Self-Esteem and Emotional Intelligence as Predictors of Depression Among Undergraduate

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Abstract
The study investigated self-esteem and emotional intelligence as predictors of depression among undergraduates. Four hundred and twenty-three (423) students comprise of 272 females and 151 males, with an age range of 17-22 years, a mean of 23.47 and SD of 5.43 were drawn as participants using availability and purposive sampling techniques as participants from population of Enugu State University of Science and technology (ESUT), University of Nigeria Nsukka Enugu campus (UNN) and Institute of Management Sciences (IMT) students. Zung (1965) Self-rating Depression Scale (SDS), Hudson (1992); index of Self-esteem (ISE) and Wong and Law (2002) Emotional Intelligence Scale (WLEIS) were adopted for data collection, a correlational design was adopted, while hierarchical multiple regression was used for analysis. Three hypotheses were tested, and the results revealed that self-esteem and emotional intelligence failed to predict depression, as there was no remarkable relationship between the variables. There was no significant interaction effect among the predictor variables and the criterion variable at p< .05. Given the findings of the study, the researcher hereby suggests that students with positive mental attitudes can hardly fall into depression.

Keywords: *self-esteem, emotional intelligence, depression*

Introduction

According to numerous theories of depression, one of the hallmarks of depression is poor self-esteem (Beck, 1967; Trautwein & Roberts, 2019). One of the DSM-5's diagnostic criteria for depression is low self-worth (APA, 2013). The two constructs have been found to have a strong empirical link. Depending on the samples and metrics employed, cross-sectional correlations can range from -.24 to -.79 (Orth et al., 2008; Mu et al., 2019). The nature of the relationship between depression and low self-esteem is still unknown, even though this association has been well established. This inspired the researcher to look into emotional intelligence and self-worth as indicators of student depression.

According to the National Institute of Mental Health (2016), depression is an illness marked by a low mood that lasts for at least two weeks and is evident in most situations. It is frequently accompanied by low self-esteem, a loss of interest in things that are generally enjoyable, low energy, and pain that has no apparent reason. According to the National Institute of Mental Health (2016), sad people may occasionally hold erroneous beliefs or see or hear things that others cannot. According to Robinson et al. (2017), depression should receive a lot of attention because it is not a typical aspect of ageing. Whether intoxication, withdrawal, or long-term usage, several substances can induce or worsen depression. These include stimulants (like cocaine and amphetamines), opioids (painkillers and illegal substances like heroin), alcohol, sedatives (like benzodiazepines), hallucinogens, and inhalants (APA, 2013).

Childbirth, menopause, financial hardships, unemployment, stress (from work, education, family, living conditions, etc.), medical diagnoses (cancer, HIV, etc.), bullying, the death of a

loved one, natural disasters, social isolation, rape, relationship issues, jealousy, separation, and catastrophic injury are just a few of the life events and changes that can cause depression (APA 2019: Mao & Agyapong, 2021). Numerous infectious diseases, nutritional deficiencies, neurological disorders, and physiological issues, such as hypoandrogenism in men, post-stroke depression, Parkinson's disease, chronic pain, and cognitive impairment, can all contribute to depression (Murray et al., 2012). According to Allen et al. (2014), depression is a state in which these emotions take over to the point where a person is unable to function normally.

Students may be more susceptible to depression due to a variety of circumstances. Changes in family dynamics, financial strains, lifestyle adjustments, and academic concerns related to life after graduation are some of these issues (Ibrahim et al., 2013; Alshikh Ahmad et al., 2021). Female gender, younger age, lower-class years, living alone in a rented room, and financial difficulties are additional potential risk factors that significantly raise the crude odds ratio (OR) of having major depressive disorder (Roh et al., 2010; Alshikh Ahmad et al., 2021). Additionally, a study identified a few particular elements for every academic level. Notably, the amount of work and lack of feedback were cited by first-year students as the main sources of stress, whereas concerns about future competence and pedagogical shortcomings were cited by third-year students. However, in addition to the pressures mentioned by first- and third-year students, sixth-year students also voiced concerns about a non-supportive climate (Dahlin et al., 2005; Alshikh Ahmad et al., 2021).

A high rate of depression was linked to other socioeconomic characteristics, such as family economic position. University students from low-income homes showed higher rates of depression than those from high-socioeconomic backgrounds. Furthermore, people who resided in rural locations were probably more likely to experience depression than people who lived in metropolitan areas (2006). Depressive and anxious symptoms were more common among students who used drugs, had a family history of depression and anxiety, or had lost a close member during the previous 12 months (Khan et al., 2006; Ahmad et al., 2021). Based on the research literature, it is evident that depression and self-esteem levels are correlated (Orth et al., 2014; StudyCorgi, 2021). Indeed, it has been shown that a higher incidence of depression may be predicted by a lower level of self-esteem (Sowislo & Orth, 2013; StudyCorgi, 2021). This paradigm is known as the vulnerability model because it holds that those who have low self-esteem are more susceptible to depression (Orth & Robins, 2013; StudyCorgi, 2021).

The degree to which you value and like yourself in whatever situation is known as your self-esteem (Cherry, 2021). Numerous elements, such as self-assurance, a sense of security, identity, belonging, and competence, define one's sense of self-worth (Cherry, 2021). Self-worth, self-regard, and self-respect are other phrases that are frequently used interchangeably with self-esteem (Cherry, 2021). Children typically have the lowest levels of self-esteem, which rises throughout adolescence and adulthood before stabilising and lasting for a while. As a result, self-esteem and the consistency of personality features throughout time are comparable. A person's decision-making process, relationships, emotional health, and general well-being are all impacted by their level of self-esteem (Cherry, 2021). Additionally, it affects motivation since those who have a healthy, positive self-perception are aware of their potential and may be motivated to embark on new tasks (Cherry, 2021). Low self-esteem makes people mistrust their decision-making skills and feel less confident in their abilities. Because they don't think they can accomplish their goals, they cannot be inspired to try new things (Cherry, 2021). People with poor self-esteem may struggle to communicate their needs and build connections. Additionally, they could feel unworthy and unlovable and have low self-esteem. Even if they lack the skills to support their belief in themselves, those with excessively high self-esteem may overestimate their abilities and feel entitled to success (Cherry, 2021).

Because they are so focused on believing they are flawless, they could have relationship problems and prevent themselves from improving (Cherry, 2021).

Age, disability, genetics, illness, physical capabilities, financial situation, and thought patterns are just a few of the numerous variables that might affect self-esteem (von Soest et al., 2018). Self-esteem has also been demonstrated to be negatively impacted by racism and prejudice (Johnson, 2020). Furthermore, a person's personality may be influenced by their genetic makeup, although life events are believed to be the most significant component (Cherry, 2021). Our experiences frequently serve as the foundation for our general sense of self-worth. For instance, those who frequently receive unfavourable or extremely critical evaluations from friends and relatives are likely to have low self-esteem (Cherry, 2021). Healthy self-esteem is more likely to be present in those who get what Carl Rogers called unconditional positive attention (Cherry, 2021). Another variable of interest is emotional intelligence; the study tends to investigate the predictive strength of emotional intelligence on depression.

The ability to recognise, regulate, and assess emotions is known as emotional intelligence (EI) (Cherry, 2021). While some academics contend that emotional intelligence is an innate trait, others contend that it may be developed and enhanced. Understanding, interpreting, and reacting to other people's emotions is just as important as being able to express and regulate one's own emotions. According to research, emotional intelligence can be divided into four levels: emotional perception, emotional reasoning, emotional understanding, and emotional management (Salovey & Mayer, 1999; Cherry, 2020). Emotional perception: Accurately perceiving emotions is the first step towards comprehending them. Understanding nonverbal cues like body language and facial expressions may be necessary in many situations.

Emotional reasoning: Using emotions to encourage thought and cognitive activity is the next step. We react emotionally to things that catch our attention, and emotions help us prioritise what we pay attention to and react to. Recognising feelings: There are many different meanings associated with the emotions we experience. The observer must determine the source of the person's anger and its possible meaning if they are displaying furious emotions. For instance, your boss's anger may indicate that they are unhappy with your job, that they received a speeding ticket on their way to work that morning, or that they have been having arguments with their partner. Emotional intelligence's highest level and most important component is the capacity to successfully control emotions. Important components of emotional management include controlling emotions, reacting appropriately, and responding to others' emotions (Cherry, 2021). This model's four branches are grouped according to complexity, with the more complex processes at the top levels and the simpler processes at the bottom. Higher levels, for instance, necessitate more conscious engagement and entail emotion regulation, whereas the lowest levels involve the perception and expression of emotion.

Because it concentrates on people's beliefs rather than their behaviour, Beck's (1967) theory of the cognitive approach is used as a theoretical framework. According to the notion, systematic negative bias in thought processes is the cause of depression. Cognitive aberration leads to emotional, behavioural, and possibly physical symptoms. This indicates that clinically normal persons and depressed patients have different ways of thinking. The cognitive method also assumes that mental shifts occur before the onset of depression. This theory helps to link the three variables because students' cognitive reasoning determines their ability to control their own and other people's emotions, and people's perceptions of their value are based on how they interpret the world, which determines whether or not they will experience depression. Thus, these hypotheses were tested:

I. Self-esteem will significantly predict depression control among students
II. Emotional intelligence will significantly predict depression control among students
III. Self-esteem and emotional intelligence will jointly predict depression control among students.

METHOD

Participants

Four hundred and twenty-three (423) students comprise of 272 females and 151 males, with age range of 17-22 years, mean of 23.47 and SD of 5.43 were drawn as participants using availability and purposive sampling techniques as participants from population of Enugu State University of Science and technology (ESUT), University of Nigeria Nsukka Enugu campus (UNN) and Institute of Management Sciences (IMT) students. The institutions were sampled using an availability sampling technique, which means that the available institutions were used to conduct the study. While purposive sampling techniques were used to draw the participants from the selected institutions. **Inclusive criterion: participants must be from the selected university and must be undergraduate students. Exclusive criteria: reverse of the inclusive criteria.**

Instrument

A questionnaire comprising demographic information such as age, sex, educational qualification, marital status, religion affiliation, working years and three scales categorized into three sections (A, B, C) for easy administration and scoring were administered
These instruments were used for data collection:

I. Zung (1965) Self-rating Depression Scale (SDS)
II. Hudson (1992); index of Self-esteem (ISE) and
III. Wong and Law (2002) Emotional Intelligence Scale (WLEIS)

Zung (1965) Self-rating Depression Scale

Zung's (1965) Self-rating Depression Scale was developed to measure depression as a clinical disorder. It is a 20-item inventory that is designed to assess the cognitive, affective, psychomotor, somatic and social interpersonal dimensions of depression. It is scored directly by adding together the values of the numbers shaded in all 20 items to give you the mean score. The normative cut-off points or mean scores established by Zung (1965) in categorising the participants, where the levels of depression are thus: 50 – 59 = mild depression, 60 – 69 = moderate depression, 70 – 80 = severe depression. For the Nigerian sample, the norms obtained by Obiora (1995) with a population of secondary school students for males and females are 48.77 and 47.87, respectively. A coefficient of concurrent validity of .79 was obtained by Zung (1965), a three-day interval test-retest coefficient of reliability of .93 was obtained by Obiora (1995), between SDS and the Hamilton rating scale (HRS), Hamilton (1960), between SDS and the depression scale of MMPI, a coefficient of .70 was obtained.

Hudson (1982) Index of Self-Esteem (ISE):

It is a 25-item inventory developed by Hudson (1982) to measure the level of self-esteem/self-concept. It is a Likert-type scale anchored on a 5-point scale. The response format ranges from 'Rarely or none of the time' to 'most or all of the time'. It has direct and reverse scoring. The direct score items are 1,2,8,10,11,12,13,16,17,19, and 24, while the reversed score items are 3,5,7,14,15,18,21,22,23 and 25. You add together the result of the direct score and the reverse score item to obtain the overall score. Subtract 25 from the overall score to obtain the client's ISE score. Hudson (1982) provided the original psychometric properties for American samples, while Onighaiye (1996) provided the psychometric properties for Nigerian samples. Hudson (1982) obtained a coefficient alpha of .93 and a two-hour test-reset coefficients of validity by correlating ISE with the stated resets: concurrent validity by SCL-90 by Derogatis et al. (1973) in scale C-interpersonal sensitivity =.46, scale D-Depression =.38.

Wong and Law (2002) Emotional Intelligence Scale (WLEIS)

The Wong and Law (2002) Emotional Intelligence Scale **(**WLEIS**)** was adopted to measure the emotional intelligence of adolescents in this study. The Wong and Law Emotional Intelligence Scale was developed and validated by Wong & Law (2002) and is based on Davies' (1998) four-dimensional definition of emotional intelligence. There are 16 items on the scales which assess emotional intelligence competencies in four areas: Self-Emotional Appraisal, Others-Emotions Appraisal, Use of Emotion and Regulation of Emotion. It contains less number of items and has been validated and used among Nigerian students. It has a high reliability coefficient of 85 (Olatoye et al., 2010).16 among the Nigerian students. The Wong and Law Emotional Intelligence Scale was measured on a 5-point Likert format type scale from "1" (Not so true of me) to "5"(fully represents me). Sample questions on this scale are "I have a good sense of why I have certain feelings most of the time", "I always know whether or not I am happy" and "I have good control of my own emotions". On average, it takes 6 minutes to fill out the questionnaire. A higher score on this questionnaire shows good emotional intelligence, while lower scores indicate poor emotional intelligence.

Procedures

The researcher drawn participants from the sample of three institutions which include: Enugu University of Science and Technology (ESUT), University of Nigeria Nsukka (UNN) and Institute of Management and Technology (IMT) using availability and purposive sampling techniques. The institutions were selected using availability sampling techniques: this means that university that were available at the time of the study were sere selected for this study. While purposive sampling techniques, which is a criterion based selecting techniques was used to draw participants: ESUT (193), UNN (137) and IMT (93). Research assistants who are students from the selected institutions were employed by the researcher to help in administer and retrieving the instruments from the participants, being an undergraduate regular student qualifies anybody who gives consent to participate in the study. Four hundred and thirty (430) copies of the instrument were distributed, and four hundred and twenty-seven were returned. Three bears multiple initials, and one was wrongly responded to, bringing the number well well-responses to four hundred and twenty-three (423), which were used for data analysis.

Design and Statistics

A correlational design was adopted because the researcher is investigating the interaction of two independent variables on one dependent variable. The statistical test used for data analysis is moderated multiple hierarchy linear regression using the Statistical Package for Social Sciences (SPSS) Version 27 software.

RESULT

Table I: descriptive statistics

S/N	Variables	Mean	SD	1	2	3
1	Depression	65.93	7.95	1		
2	Self-esteem	41.69	14.91	.014	1	
3	Emotional Intelligence	55.53	8.55	-.085	.143	1

Table I presents evidence that self-esteem does not correlate with depression, as indicated by a correlation coefficient of r = .014. This suggests that there is no significant association between self-esteem and depression. Furthermore, the correlation coefficient for emotional intelligence is r = - .085, which also indicates a lack of correlation with depression. This finding implies

that emotional intelligence does not serve as a determinant for the presence or absence of depressive symptoms among undergraduate students.

Table II: regression coefficient

S/N	Variables	UStd Coeff	Stds Coeff β	t	sig.
1	self-esteem	.015	.028	.270	.788
2	emotional intelligence	-.087	-.093	-.913	.364
	r= .093, r^2= .009 sig f-change= .654				

Dependent Variable = Depression. At p< .05

Table II above indicates that self-esteem did not predict depression among undergraduates, as the significance value of .788 surpassed the threshold of $p < .05$. This suggests that there is no association between self-esteem and depression, meaning that self-esteem cannot be considered a predictor of depression in this population. Similarly, emotional intelligence also failed to predict depression among undergraduate students, with a significance value of .364, which is again above the $p < .05$ threshold. This implies a lack of close association between emotional intelligence and depression, suggesting that emotional intelligence is not a predictor or contributing factor to depression among undergraduates. Both Self-esteem and emotional intelligence were not related to depression at r=.093; they contributed .9% variance of depression among undergraduate students, and self-esteem and emotional intelligence jointly did not predict depression.

Discussion

The initial hypothesis proposed that self-esteem would serve as a significant predictor of depression among undergraduate students; however, the data did not support this assertion, leading to the rejection of the hypothesis. The findings indicate that depression among undergraduate students cannot be solely attributed to their levels of self-esteem, suggesting that a range of other underlying factors, which were not addressed in this study, may significantly influence their mental health. This implies that low self-esteem in students does not invariably lead to feelings of sadness or depression, challenging the assumption that self-worth directly determines emotional well-being.

It is crucial to recognize that numerous external influences could be at play, including academic stress, social dynamics, family responsibilities, or environmental conditions, all of which can profoundly affect a student's mental state. For instance, the pressures of maintaining high academic performance, coupled with the challenges of forming meaningful social connections in a rapidly changing environment, may contribute to emotional distress, regardless of an individual's self-esteem.

Consequently, while self-esteem undoubtedly plays a role in shaping mental health, it is clear that it is not the sole factor driving depressive symptoms among this population. Understanding this complexity allows for a more comprehensive approach to mental health support, emphasizing the need to explore and address the myriad of elements that contribute to students' emotional well-being. By doing so, we can better equip ourselves to create effective interventions tailored to the diverse experiences and challenges faced by undergraduate students.

Furthermore, the lack of a close associative correlation between self-esteem and depression indicates that these two constructs operate independently. This underscores the notion that individuals with high self-esteem are less likely to succumb to depressive episodes. Their robust self-perception and the value they place on themselves may serve as a buffer, enabling

them to navigate difficult circumstances more effectively and maintain emotional stability—even in the face of significant stressors or adversities. Such resilience can be pivotal in promoting overall mental health during formative years in higher education. It means that for students to be depressive free he or she most place a high value on him or herself, or the student most see the important of he or she to the society, because this factor will help to keep such person from depression or assist the individual to develop a positive thinking, which will help to keep away depressive thought.

The second hypothesis, which proposed that emotional intelligence would significantly predict depression among undergraduate students, was not supported by the findings, leading to the rejection of this hypothesis. The results revealed that neither possessing high emotional intelligence nor lacking it serves as a precursor to depressive symptoms. This suggests that there is no significant association between the two variables, indicating that emotional intelligence does not play a determining role in the onset of depression within this demographic.

In essence, the data imply that while emotional intelligence may influence various aspects of interpersonal relationships and coping mechanisms, it does not directly correlate with the likelihood of experiencing depression among undergraduate students. This lack of correlation invites further investigation into other factors that may be more closely linked to depressive experiences, highlighting the complexity of mental health determinants in this population.

The third hypothesis, which proposed that self-esteem and emotional intelligence would jointly predict depression among undergraduate students, was not supported by the empirical findings, resulting in the rejection of this hypothesis. This outcome implies that the combined effects of self-esteem and emotional intelligence do not significantly influence the occurrence or severity of depression within this demographic.

Specifically, the results suggest that neither self-esteem nor emotional intelligence, whether considered in isolation or conjunction, serves as a robust predictor of depressive symptoms among undergraduate students. This lack of predictive ability indicates that the interaction between these two constructs does not yield a notable impact on mental health outcomes.

Moreover, this finding highlights the complexity of the factors contributing to depression, suggesting that individuals may experience depressive symptoms due to a variety of other influences that were not captured in this study. For instance, academic pressures, social isolation, lifestyle habits, and various personal or environmental stressors may play critical roles in shaping mental health.

Consequently, the results underscore the importance of broadening the scope of research and intervention strategies aimed at addressing depression in undergraduate populations. By recognising that self-esteem and emotional intelligence alone may not sufficiently account for variations in depressive experiences, researchers and mental health professionals can better tailor their approaches to encompass a wider range of psychological and contextual factors that influence student well-being.

Implication of the findings

The obtained results align closely with the theoretical framework established by Beck's (1967) cognitive approach, which emphasizes the significance of individuals' beliefs and thought patterns over their behavior. According to this theory, depression arises from a systematic negative bias in cognitive processes, suggesting that the way individuals interpret their experiences profoundly influences their mental health. It posits that dysfunctional thinking and distorted perceptions contribute to depressive symptoms, indicating that an individual's cognitive processes are fundamental to their emotional state.

In light of this framework, the findings of this study—which demonstrate that emotional intelligence and self-esteem are not strong predictors of depression—underscore the need for

mental health practitioners to focus on fostering positive thinking among students. Clinicians should encourage strategies that promote cognitive restructuring, enabling students to challenge and reframe negative thought patterns. By cultivating a mindset that emphasises positivity and resilience, students may be better equipped to mitigate the risk of depression and enhance their overall mental well-being.

Ultimately, this approach suggests that while enhancing self-esteem and emotional intelligence can have beneficial effects, fostering healthier cognitive processes is crucial in effectively combating depression among undergraduates. Encouraging a positive outlook can empower students to navigate challenges with greater confidence and emotional stability.

Limitations of the study

Many factors militated against this study, one of such is the sampled population. Sampling participants from only one state reduces the number of students that took part in the study, the number would have increased assuming institutions from more than one state was considered. Carrying out this study during the exam period discouraged some students from not to participating in the study many students cited a tight schedule as one factor of not wanting to take part in the study.

The instrument used was another factor, using a self-report instrument allowed the participants to positively rate themselves because they didn't want to look bad in the eyes of the world.

Suggestions for further study

Future researchers should consider sampling participants from more than one state as this will increase the number of participants that will want to take part in the study.

This study should not be carried out by the future researcher; this will motivate students to want to take part in the study.

A better method of drawing participants should be adopted by future researchers to reduce the possibility of students.

Summary and conclusion

One notable finding from this research indicates that self-esteem and emotional intelligence do not serve as strong predictors of depression. This suggests that, despite the potential benefits of having high self-esteem and emotional intelligence, these factors alone may not significantly impact the likelihood of experiencing depressive symptoms. This insight emphasises the need for further exploration into other variables or influences that could play a more pivotal role in understanding and addressing depression among individuals, particularly in the undergraduate population. By recognizing that self-esteem and emotional intelligence may not have a direct correlation with depression, researchers and practitioners can better target their interventions and support systems to effectively promote mental well-being.

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