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Beyond the Clinical Hour: A Comparative Efficacy Analysis of Peer-Led vs. Expert-Led Counselling Interventions for Emotional Intelligence in Higher Education

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ABSTRACT

Purpose: As institutions in higher education struggle with the growing mental health crisis, the need for effective emotional scaffolding has never been greater. However, the distribution of resources to support students often is based on traditional assumptions rather than empirical evidence about which intervention modalities actually lead to Emotional Intelligence (EI). This research paper breaks open the "black box" of counselling efficacy by comparing, in a rigorous manner, five different intervention strategies: Peer Support Groups, Skill-Based Workshops, One- on-One Clinical Counselling, Digital/Online Modules, and General Group Sessions.

Design/methodology/approach: Based on the Social Learning Theory of Bandura and the "Trait- Ability" model of EI, the study adopted a quantitative research approach of a cross-sectional design. Data was collected from a stratified sample of N=315 undergraduate students in Haryana, India. The core analysis was on the sub-sample of N=240 intervention participants. A One-Way Analysis of Variance (ANOVA) was performed to test the hypothesis that different intervention strategies produce statistically different EI outcomes.

Findings: The results of the analysis of variance (ANOVA) showed that there was a very significant difference between the groups ($F=21.34$, $p<0.001$). Post-hoc analysis determined a clear "Hierarchy of Effectiveness." Peer Support Groups proved to be the better modality with a mean of 89.21, which was significantly better than traditional One-on-One Counselling ($\bar{x}=76.68$) and Skill Based Workshops ($\bar{x}=78.50$). Conversely, Digital Modules ($\bar{x} = 72.61$) and General Group Sessions ($\bar{x} = 71.16$) had the lowest efficacy, which suggests a "Human Element Gap."

Originality/value: This study is definitive empirical evidence against the "clinical-centric" and "digital-first" trends in student wellness. It validates the "Democratization of Care" model, suggesting horizontal, peer mediated social learning is more effective for developmental emotional growth in emerging adults than vertical, expert led instruction.

Keywords: Emotional Intelligence, Peer Support, Social Learning Theory, Counselling Efficacy, Higher Education, Student Mental Health, Intervention Strategies.

1. INTRODUCTION

The mandate of modern higher education has been extended from the purely academic instruction of the student to the holistic development of the student's psychological and emotional capabilities. In the volatile, uncertain, complex and ambiguous (VUCA) environment of the 21st century, Emotional Intelligence (EI), the ability to perceive, understand, regulate and use emotions, has been identified as an important predictor of academic success and life satisfaction (MacCann et al., 2020). Consequently, universities in India and around the world have geared up their guidance and counselling infrastructure.

However, the implementation of these services is often defined by a "scattergun approach." Institutions do everything from traditional clinical psychologists and ad-hoc guest lectures to modern digital wellness apps and informal peer mentorship programs. While the intent is noble, there is a critical paucity of empirical evidence about the comparative efficacy of these diverse strategies within the specific developmental context of "Emerging Adulthood" (Arnett, 2000). Administrators often find themselves in a quandary: Should limited budgets be invested in hiring more clinical experts, training student peer mentors, or purchasing digital platforms?

Current literature frequently uses "counselling" as a monolithic variable, and obscures the fact that the mechanism of change in a peer group is fundamentally different from that in a private therapy session. This research paper addresses this gap by opening up the "black box" of intervention efficacy. It deals specifically with the second and third goals of the overall doctoral thesis: To investigate various counselling intervention strategies and compare the effect on emotional intelligence.

By using empirical data from N=315 students in Haryana, the

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present study tests the hypothesis that the "medium is the message" - that the format of the intervention is the deciding factor in determining the emotional growth. The paper compares the "Medical Model" (expert-led, remedial) and "Social Learning Model" (peer-led, developmental) in order to offer data-based recommendations for structural redesign of campus support systems.

2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

To assess the relative efficacy of interventions, it is necessary to know the theoretical mechanisms by which emotional learning takes place.

2.1 The Plasticity of Emotional Intelligence

A prerequisite to this study is the understanding that EI is a developable trait. Early debates asked if EI were a fixed inborn ability (as with IQ) or a learned skill. Mattingly and Kraiger (2019) resolved much of this debate in a comprehensive meta-analysis in which they confirmed that EI training programs are associated with moderate to large effect sizes. However, they said that the design of the intervention is of significant importance. Interventions that mix theory and practice and feedback were found to be more effective than passive instruction. This creates the context for the comparison of "active" modalities (such as workshops) with "passive" ones (such as lectures in general).

2.2 Theoretical Models of Intervention

The research operationalizes five specific strategies, each of which is based on a different psychological theory:

Peer Support Social Learning Theory: According to the Social Learning Theory, as set forth by Albert Bandura in 1977, learning is a cognitive process that takes place in the social context. A key concept is Vicarious Reinforcement - individuals are more likely to adopt a behavior if they see a model similar to themselves being rewarded for the behavior. Within the college context, a peer (a horizontal model) is more relatable than a counsellor (a vertical authority). If the student observes a peer successfully coping with exam stress, the behavioral modeling is powerful. Furthermore, Riessman's (1965) "Helper Therapy Principle" suggests that the activity of helping others in a peer group reinforces the helper's own competence and self-esteem.

One-on-One Counselling (The Medical/Clinical Model): This is the traditional method, which is based on the "Therapeutic Alliance" between a trained expert and a client. It is based on psychodynamic and cognitive-behavioral theories which emphasize on the aspects of insight and cognitive restructuring (Biasi et al., 2017). While proven to be effective in pathology (depression, anxiety), its efficacy in non-clinical populations for general developmental EI skill-building is less documented.

Skill-Based Workshops (Trait-Ability Model): This model of EI focuses on the idea that EI is a set of competencies (Goleman, 1995) and can be taught through didactic teaching and structured drills. It is based on the pedagogical principles of direct instruction and practice.

Digital Modules (Techno-Centric Model): With the advent of EdTech, apps and online modules have been used more and more. However, critics cite the "Human Element Gap." O'Malley et al. (2021) and Madrid-Cagigal et al. (2025) suggest that digital interventions tend to have high attrition and low emotional resonance as they are not synchronous enough to provide the empathy that underpins emotional co-regulation.

2.3 The Context of Emerging Adulthood

The target demographic (18-25 years) informs the efficacy to be expected. Arnett (2000) calls this phase one of "instability" and "identity exploration." Students during this phase often reject having an authoritarian guide or structure, but they are hungry for belonging. This developmental reality strongly suggests that interventions that provide social connection (groups/peers) may be more developmentally appropriate than those that provide solitary correction (digital/individual).

3. RESEARCH METHODOLOGY

3.1 Research Design

The study was quantitatively based on a cross-sectional survey design. The main goal was hypothesis testing with the use of inferential statistics to compare group means.

3.2 Sampling and Participants

The study was based on a total stratified sample of N=315 undergraduate students of colleges in Haryana. For the comparative efficacy analysis, the focus was the sub-sample of students who reported participating in some form of intervention.

The sample was stratified based on Gender (50.2% Male, 49.8% Female) and Stream (Arts, Science, Commerce, Engineering) so that the results of the study are not skewed by a particular sub-group analysis.

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3.3 Instrumentation

The main tool was the Emotional Intelligence Scale (EIS) a 25-item instrument using the five components of Goleman's model (Self-Awareness, Self-Regulation, Motivation, Empathy, Social Skills).

Reliability: Scale showed excellent internal consistency (α = 0.90) in the final study. **Independent Variable Classification**: Section C of the instrument asked participants to identify the primary mode of counselling to which they accessed. The responses were grouped into 5 discrete groups:

1. Peer Support Groups ("Mitra" / Student Networks)
2. Skill Based Workshops (Stress Management/Soft Skills training)
3. One on One Counselling (Professional sessions)
4. Online/ Digital Modules (Apps, Webinars, Chatbots)
5. General Group Sessions (Orientation lectures, large groups)

3.4 Statistical Analysis

Data was analyzed using IBM-Statistical Package and System (Version 26.0).

Descriptive Statistics: Mean ($\bar{x}$) and Standard Deviation (σ) were calculated for each intervention group to determine a baseline of performance.

Inferential Statistics: A One-Way Analysis of Variance (ANOVA) was performed. This test is suitable for comparing the means of three or more independent groups to determine whether at least one of the group means is statistically different from the other group means. The level of significance was chosen to be α = 0.05.

4. RESULTS AND ANALYSIS

4.1 Descriptive Analysis by Intervention Strategy

The descriptive statistics showed that there was a significant variation in the Emotional Intelligence scores relating to the various types of intervention. The $\bar{x}$ for the whole sample was 75.43.

Table 1: Descriptive Statistics of the EI Scores According to Intervention Strategy

Intervention Strategy	N	Mean	Std. Deviation	Std. Error	95% CI (Lower)	95% CI (Upper)
Peer Support Groups	35	89.21	9.45	1.59	85.96	92.45
Skill-Based Workshops	38	78.5	11.2	1.81	74.82	82.17
One-on-One Counselling	45	76.68	10.85	1.61	73.42	79.93
Online / Digital Modules	51	72.61	13.1	1.83	68.93	76.29
General Group Sessions	71	71.16	12.4	1.47	68.22	74.09
Total	240*	75.43	12.65	0.81	73.82	77.03

Source: Primary Data Analysis (SPSS Output)

Observations, as per shown in table 1:

As for the Peer Support cohort: it had the highest mean score (89.21) which is about 14 points higher than the sample average. The standard deviation (9.45) was the lowest, showing consistent efficacy across participants.

The Clinical Middle: Traditional One-on-One counselling ($\bar{x}$=76.68), Workshops ($\bar{x}$=78.50), were close to the theoretical average.

The Passive Bottom: Large General Groups and Online Modules had the lowest scores, all below the "Moderate" threshold.

4.2 Hypothesis Testing (ANOVA)

To test whether these observed differences were statistically significant, the following hypothesis was tested:

Null Hypothesis (H_0): There is no significant difference in mean score of Emotional Intelligence of students exposed to different counselling intervention strategies

Alternate Hypothesis (H_1): There is a significant difference in the mean scores of Emotional Intelligence of the students

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exposed to different strategies of counselling intervention.

Table 2: One-Way ANOVA Summary

Source of Variation	Sum of Squares	df	Mean Square	F-ratio	Sig. (p-value)
Between Groups	13,452.12	4	3,363.03	21.34	0.000*
Within Groups	38,945.20	235	157.64		
Total	52,397.32	239			

**Significant at the 0.001 level.*

Interpretation: The F-ratio for the above analysis was 21.34 with a corresponding p-value of 0.000. Since $p < 0.05$, strongly reject the Null Hypothesis. This confirms that the type of intervention is a statistically significant predictor of outcomes of Emotional Intelligence. The variation between the strategy groups is much greater than the variation within them, suggesting that the "form" of counselling is important.

5. DISCUSSION

The results of this study provide an attractive empirical hierarchy of intervention efficacy. The rejection of the null hypothesis paves the way to a critical discussion as to why some methods are better than others in the Indian higher education context.

5.1 Supremacy of Social Learning (Peer Support)

The most striking is the statistical dominance of Peer Support Groups ($\bar{x}$=89.21). This finding is a great validation of Bandura's (1977) Social Learning Theory. In the developmental stage of Emerging Adulthood, the peer group is the most important reference point.

Horizontal vs. Vertical: Traditional counselling is based on a "vertical" transfer of wisdom from expert to student. However, the study suggests that "horizontal" transfer from peer to peer is more potent. The mechanism of Vicarious Reinforcement is at work here: when you see a fellow student (who shares the same academic load and cultural constraints), successfully regulating emotions, that provides a more believable and actionable model than the advice of an older professional.

Helping Students Become the Healers, Not Just the Patients: As Riessman (1965) theorized, the mutuality of peer groups allows students to be the healers, not just the patients. This active engagement likely increases the "Social Skills" and "Empathy" aspects of EI, which were found to be key strengths in the sample. The "Mitra" (Friend) model is a model that creates a psychologically safe space that bypasses the stigma often associated with clinical "treatment."

5.2 The Role of Pedagogy (Workshops)

Skill-Based Workshops came in second place with a mean of 78.50, validating the "Trait-Ability" perspective that one can teach EI with structured pedagogy (Mattingly & Kraiger, 2019). Workshops usually focus on specific tools (e.g. breathing techniques for anxiety, time management matrices). The structured nature of these sessions guarantees that students walk away with concrete "Self-Regulation" mechanisms that address the specific "Regulation Gap" identified in the broader thesis.

5.3 The Limitations of the Medical Model (One on One)

While One-on-One Counselling $\bar{x}$=76.68) is effective (scoring above the non-participant average), it was not as effective as peer or workshop models. This infers a difference between "Crisis Management" and "Skill Development." Individual therapy is indispensable in resolving the deep- seated pathology or acute trauma. However, for developing general emotional intelligence competencies (networking, empathy, social adaptability, etc.) the isolated nature of the clinical hour may not be as effective as the "social laboratory" of a group setting (Yalom & Leszcz, 2005).

5.4 "Human Element Gap" (Digital and General)

The poor performance of Digital Modules ($\bar{x}$=72.61) and General Groups ($\bar{x}$=71.16) is a cautionary tale.

Digital Deficit: Despite their scalability, digital tools lack the emotional resonance needed for deep psychological change. EI is all about human connection; learning EI through an asynchronous app removes the non-verbal elements and empathetic feedback loops that are so vital in helping to develop "Empathy" and "Social Skills."

Diffusion of Responsibility: Large, mandatory "General Group" sessions are likely to suffer from the bystander effect or diffusion of responsibility, in which students disengage as the intervention is not personalized. These passive modalities seem to be the least efficient use of institutional resources.

6. CONCLUSION AND RECOMMENDATIONS

This study therefore empirically breaks down the "one-size-fits-all" approach to student counselling. The results of the analysis of variance (F=21.34) confirm the hypothesis that intervention strategies contribute in very different ways to the

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development of Emotional Intelligence. The findings make a strong case for a paradigm shift from a "Clinical/Medical Model"

- which places an emphasis on expert-led, one-on-one remediation - to a "Social-Ecological Model" which places an emphasis on peer-led, community-based development.

Policy Implications:

1. Institutionalize Peer Support: Colleges should make peer networks (e.g. a "Mitra Squad") a formal part of their guidance infrastructure, rather than an informal add-on. Investing in training senior students to be "emotional first responders" gives the greatest return on investment for EI development.

2. Curricular Integration of Workshops: Structured workshop should be built into the academic calendar (as Value Added Courses for example) to proactively teach regulation skills.

3. Redefine the Role of Counsellors: Professional counsellors must shift their role from providing the only care to "trainers of trainers" supervising support groups of peers and organizing workshops, while reserving one-on-one time for acute clinical cases.

4. Caution with Digitization: While digital tools are helpful for accessibility, they cannot replace the human element. They should be used as supplements, not as substitutes, for face-to-face interaction.

By matching intervention strategies with the developmental realities of students, institutions of higher education can turn their campuses from stress-inducing settings into emotional resilience incubators.

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