

A Study of Depression in Relation to Emotional Intelligence and Five Factor Model of Personality Among Adolescents

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Depression is an affective, or mood disorder. It is an illness that immerses its sufferers in a world of self-blame, confusion and hopelessness. It is an illness of the mind and the body. The present study was an attempt to investigate the relationships between all the variables and difference between five factors of personality and emotional intelligence on the scores of depression. The sample of 200 adolescents of IX and X classes with age range between 14 to 16 years were administered psychological tests i.e. Child Depression Inventory (Kovacs, 1981), Self-Report Emotional Intelligence Test (Schutte et al, 1998) and Personality Test, NEO-PI-R, (Costa & McCrae, 1992). Product Moment Method was used to know the relationships between all the variables. Results revealed that depression is significantly positively correlated with neuroticism but negative correlated with extroversion, openness, agreeable and emotional intelligence. Results show that those who are high on neuroticism, low on extroversion, low openness and have low emotional intelligence are found suffering from high level of depression as compared to their counterparts.

Key Words: Depression, emotional intelligence, personality, adolescents

Depression is an affective, or mood disorder. It is an illness that immerses its sufferers in a world of self-blame, confusion and hopelessness. It is an illness of the mind and the body. Some could argue depression is a way of coping with life's pressures (Schwartz & Schwartz, 1993). Depression is a "whole-body" illness, involving body, mood, and thought. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better.

Emotional intelligence is a real intelligence. The definition of emotional intelligence is the ability to (a) perceive emotion, (b) integrated emotion to facilitate thought, (c) understand emotions and (d) regular emotions to promote personal growth (Mayer and Salovey, 1997). Slaski and Cartwright (2002) investigate the relationships between a measure of emotional intelligence, subjective stress, distress, general health, moral, quality of working life and management performance situated within

the management population of a large retail organization. Results indicating that manager who scored high in emotional intelligence suffered less subjective stress, experience better health and well-being and demonstrated better management performance.

Austin, et al. (2005) examined emotional intelligence, personality, alexithymia, life satisfaction, social support and health related measure. Emotional intelligence was found to be negatively associated with alexithymia to alcohol consumption and positive associated with life satisfaction and social network size and quality. Kulshrestha and Sen (2006) suggested the relationship of subjective well-being and emotional intelligence. Chadha's EQ test, positive and affect scheme, life satisfaction scheme were used and found that significant positive correlation between emotional intelligence and well-being. The finding of the study shows that executives who have high emotional intelligence scored significantly high on positive affect and significantly low on negative affect. The reason of this difference between group may be that person with high emotional intelligence are happier and more successful in their relation and are capable of striking a balance between emotion and reason.

Personality could be best described in terms of just two major dimensions: introversion-extroversion and neuroticism-stability. At one extreme of the introversion-extroversion dimension are the introverts (people who are quiet, passive and

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careful) and at the other are extroverts (outgoing, sociable and active). Independently of this dimension, people can be rated as neurotic (moody, touchy, anxious) versus stable (calm, careful and even-tempered), Eysenck, 1985. The most recent research on traits suggests that five broad trait factors lie at the core of personality. The five factors, which have come to be called the big five by trait theorists, are extraversion, agreeable, conscientiousness, neuroticism and openness.

DeNene and Cooper (1998) personality was found to be equally predictive of life satisfaction, happiness and positive affect but significantly less predictive of negative affect. When personality traits were grouped according to big five factors neuroticism was the strongest predictor of life satisfaction, happiness and negative affect. Positive affect was predicted equally well by extraversion and agreeableness. Malouff et al. (2005) examined the relationship between the five factor model and symptoms of clinical disorders. The typical pattern found associated with clinical disorders or measures of clinical disorders were high neuroticism, low conscientiousness, low agreeableness and low extraversion. Comparisons of diagnostic groups and norm groups showed higher levels of neuroticism and lower levels of extraversion than did studied of correlations between measure of the level of a disorder and measures of the five factors.

Keeping in view of the above brief conceptualization and review of literature, the following objectives of the study were proposed:

- To study the relationship of depression with emotional intelligence among adolescents.
- To study the relationships between depression and five factors of personality among adolescents.
- To find the significant mean difference between high and low group of emotional intelligence and five factors of personality on the scores of depression.

Method

SAMPLE

A total sample of 200 adolescents with age range of 14 to 16 years will be selected randomly

from different schools of Jind (Haryana State). The depression, emotional intelligence and five factors of personality studied with the help of various psychological tests.

TOOLS

Child Depression Inventory (Kovacs, 1981). It is a self report measure of depression symptoms in children and adolescents. Scale has 27 items dealing with sadness, self-blame, loss of appetite, insomnia, interpersonal relationships and school adjustment. Children were asked to indicate whether items were 'true' or 'not true' for them. CDI total scores varied between 0 (No depression symptoms) and 27 (all depression symptoms present).

Self-Report Emotional Intelligence Test (Schutte et al., 1998) is a self-report test of EI that is based on Salovey and Mayer's (1990) original work on EI. Participants responded to 33 self-report items such as "I know my emotions change", using a 5 points scale, on which 1 represents strongly disagree and 5 represents strongly agree. The reliability of the scale was ($\alpha > .93$).

Personality Test, NEO-PI-R, (Costa & McCrae, 1992). This test measures five global dimensions of personality with the help of 60 items i.e. Neuroticism, Extroversion, Openness, Agreeable and Conscientiousness. Participants completed the scale using a

1 (strongly disagree) to 5 (strongly agree) response format. Reliability were high for all five factors ($\alpha > .87$).

Procedure

The above mentioned three psychological tests were simultaneously administered to the selected subject, personally, and they were asked to read carefully the instructions given in the questionnaires. Subjects were allowed to take their own time to complete the questionnaires. Scoring for all the three questionnaires were done as per the instructions in their manuals, concerning books or research articles.

Results And Discussion

The collected data was subjected to following statistical analyses pertinent to research objectives of the study. Pearson's Product Moment Method

was used to find the correlations among all the variables. In order to test the significance of mean difference between intelligence and five factors of personality on the scores of depression, t-test was used. Two groups of emotional intelligence and five factors of personality were divided into high and low groups on the scores of depression (mean + 1 S.D).

A careful examination of inter correlation matrix (table no-1) reveals that out of five factors of personality only one i.e. neuroticism (N) is positively correlated with depression (DEP) and remaining four i.e. extroversion (E), openness (O), agreeable (A), conscientiousness (C) are negatively correlated with depression among adolescents. The correlations between five factors of personality and depression are neuroticism ($r=.21<.01$), extroversion ($r=-.61<.01$), openness ($r=-.37<.01$), agreeable ($r=-.14<.05$), conscientiousness ($r=-.10$). These results reveal that when a person high on

**TABLE NO -1
INTERCORRELATION MATRIX**

VARI.	N	E	O	A	C	EI	DEP
N	--	-.21	.01	-.27	-.20	-.09	.21
E		--	.31	-.10	.10	.24	-.61
O			--	-.06	-.09	.04	-.37
A				--	.21	-.07	-.14
C					--	.14	-.10
EI						--	-.47
DEP							--

neuroticism, the level of depression also increases but extroversion, openness, agreeable and conscientiousness helps to reduce the level of the depression. Further, the results (table no -1) also show that there is negative correlation between emotional intelligence (EI) and depression ($r=-.47<.01$). It reveals that when a person is high on emotional intelligence, the level of depression decreases and if a person is low on emotional intelligence, the level of depression increases.

The significance of mean difference between the scores of high and low groups of emotional intelligence and five factors of personality has been tested. As perusal of result Table no-2 reveals that out of five factors of personality three are significant on the score of depression. The mean and S.D of high and low neuroticism (N) are 38.26 (5.02) and 36.57 (5.10)

**TABLE NO -2
SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN OF HIGH AND LOW GROUP ON THE SCORE OF DEPRESSION**

Sr. no	VARI.	LOW GROUP		HIGH GROUP		t
		MEAN	SD	MEAN	SD	
1	N	36.57	5.10	38.26	5.02	2.36*
2	E	39.62	5.39	37.12	4.68	3.52**
3	O	34.12	4.42	32.04	3.63	3.65**
4	A	36.58	4.95	36.90	4.62	0.47
5	C	42.75	6.20	41.43	6.62	1.45
6	EI	115.52	8.40	112.58	9.91	2.28*

* $p<.05$ and ** $p<.01$

respectively ($t=2.36<.05$), high and low extroverted (E) are 37.12 (4.68) and 39.62 (5.39) respectively ($t= 3.52<.01$), high and low openness (O) are 32.04 (3.63) and 34.12 (4.42) respectively ($t= 3.65<.01$), high and low agreeable (A) are 36.90 (4.62) and 36.58 (4.95) respectively ($t= 0.47$) and high and low conscientiousness (C) are 41.43 (6.62) and 42.75 (6.20) respectively significant difference ($t= 1.45$). Result shows that the adolescents with high neuroticism, low extroversion, low openness, low agreeable and low conscientiousness experience more feeling of depression in comparison to low neuroticism, high extroversion, high openness, high agreeable and high conscientiousness among adolescents.

For emotional intelligence (EI) the compared groups significantly differ to each other on the score of depression (DEP). The mean and S.D of high and low groups of emotional intelligence on the score of depression are 112.58 (9.91) and 115.52 (8.40) respectively. The t- value 2.28 is significant at .01 level of probability. Results indicate that high emotional intelligence experience less feeling of depression in comparison to low emotional intelligence group.

Results show that those who are high on neuroticism, low extroversion, low openness are found high level of depression in comparison to those who have low neuroticism, high extroversion and high openness. In other words, we can say that high neuroticism, low extroversion and low openness, to more feeling of depression among adolescents. Studies of DeNene and Cooper (1998) and Malouff et.al (2005) also support the obtained findings.

Both groups of emotional intelligence significantly differ on the score of depression. Results indicate that low emotional intelligent lead to higher level of depression as comparison to high emotional intelligent among adolescents. The results of Slaski and Cartwright (2002), Austin et.al (2005) and Kulshrestha and Sen (2006) also support the results of the present study.

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