

THE STUDY ON HOW EMOTIONAL INTELLIGENCE LEADS TO DEPRESSION AMONG ADOLESCENCE

INTRODUCTION

Adolescence is the developmental period of transition from childhood to early adulthood, entered approximately 10 to 12 years of age and ending at 18 to 21 years of age. This period is considered as one of the crucial stages of human development. Adolescence begins with rapid physical changes – dramatic gains in height and weight, changes in body contour, and the development of sexual characteristics such as enlargement of the breasts, growth of pubic and facial hair and deepening of the voice. The time period of development may vary according to the culture, sex, life style, food habits etc. At this point in development, the pursuit of independence and an identify are prominent. Thought is more logical, abstract and idealistic. More time is spent outside the family. The word adolescence comes from the Latin word ‘adolescere’ which means ‘to grow’ or ‘to grow maturity’. Maturity means both physical and mental maturity which helps the humans to act accordingly. This period is also termed as ‘youth’.

According to A. T Jersild, “adolescence is a span of years during which boys and girls move from childhood to adult mentally, emotionally, socially and physically”. Adolescence is a stage of maturation. It is a transitional period of physical and psychological human development between childhood and adulthood, the cultural purpose of which involves preparation to assume adult roles. Beginning of adolescents is by sudden increase in rate of physical growth. This growth spurts occurs for both sexes, start easily for girls than for boys. This is so important for both boys and girls because this is the stage of transition from childhood

to the more complex stage of life that is the adolescence. Early adolescence, middle adolescence and late adolescence are the three stages of adolescence development.

As in development during childhood, genetic or biological and environmental or social factors influence adolescent development. During their childhood years of development, adolescents experienced thousands of hours of interactions with parents, peers, and teachers, but now they face dramatic biological changes, new experiences and new developmental tasks. The adolescent's thoughts are more abstract and idealistic. Biological changes trigger a heightened interest in body image. Adolescence is a turbulent time charged with conflict and mood swings. Although there were differences among them, the adolescents were happy most of the time, they enjoyed the life, they perceived themselves as able to exercise self-control, they valued work and their studies, they felt confident about their sexual selves, they expressed the positive feelings towards their families and they felt they had the capability to cope life's stress.

EMOTIONAL INTELLIGENCE

Emotional intelligence is the ability to understand, use, and manage our own emotions in positive ways to relieve stress, communicate properly, empathize with others, overcome challenges, solve problems and to avoid conflict. It is the ability to perceive, control, and evaluate emotions of ourselves and others too. It can be learned and strengthened. It is the ability to understand, interpret, and respond to the emotions of ourselves and others accordingly. It is type of intelligence that involves the ability to process emotional information and use it in reasoning and other cognitive activities. It was proposed by U.S. psychologists Peter Salovey and John D. Mayer. According to Mayer and Salovey's 1997 model, it comprises four abilities: to perceive and appraise emotions accurately; to access and evoke emotions when they facilitate cognition; to comprehend emotional language and make use of emotional

information; and to regulate one's own and others' emotions to promote growth and well-being. Their ideas were popularized in a best-selling book by U.S. psychologist and science journalist Daniel J. Goleman, who also altered the definition to include many personality variables.

Emotional intelligence is generally said to include at least three skills: emotional awareness, or the ability to identify and name one's own emotions; the ability to harness those emotions and apply them to tasks like thinking and problem solving; and the ability to manage emotions, which includes both regulating one's own emotions when necessary and helping others to do the same. An emotionally intelligent individual is both highly conscious of his or her own emotional states, even negativity frustration, sadness, or something more subtle and able to identify and manage them. Such people are especially tuned in to the emotions that others experience. It's understandable that a sensitivity to emotional signals both from within oneself and from one's social environment could make one a better friend, parent, leader, or romantic partner. Fortunately, these skills can be honed.

Emotional intelligence allows you to understand and manage your emotions in order to self-motivate and to create positive social interactions; it's the first step in realizing your true potential. The value and benefits of emotional intelligence are vast in terms of personal, academic, and professional success. Students with higher levels of emotional intelligence are able to better manage themselves and relate to others around them. This can help them develop improved self-motivation and more effective communication skills essential skill to helping students become more confident learners. Many people believe that this self-awareness is the most important part of emotional intelligence. Self-Regulation is the ability to control emotions and impulses. People who self-regulate typically don't allow themselves to become too angry or jealous, and they don't make impulsive, careless decisions.

DEPRESSION

Depression is a real illness and a serious condition. It is not merely a stress or feeling unwell. It is not simply a psychological disorder. It involves biological processes. It is a common mental disorder and a systemic illness which can affect anyone and might be recurrent or chronic. More than 300 million people were affected with depression and it is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. It results from a complex interaction of social, psychological and biological factors. It is an illness that involves not only the mind or brain but the whole body, affecting the way a person eats, sleeps, feels about himself or herself, and thinks about things. It is not a passing, normal, state of mind and it is neither a sign of personal weakness nor a condition that one can "snap out of". In general, depression can affect anyone both men and women from all backgrounds, in all professions, and at all stages of life. Even people whose lives seem carefree and contented can experience depression. A negative event such as the loss of a loved one, losing a job, or suffering from a severe somatic illness – or severe and prolonged stress, can sometimes trigger a depressive episode but sometimes depression will occur spontaneously without any obvious cause.

Other interacting factors contribute to the onset and maintenance of depression, including genetic factors, changes in hormone levels, certain medical conditions, stress, grief or difficult life circumstances. Any of these factors in combination can lead to changes in brain physiology and difficulty adapting to external and internal events, leading to depression's signs and symptoms. Isolated factors are unlikely to cause depression. It has a genetic component but until now it was not possible to identify a specific single gene that causes the onset of a depressive episode. Many studies have shown that the likelihood of developing depression triples for people with depressed parents or siblings in comparison to people not having a

depression-affected relative in their family. In other words: relatives of families in which depression occurs are often prone to the disorder. But for the actual development of the disorder, further factors have to be present as well. Therefore, depression is biopsychosocial and its development varies from person to person.

In order to explain the development of depression, we have to consider the interaction between both biological and psychological factors. Both aspects are like two sides of a coin and this interaction of psychosocial and neurobiological factors is not only important in the development of depression, but in all other mental disorders as well. These factors can interact at the level of predisposition or resilience, triggering, and maintenance or resolution. Depression is a clinical term describing a medical condition that affects the way mood is controlled by the brain – a mood disorder. Depression affects feelings, thoughts and body functions. Experiencing depression involves intense negative emotions and feelings and loss of interest, fatigue, change in sleep, sexual activity and weight or appetite, negative ideas such as pessimism, low self-esteem, indecisiveness and suicidal ideation, and other specific symptoms. On the whole, these symptoms will produce an undesirable effect on people's lives, for example impacting on personal wellbeing, work and relationships. It is an illness that involves not only the mind or brain but the whole body, affecting the way a person eats, sleeps, feels about himself or herself, and thinks about things. It is not a passing, normal, state of mind and it is neither a sign of personal weakness nor a condition that one can "snap out of". It is not up to the affected person to decide to "pull themselves together" and get better.

Depression is far beyond distress or normal suffering: it is an illness involving signs and symptoms that will last for weeks, months, or years without recognition of the condition or appropriate treatment. It is often accompanied by anxiety and is always associated with significant problems in the family, with friends, in work or school because of the effect that

depression has on the person. Some symptoms are age-specific and may be more common in children (behaviour issues), youth (agitation and irritability), or among older people (withdrawal, apathy and delusional ideas). Also, because depressive disorders are not just psychological disorders but involve biological process, physical symptoms are very common

NEED AND SIGNIFICANCE

Adolescence is the time period of human development where sudden changes taken place. So, we can consider this as a crucial stage of development. During pandemic situations it is very difficult to manage emotions thus it may lead to loneliness and depressive situations. Now a days, emotional intelligence of adolescence is very important factor. Depression is influenced by the emotional intelligence. Therefore, it is very important to understand the emotional intelligence and the situation of depression. Moreover, the study helps to make awareness on emotional intelligence and decrease the depression among the adolescents. Through this study we can find the relationship between emotional intelligence and depression among adolescents.

AIM

- To find how emotional intelligence leads to depression among adolescence

OBJECTIVE

- To understand the relationship between emotional intelligence and depression among adolescents.
- To find out the gender difference in emotional intelligence.
- To compare the gender difference in depression.

HYPOTHESIS

- There is no significant relationship between emotional intelligence and depression among adolescents.
- There is no significant gender difference in emotional intelligence
- There is no significant gender difference in depression.

KEY TERMS

- **EMOTIONAL INTELLIGENCE:** It is defined as the capacity to understand our own feelings and others too, for boosting and motivating ourselves and to for managing emotions well in our whole life relationships.
- **DEPRESSION:** A mental health disorder characterized by persistently depressed mood or loss of interest in activities, having loneliness causing significant impairment in daily life.
- **ADOLESCENTS:** It is one of the stages in the life span development of human beings where sudden physical, emotional, cognitive and mental changes occur.

REVIEW OF LITERATURE

A fundamental part of the study is to gain proper knowledge of the area in which the research to be conducted. Review of literature help to become aware of the significance of the problem which is selected for the study. Also, we become familiar with the area studied. Later it promotes greater understanding of the problem. A review of the literature for the present study is given below.

Mrs. Alka D. Gore, Dr. Vinayak A. Jadhav, Mervin Israel, Dr. Vivek B. Waghchavre and Dr. Girish B. Dhumale (2019) conducted a Comparative Study of Emotional Intelligence and Stress, Depression, Anxiety between Medical and Engineering Students studying in the Sangli-Miraj-Kupwad corporation area. Data was collected by using Pre-designed, pre-tested and validated self-administered questionnaire, given by TEIQ and Dass-21 scale. Chi-square test and GLM were applied for analysis with SPSS-22. And the result was meedical students were having significantly better emotional intelligence and higher stress, depression and anxiety than engineering students.

Sarah K. Davis, Rebecca Nowland and Pamela Qualter (2019) had conducted a study on the role of emotional intelligence in the maintenance of depression symptoms and loneliness among children aged 9-11 years. 213 children completed the TEIQue-CF and the MSCEIT-YV at the firtst time point of the study and loneliness and aloneness scale for children and adolescents. Findings indicated that the emotional skills are important for predicting the maintenance of depressive symptoms and loneliness in children and emotional self-competency is less influential.

Maryam Kousha, Hossein Alizadeh, Bagheri and Abtin Heydarzadeh (2018) had studied the emotional intelligence, stress, depression and anxiety in Iranian resident physicians. In this study, 245 residents were analysed by using Bar-On emotional intelligence questionnaire and

Depression Anxiety Stress Scales -21. The result was higher emotional intelligence appears to be good predictors of lower stress, anxiety and depression in resident physician.

Suad M. A. Sulaiman conducted (2013) a study on Emotional Intelligence, Depression and Psychological Adjustment among University Students in the Sultanate of Oman in relation to gender. The study sample consisted of 323 students all of whom have completed answering the emotional intelligence inventory, Beck's list for depression and the psychological adjustment interment. In addition, T-test were conducted. The research showed a high level of EI among SQU students; a higher EI average for female students compared to males; a negative correlation between EI and depressive symptoms and a positive correlation between EI and psychological adjustment.

Jacobsen and his team (2011) conducted a study on a large group of high school students, the sample included 2189 adolescents. The researcher investigates the correlation of depression and suicidality by assessing the relationship between restrictive emotionality (difficulty understanding and expressing emotions) and depressive symptoms and suicidal ideation and attempts among adolescents. The findings of the study revealed restrictive emotionality is highly associated with depressive symptoms and suicidal thoughts and behaviors among high school students.

Luke A. Downey, Patrick J. Johnston, Karen Hansen, Rachel Schembri, Con Stough, Virginia Tuckwell and Isaac Schweitzer (2008) conducted a study on the relationship between emotional intelligence and depression in among cohort of adults in ac clinic. Sixty-two patients (59.70% female) with a DSM-IV-TR diagnosis of a major affective disorder and 39 aged matched controls (56.40% female) completed self-report instruments assessing EI and depression in a cross-sectional study. The results show a reduced social involvement, an

increased prior institutionalization and an increased incidence of “Schizophrenic Psychosis” and “Abnormal Personalities” in the sub-group of repeated admissions

Amitay and Mongraion (2007) tried to identify personal relationships in terms of emotional intelligence with a group of people who had depression. The study sample consisted of (58) graduates who had a history of depression according to the diagnostic statistical manual of psychiatry, using Mayer’s scale of EI (Mayer, et al., 2002). The study concluded that people who have high Emotional intelligence are less critical and rejecting of their partners compared to those who scored low levels of EI.

Adel Tannousa and Jehan Matar conducted (2006) a study on the relationship between depression and emotional intelligence among a sample of Jordanian children. A Jordanian translation of the children’s depression Inventory (CDI) which is a self-report measure of depression was used in this study. The basic sample on which the (CDI) were applied on consisted of 619 (365 female and 254 male) at sixth grade from both public and private schools in Amman city. The study revealed two major findings. First, there were statistically significant differences between males and females in the Stress Management Scale and Total EQ Scale, as a result, depressed females showed lower level of emotional intelligence than males. Second, there were no significant differences between males and females in either intrapersonal, interpersonal and adaptability Scales.

Pablo Fernandez, Ruben Alcaide, Natalio Extremera and David A. Pizarro (2006) conducted a study on the role of emotional intelligence in anxiety and depression among adolescents. 250 students were administrated the Trait Meta-Mood Scale (TMMS), a self-report measure of emotional intelligence along with measures of thought suppression, self-esteem, anxiety and depression. The result was the emotional intelligence is negatively related to the level of depression and anxiety.

Saba Ajmal and Maher Bano conducted (2004) a study on the relationship between depression and emotional intelligence quotient among the medical and dental students of Nishtar College Multan. The sample consisted of 200 students (100 males & 100 females) of age range of 18 to 26 years. The data were collected with the Beck Depression Inventory (Beck and Steer & Brown, 1996) BDI-II and EQ-i developed by Baron (1997). The data was analyzed by using means, standard deviation, t test and Correlation. The results revealed that there is a negative correlation between emotional intelligence Quotient and depression.

METHOD

The success of any research depends largely on the suitability of methods and tools used. Methodology lays out the way the formal research is to be carried out and outlines the details of descriptions of research variables and procedures. Research methods refers to the behavior and instruments used in selecting and constructing observations, recording data, techniques of processing data.

AIM

The aim of the project was to search out the relationship between emotional intelligence and depression among adolescence.

SAMPLE

A sample of 60 items have been selected for this study. The data is collected by the method of random sampling. As a sample, it is taken 30 male and 30 female adolescents from both rural and urban areas. They are belonging to the age category of 12-19 years.

Inclusive criteria:

- People with age group of 12-19 years WRE INCLUDED
- Males and females are included
- Both rural and urban are included

Exclusion criteria:

- People below 12 years and above 19 years are excluded.
- The psychiatric patients or mental patients are excluded

TOOLS

Data collection was done through google form due to pandemic situation of COVID-19.

Individual scoring was done and statistically analyzed. Two scales were used and they are:

- EMOTIONAL INTELLIGENCE SCALE
- BECK DEPRESSION INVENTORY

EMOTIONAL INTELLIGENCE SCALE

The Emotional Intelligence Scale is used to find out the emotional intelligence of an individual and it contain 31 questions. It is developed by Dr. Arun Kumar Singh and Dr. Shruti Narayan.

The Scale is written in English language and the respondent were asked to answer the statement as YES or NO.

SCORING

The raw scores are summed up in order to get emotional intelligence score. Higher the score, higher is the emotional intelligence of the individual and vice versa. The factors of the scale are understanding emotions, understanding motivation, empathy and leading relations.

RELIABILTY AND VALIDITY

Test re-test reliability was calculated by administrating the test on the same sample (N=100) with a time gap fortnight. It was found to be 0.86 alpha coefficiene, which was significant at .01 level. The present scale was correlated against the scale developed by Hyde, Pethe and Dhar (2001). The concurrent validity was found to be 0.86, which was significant at 0.1 level. For this purpose, both scales had been administrated on the same sample (N=100).

BECK DEPRESSION INVENTORY

Beck depression Inventory (scale) is used to find out the level of depression in individual. It contains 21 questions and there are 4 statements, for each questions the individual can choose any one of them.

SCORING

The scoring can be done by adding the scores of selected statements. If the score lies in between 0-10, it means it is normal. If the score lies in between 11-16, the person has mild mood disturbance. If the score lies in between 17-20, the person has borderline clinical depression. If the score lies in between 21-30, the person has moderate depression. If the score lies in between 31-40, the person has severe depression. And if the score is above 40, the it is considered as extreme depression.

VALIDITY AND RELIABILTY

The Beck Depression Inventory has been extensively used for contented validity, concurrent validity and construct validity. The reliability of the Beck Depression Inventory is, $r = 0.93$.

The test also may have high internal consistency, $=0.91$

Condition of scale used:

Permission for use of this scale is not necessary when use its score for research or educational purposes.

PROCEDURE

After choosing the questions, these questions are provided to the adolescents belonging to the age group of 12-19. All of them are willing to fill the form and share their information. The questionnaire is administrated individually through google form and set of instructions were given by ensuring them that their information is confidential.

STATISTICAL ANALYSIS

T-test

The t- test is one of many tests used for the purpose of hypothesis testing in statistics. It is used for the comparison of the difference between the means of two groups. It is suitable to test whether the mean of the two sets of scores are significantly different or not. The t-test based on t- distribution and is considered as an appropriate test for finding the significance of difference between the means of two samples in case of small sample when population variance is not known. If the value exceeds a cut- off point depending in degree of freedom the difference in mean is considered significant when t value is below the cut-off the difference is said to be not significant.

Correlation analysis

It is a measure of relationship between two variables in forms of strength of relationship, the value of correlation coefficient varies between +1 and -1. A value of +1 or -1 indicates a perfect degree of association between two variables. As the correlation coefficient values goes towards 0, the relationship will be weaker. The sign of the correlation indicates the direction of relationship. If both variables tend to increase or decrease together the coefficient is positive. If one variable increase as other decrease, the coefficient is negative.

RESULT AND DISCUSSION

The aim of the study was to understand the relationship between emotional intelligence and depression among adolescents. Emotional Intelligence Scale and Beck's Depression Inventory are the measures used in this study. This study contains 30 samples of boys and 30 samples of girls among adolescents. The data is collected and analysed using SPSS. Pearson's correlation was used to determine the relationship between emotional intelligence and depression. Independent sample T-test is used to understand the difference between emotional intelligence and depression among adolescents.

Hypothesis 1 states that there will be no significant relationship between emotional intelligence and depression among adolescents. The results in the Table 1 indicates that there is a significant relationship between emotional intelligence and depression. So, the hypothesis is rejected.

TABLE 1: Pearson correlation and level of significance between emotional intelligence and depression.

VARIABLES		EMOTIONAL INTELLIGENCE	DEPRESSION
EMOTIONAL INTELLIGENCE	PEARSON CORRELATION	1	-0.340
	SIGNIFICANCE		0.008
	N	60	60
DEPRESSION	PEARSON CORRELATION	-0.340**	1
	SIGNIFICANCE	0.008	
	N	60	60

**significant at 0.01 level (2 tailed)

The result in the table 1 shows that there is statistically significant relationship between emotional intelligence and depression. (Pearson correlation coefficient =-0.340, N= 60)

An emotionally intelligent person has the ability to analyse and interpret depressive situations. They are able to strategically overcome a situation without causing harmful effect to themselves. Thus, as emotional intelligence increases, depression decreases. In a study conducted by Jacobsen and his team (2011) investigates the correlation of depression and suicidality by assessing the relationship between restrictive emotionality (difficulty understanding and expressing emotions) and depressive symptoms and suicidal ideation and attempts among adolescents. The findings of the study revealed restrictive emotionality is highly associated with depressive symptoms and suicidal thoughts and behaviors among high school students. Another study conducted by Adel Tannousa and Jehan Matar (2010) on the relationship between depression and emotional intelligence among a sample of Jordanian children As a result, depressed females showed lower level of emotional intelligence than males. Second, there were no significant differences between males and females in emotional intelligence and depression.

Hypothesis 2 states there is no significant gender difference in emotional intelligence. The Table 2 indicates that there is no significant difference. Therefore, the null hypothesis is accepted.

TABLE 2: Mean, standard deviation, level of significance and t value obtained by adolescents in emotional intelligence

EMOTIONAL INTELLIGENCE	GENDER	N	MEAN	STANDARD DEVIATION	T	SIGNIFICANCE
	BOYS	30	11.6207	11.53694	.256	0.799
	GIRLS	30	12.3667	10.81660		

The result in the table 2 shows that there is no significant gender difference in emotional intelligence ($t= 0.256$) mean and standard deviation in emotional intelligence for males (mean=11.6207, standard deviation=11.53694) and for males (mean=12.3667, standard deviation=10.81660).

The result shows that both boys and girls show almost same level emotional intelligence. Adolescence is the period of rigorous emotional, psychological and biological growth. As both boys and girls go through this period of change, they may showcase similar level of emotional intelligence. Emotional intelligence is the ability to understand, use, and manage our own emotions in positive ways to relieve stress, communicate properly, empathize with others, overcome challenges, solve problems and to avoid conflict. Thus, during the period of adolescence, emotional intelligence is a characteristic that is being incorporated into the children as they develop and thus, there may be no gender differences.

Hypothesis 3 states that there is no significant gender difference in depression. Table 2 indicates that there is no significant gender difference in depression. Therefore, the null hypothesis is accepted

TABLE 3: Mean, standard deviation, level of significance and t value obtained by adolescents in depression.

DEPRESSION	CATEGORY	N	MEAN	STANDARD DEVIATION	T	SIGNIFICANCE
	BOYS	30	24.3103	3.72351	0.753	0.454
	GIRLS	30	23.5667	3.85677		

The result in the table 3 shows that there is no significant gender difference in depression ($t= 0.753$) mean and standard deviation in depression for males (mean=24.3103, standard deviation=3.72351) and for females (mean=23.5667, standard deviation=3.85677)

The result thus indicates that the both boys and girls have same level of depression. Depression is the negative feeling which may lead to abnormal behaviour. As children grow up and reach adolescence, the amount of stress they undergo also increases which may lead to depressive state. They mostly encounter various stress, which may be equally seen in boys and girls. It can be also seen that girls perceive more depressed situations than boys. A study by Saba Ajmal and Maher Bano (2007) was aimed to explore the relationship between Depression and Emotional Intelligence Quotient among the medical and dental students of Nishter Medical College Multan. The results revealed that Depression and Emotional Intelligence Quotient are negatively correlated. The result further indicated that there is no significant difference in level of Emotional intelligence Quotient among male and female medical and dental college students. The results indicated that there is a significant difference in Depression among male and female medical and Dental college students.

SUMMARY AND CONCLUSION

There are so many studies done in the area of adolescents. The present study was conducted to find out how the emotional intelligence leads to depression. Emotional Intelligence Scale and Beck's Depression Inventory are the measures used in this study. The collected data are analysed using appropriate statistical technique such as t-test and Pearson correlation coefficient. This study contains 30 samples of boys and 30 samples of girls among adolescents.

TENABILITY OF THE HYPOTHESES

Hypotheses	Tenability
There is no significant relationship between emotional intelligence and depression among adolescents.	Rejected
There is no significant gender difference in emotional intelligence	Accepted
There is no significant gender difference in depression	Accepted

IMPLICATIONS OF THE STUDY

The study was conducted on adolescents about their emotional intelligence and depression. Nowadays, lack of emotional intelligence may result depression. To strengthen the emotional intelligence and to avoid depressive situations, awareness and some precautions should be given to the adolescents. This study paved the way to make measures to solve this situation.

LIMITATIONS OF THE STUDY

Major limitation of this study was that the samples were taken through online due the pandemic situation of COVID 19.

The accuracy of the answers given by the samples might be compromised due to questionnaires given through the google form

Lack of interest to fill the google form.

Sample size was comparatively small.

SCOPE FOR FURTHER RESEARCH

The variables included in the present study were limited. Hence further studies may be conducted incorporating new variables like loneliness, perceived health, self-efficacy, socioeconomic status, coping skills, etc. And this study can be done by considering other stages of life too.

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