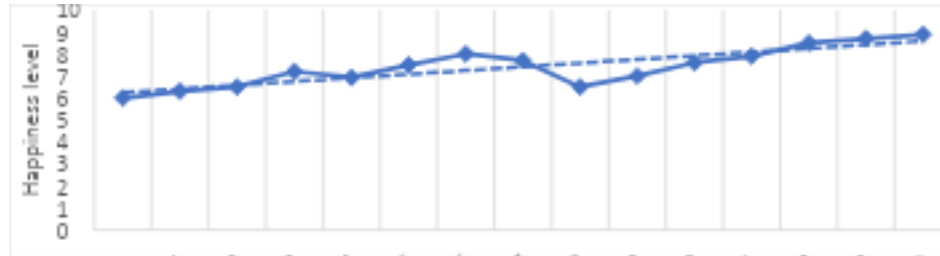


Figure 2 shows the line graph for the level of happiness from day 1 to day 13.

From the line graph, it is evident that there was an increase in the level of happiness from day 1 to day 13. Participants reported higher level of happiness after the storytelling session and Freeplay session and also it tend to increase when session held for consecutive days for a brief period of time. Level of happiness has increased from 6.12 to 8.88 through the intervention.

SUMMARY

The present study examined the effect of storytelling and free play intervention on the level of social emotional competence among adolescents in orphanages. Pre-test and post-test design with a quasi-experimental - control group was used in this study. The participants for the study were selected from two orphanages in Chennai. Sixty participants were screened using the Social emotional competence questionnaire. Participants were not randomly assigned to the experimental and control group. One orphanage had 30 adolescents, who were assigned to an experimental group and another orphanage had 30 adolescents, who were assigned to a control group. Participants in the experimental group were given storytelling and free-play interventions. The control group was not given any intervention. After the intervention, the Social emotional competence questionnaire which was used in the pre-test was administered again to both the experimental and control group. One-way Analysis of Covariance (ANCOVA) was computed to examine the posttest difference among experimental and control groups in social emotional competence among adolescents in orphanages, when controlling for pretest scores. The analysis revealed that after adjusting for pretest scores, there was a significant difference in social-emotional competence [$F(1,57) = 122.840$, $p = 0.000$, partial $\eta^2 = 0.683$] among the experimental and control group. Post hoc tests showed that there are significant differences in social-emotional competence between groups. The Experimental group had significantly different social-emotional competence levels in comparison to the control group ($p = 0.000$). From these adjusted means, it is clear that the treatment group has increased social-emotional competence ($M = 92.5333$). It can be seen that for storytelling and free play, the effect size is moderate (0.683). The partial eta squared value shows 68% of the variance in the social-emotional competence is explained by the storytelling and free play when controlled with a pretest. These results indicated that individuals in the experimental group ($M = 92.53$, $SD = 10.01$) have increased their level of social emotional competence following treatment (Storytelling and Freeplay) than did the individuals in the control group ($M = 75.43$, $SD = 10.41$). The pre-treatment social emotional competence level of the participants of the experimental group attending storytelling and free play intervention increased significantly after the treatment. When the control group is examined, the mean scores of the pre-treatment social emotional competence levels do not seem to increase significantly and tend to decrease after the treatment. Thus, it indicates that storytelling and free play intervention has a positive effect on increasing the level of social emotional competence. From qualitative analysis, it was evident that the adolescent's level of happiness increased after the intervention. They also reported greater level of happiness on being with friends and playing with them. Results obtained from this study will be helpful to design training programs and incorporate storytelling and free play along with the school curriculum to improve the social emotional competence of adolescents who lack support, are underprivileged, studying in local schools.

CONCLUSION

- There was a significant post-test difference among experimental and control groups in social emotional competence among adolescents in orphanages, when controlling for pretest score. The experimental group showed a significant increase in the level of social emotional competence after the intervention compared to the pre-test scores. Comparing the post-test scores of the experimental and control group, it was found that the experimental group showed a significant increase in the level of social emotional competence compared to the control group.
- The storytelling and free play intervention has a positive effect on increasing social emotional competence among adolescents in orphanages.

LIMITATIONS OF THE STUDY

- Participants were not randomly assigned to control and experimental groups.
- The sample size was limited and was restricted only to adolescents in orphanages.
- The study was limited to students studying in local schools.

- This study was limited to the geographical location of Chennai city.

SUGGESTIONS FOR THE FURTHER RESEARCH

- The study can be conducted on a large scale.
- The study can also be done on different groups like primary school, secondary, higher secondary, board of education, medium of instruction, etc.
- The effect of storytelling and free-play intervention can be studied on different variables such as emotional regulation, psychological well-being, academic resilience, exam stress, etc.
- Follow-up sessions can be conducted to assess repeated measures on the effects of the intervention.

IMPLICATIONS OF THE STUDY

- Teachers and parents can employ storytelling techniques in various settings to improve social emotional competence of children
- Adolescence is a period of intense emotional turmoil, in which they have difficulties in emotional regulation, storytelling can be employed in schools to help students to identify, express and regulate their emotion. Post covid, there has been less social interaction among children which has affected their social skills. Free play techniques can be helpful in improving both social as well as emotional skills of the children.
- Social-emotional learning framework including self-awareness, social awareness, self-management, relationship management, and responsible decision-making can be incorporated into the government school syllabus.
- The importance of free play should be advocated by the government, and PT classes should not be structured and conditioned to play specific sports. Instead, students should be allowed to play out of their free will without competitiveness. Timings and frequency for the PT classes should be increased.

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APPENDIX – A
SOCIAL EMOTIONAL COMPETENCE QUESTIONNAIRE (SECQ)

Mingming Zhou and Jessie Ee

Kindly read each statement carefully, and circle the options that suit you the best.

There are NO RIGHT OR WRONG ANSWERS

Not at all true of me	Slightly true of me	Neutral	True of me	Very true of me
1	2	3	4	5

1. I know what I am thinking and doing.
2. I understand why I do what I do.
3. I understand my moods and feelings.
4. I know when I am moody.
5. I can read people's faces when they are angry.
6. I recognise how people feel by looking at their facial expressions.
7. It is easy for me to understand why people feel the way they do.
8. If someone is sad, angry or happy, I believe I know what they are thinking.
9. I understand why people react the way they do.
10. If a friend is upset, I have a pretty good idea why.
11. I can stay calm in stressful situations.
12. I stay calm and overcome anxiety in new or changing situations.
13. I stay calm when things go wrong.
14. I can control the way I feel when something bad happens.
15. When I am upset with someone, I will wait till I have calmed down before discussing the issue.
16. I will always apologise when I hurt my friend unintentionally.
17. I always try and comfort my friends when they are sad.
18. I try not to criticise my friend when we quarrel.
19. I am tolerant of my friend's mistakes.
20. I stand up for myself without putting others down.
21. When making decisions, I take into account the consequences of my actions.
22. I ensure that there are more positive outcomes when making a choice.
23. I weigh the strengths of the situation before deciding on my action.
24. I consider the criteria chosen before making a recommendation.
25. I consider the strengths and weaknesses of the strategy before deciding to use it.

APPENDIX – B
HAPPINESS RATING SCALE

On the scale of 1 to 10, rate your happiness today. 1 being the lowest level and 10 being the highest of happiness.

1	2	3	4	5	6	7	8	9	10
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APPENDIX – C
QUALITATIVE MEASURE

Participants were asked to give a subjective report on following question: When were you happy?