CHAPTER-5

Discussion
An important concern of psychology is to understand factors which are responsible for mental health problems and also to suggest ways to manage them to the degree possible. Even more important is the objective of prevention i.e., understanding which factors need to be taken into consideration and managed in order that pathology should not occur. Since depression may be found in varying degrees in the normal population without a pathological picture, it was felt that factors associated with depression in the normal sample should be studied. This objective acquires greater significance because of findings that non-pathological & subsyndromal depression are most often precursors of full-blown pathological depression. By understanding the predictors of depression in the normal sample, factors which need to be nurtured or discouraged would become clear and strategies for prevention may be contemplated. Factors which were selected for study by the researcher were Emotional Intelligence, Anger Expression and Peer Relationships. Therefore, the problem for the present research was "A Study of Emotional Intelligence, Anger Expression and Peer Relationships among Students Experiencing Non-Pathological Depression."

Total Emotional Intelligence emerged as the most significant predictor of depression, having a negative predictive relationship with it {Table-1(b)}, i.e. higher Emotional Intelligence leads to lower depression among students and vice versa. This result has been supported by various researchers (Fernández-Berrocal, Alcaide, Extremera & Pizzaro, 2006; Fernández-Berrocal, Salovey, Vera, Extremera, & Ramos, 2005; Latorre & Montañés, 2004; Liau et al., 2003; Salovey et al., 2002; Sánchez, Montañés, Lattore & Fernández-Berrocal, 2006; Williams, Fernández-Berrocal, Extremera, Ramos-Diaz & Joiner, 2004; Austin, Saklofske & Egan, 2005; Schutte et al., 1998).
Amongst the components of Emotional Intelligence, Managing and Regulating emotions and Expressing and Labeling emotions were also found to be significant predictor variables of depression and the direction of relationship was again found to be negative (Table-1(a)), i.e. as Managing and Regulating emotions and Expressing and Labeling emotions increases, the level of depression decreases. These findings receive support from studies conducted by various researchers (Downey et al., 2008; Bar-On, 1997; Ciarrochi, Deane, & Anderson, 2002; Mikhailova et al., 1996; Salovey, 2001; Brown, Harris & Hepworth, 1998; Carlson & Sroufe, 1995; Sroufe, Carlson, Levy & Egeland, 1999; Cox, Taylor, & Enns, 1999; Campbell-Sills & Barlow, 2007; Barr, Kahn, & Schneider, 2008).

The third component of Emotional Intelligence, viz. Perceiving & Understanding emotions did not emerge as a predictor of depression (Table-1(a)). However, some studies have shown that deficit in Perceiving & Understanding emotions is negatively associated with depression (Downey et al., 2008; Ciarrochi, Deane & Anderson, 2002; Mikhailova et al., 1996; Zahn-Waxler, 2000; Hertel, Schütz & Lammers, 2009). In this study, although Perceiving & Understanding emotions did not emerge as a significant predictor variable, it was found to have an impact on depression in terms of its interaction with some other variables like, Anger-In, Anger-Total, Anger-Control, Peer attachment related anxiety and Peer attachment related avoidance.

Anger-Total was found to be the second important predictor of depression having a positive predictive relationship with depression (Table-1(b)), i.e. if Anger-Total is high then depression will also be high. This is supported by findings obtained by other researchers (Gilbert, Chang, Irons & Mc Ewan, 2005; Brootta, Dey & Kaur, 2007; Cautin, Overholser, & Goetz, 2001; Boergers et al., 1998; Gjerde &
Another dimension of anger, which emerged as a significant predictor of depression is Anger-Out. It has a positive predictive relationship with depression {Table-1(a)}, i.e. high Anger-Out results in high depression. This finding is supported by many researchers (Bridewell & Chang, 1997; Koh, Kim, Kim & Park, 2005; Cheng, Mallinckrodt & Wu, 2005; Diong, & Bishop, 1999; Diong et al., 2005; Goodwin, 2006; Thomas & Atkan, 1993; Arslan, 2010).

Other than Anger-Out, Anger-In was also a significant predictor of depression. It was also found to have a positive predictive relationship with depression {Table-1(a)}, i.e. Higher Anger-In leads to higher depression. This finding is also supported by many studies (Bridewell & Chang, 1997; Kitamura & Hasui, 2006; Cautin, Overholser, & Goetz, 2001; Maiuro et al., 1989; Johnston et al., 1991; Lehnert, Overholser, & Spirito, 1994; Arslan, 2010; Bromberger & Matthews, 1996; Zeman et al., 2002).

Anger-Control was not a predictor of depression {Table-1(a)}. Very few studies have been conducted with regard to this dimension of anger, but still in most of them it was found to have a negative relationship with depression, i.e. low Anger-Control leads to higher depression (Bridewell & Chang, 1997; Kitamura & Hasui, 2006; Arslan, 2010). In our study, though not found to be a significant predictor of depression, it was found to exercise its effect in terms of the interaction with the dimensions of Emotional Intelligence, some dimensions of Anger and Peer Relationships.

None of the dimensions of Peer Relationships emerged as significant predictors of depression {Table-1(a)}. Most studies have however shown that
problematic peer relationships are associated with higher levels of depressive symptoms and vice-versa (Prinstein, Cheah and Guyer, 2005; Roth, Coles and Heimberg, 2002; Olwens, 1993; Coie, 1990; Liable & Thompson, 2000; Brown & Lohr, 1987; Prinstein & La Greca, 2002; La greca & Harrison, 2005; Vernberg, 1990; Parker, Rubin, Price & de Rosier, 1995; Lopez & Dubois, 2005; Harrison, 2006; Ayduk, Downey, & Kim, 2001; Biggs, Nelson & Sampilo, 2010; Uba, Yaacob & Juhari, 2009). It is pertinent to note here that relationship reported in these studies was with major depression. Our sample does not fall in this pathological category, therefore it may be concluded that Peer Relationships are significant predictors of major depression, with non-pathological depression their predictive value is not significant. But the interaction of these variables with Emotional Intelligence and some of its components as well as with Anger-Control points to its importance.

Male and female students were studied separately, and Total Emotional Intelligence emerged as a common significant predictor of depression in both males and females {Table-2.1(b) and Table-2.2(b)}, i.e. as Emotional Intelligence increases, the level of depression decreases and vice versa. Managing and Regulating emotions, Expressing and Labeling emotions and Anger-In were predictors of depression in females {Table-2.2(a)}, while in male students, Anger-Total and Anger-Out were predictors of depression {Table-2.1(a) and 2.1(b)}.

Clinical and epidemiological studies have shown that girls are socialized in such a way that their expression of anger and aggression are strongly constrained (Gornick & Moran, 1971; Kaplan & Bean, 1976). This socially conformed behavior of women could lead to an anger suppression problem (Spielberger, 1988; Schwenkmezger & Hodapp, 1991). There are some studies which are consistent with
the findings obtained in relation to anger in males (Mathew & Ram, 1999; Linden et al., 2003; Bromberger & Matthews, 1996).

Managing and Regulating emotions, Expressing and Labeling emotions emerged as predictors among females but not in males. The relationship between the feminine sex and emotional competencies may be explained by the socialization process which reinforces and strengthens the female sex from childhood to be in closer touch with feelings and their nuances. It is a reality that society is by and large male dominated with some exceptions in certain cultures and under certain situations. Therefore, women develop and make use of their ability to comprehend emotions of self and others with greater sensitivity, which enables them to make appropriate responses and elicit positive reactions. Therefore, women are more emotionally expressive and are more skillful at directing and handling their own and other peoples’ emotions (Feldman Barret, lane, Sechrest & Schwartz, 2000; Garaigordobil & Galdeano, 2006; Sunew, 2004; Candela, Barberá, Ramos, & Sarrió, 2001; Aquino, 2003; Argyle, 1990; Hargie, Saunders, & Dickson, 1995; Lafferty, 2004; Tapia & Marsh II, 2006; Trobst, Collins & Embree, 1994; Brody & Hall, 1993; Fivush et al., 2000). The stereotype of women being the more “emotional” sex survives to this day in our society.

Predictors of depression were also studied in individuals living in joint families and nuclear families. Total Emotional Intelligence and Anger-Total emerged as common predictors of depression in both joint and nuclear families (Table-3.1(b) & Table-3.2(b)), i.e. as Emotional Intelligence increases depression decreases and vice versa; and as Anger-Total increases depression also increases. Anger-In emerged as predictor of depression among students living in joint families but not in nuclear
families, Expressing and Labeling emotions and Anger-out were predictors of depression among students living in nuclear families.

Family system is one of the most potent factors which provides basic social psychological environment for the individual. The joint family consists of a very inclusive environment which gives rise to different types of situations than nuclear family which is more insulated, with limited number of persons interacting and influencing each other. The joint family exposes the child and adolescent to family members of different generations and often the older and younger generation differs in their concept of discipline and proper behavior. With demanding family elders, young people are expected not to give expression to negative emotions like anger, therefore, suppression of anger is likely to be encouraged. Therefore, in joint families anger-in was found to have a positive predictive relationship with depression. Thus although rich emotional support is also available in the joint family, certain restrictive aspects of the joint family are also a reality. It is also pertinent to point out here that joint family in the Indian scenario today is very different from the traditional joint family that existed earlier. Usually a common family occupation and spacious living space in which children lived with uncles, cousins and grandparents was the picture of earlier joint family. Today, with urbanization and greater mobility in search of jobs, a joint family comes into existence because aging parents need to be looked after and they go to reside with some son in his small flat or house. Although the grandparents’ presence is definitely a positive factor for children, the concept of joint family has changed. In the nuclear family, children are interacting in the house primarily with their parents. As part of managing negative emotions like anger, children are not taught to refrain from outward anger expression. However, unrestrained anger expression may cause the adolescent to feel unhappy and guilty. Consequently,
Anger-Out can predict depression among adolescents living in nuclear families. Expressing and Labeling emotions was found to have a negative predictive relationship with depression just as Total Emotional Intelligence was also found to have. Thus, in joint families two aspects of Anger and Total EI were predictors of depression and in nuclear families two aspects of Anger and two aspects of Emotional Intelligence were predictors of depression.

Students belonging to urban region and students belonging to rural region were also studied separately. Most of the predictors are found common in both of them viz. Total Emotional Intelligence, Anger-Total and Anger-Out {Table-4.1(a), 4.1(b), 4.2(a) & 4.2(b)}, i.e. as Emotional Intelligence increases, depression decreases; but as Anger-Total and Anger-Out increase then depression also increases. But one more predictor was found among students belonging to rural region i.e. Managing & Regulating emotions {Table-4.2(a)}. The picture of the urban and rural students reflects the same pattern as found in the total sample.

In psychological studies, some variables may not have an independent significant impact on a phenomenon. However, they may interact with other variables to produce a significant effect. This aspect was also taken into consideration by the researcher. Therefore, three-way analysis of variance was also carried out to obtain information in this regard. Before applying analysis of variance, normality of the distribution was determined and for this purpose a Q – Q plot was used. This procedure is crucial because normal distribution is an essential requirement for ANOVA. After that, three-way analysis of variance was applied.

It had been pointed out earlier that none of the dimensions of Peer Relationships independently predicted depression. However, when ANOVA was applied, it was found that Peer Attachment Related Anxiety along with Anger-
Control, Perceiving & Understanding emotions and Total Emotional Intelligence produced a significant effect on depression as shown in Tables 8, 17, 22 and 23. It was shown in Table 17, 22 & 23 that individuals with low Anger-Control and high Peer Attachment Related Anxiety were found to have higher depression. Individuals with low Total Emotional Intelligence and low Anger-Control along with high Peer Attachment Related Anxiety were found to be high on depression (Table 17), as well as individuals with high Perceiving & Understanding emotions and low Anger-Control along with high Peer Attachment Related Anxiety were also found to have higher depression (Table 8). Thus, Perceiving & Understanding emotions, although a component of EI (which was found in our study to be the most significant predictor of depression with negative predictive relationship) was not able to reduce depression when Anger-Control was low and Peer Attachment Related Anxiety was high, in fact it added to the depression. This finding needs to be taken note of and should be studied in greater depth and detail.

The interaction effect of Peer Attachment Related Avoidance and Perceiving & Understanding emotions was also found to produce a significant effect. Table 6 showed that individuals with high Perceiving & Understanding emotions along with high Peer Attachment Related Avoidance were found to have higher depression. Thus, Perceiving & Understanding emotions is once again being associated with greater depression. Neither Perceiving & Understanding emotions nor Peer Attachment Related Avoidance had emerged as predictors on their own, but their interaction exercised influence on depression.

Another variable which did not come out as an independent predictor of depression was Anger-Control. But when ANOVA was applied, it was found to interact with dimensions of Emotional Intelligence and Anger Expression to produce
a significant effect on depression as shown in Table 5, 8, 9, 13, 17, 21, 22 and 23 (Tables 8, 17, 22 & 23 have already been discussed). It was shown in Table 5, that individuals with low Expressing & Labeling emotions and low Anger-Control have higher depression. Table 9 depicts that individuals with low Expressing & Labeling emotions and high Anger-In along with low Anger-Control have higher depression. Table 13 shows that individuals with low Managing & Regulating emotions and high Anger-In along with low Anger-Control were found to have higher depression. It was depicted in Table 21 that individuals with high Anger-In and low Anger-Control have high depression as well as individuals with low Anger-Control and high Anger-Total have higher depression.

Perceiving & Understanding emotions was again found to interact with dimensions of Anger and Peer Relationships in order to produce a significant effect (Table 6, 7, & 8). It was shown in Table 7 that individuals with high Perceiving & Understanding emotions and low Anger-In along with high Anger-Total have higher depression. Other tables have already been discussed earlier.

It is important to note once again that Perceiving & Understanding emotions is repeatedly being associated with elevated levels of depression.

In order to acquire further in-depth information with reference to variables like gender, family system and urban-rural dimension, inter-group differences were studied among males and females, students living in joint and nuclear families as well as urban and rural regions by computing mean scores on depression, Emotional Intelligence and its components, Anger Expression and Peer Relationships (Table-24).

Male and female students were found to differ significantly on Depression as well as on some dimensions of Emotional Intelligence and Anger Expression. Males were found to have higher depression (falling under the mild category on BDI-II) as
compared to females (normal range on BDI-II). This was consistent with the findings of other researchers (Huntley, Phelps & Rehm 1987; Smucker et al. 1986; Bartell & Reynolds 1986; Finch et al., 1985; Hankin et al., 1998; Parikh, Chakravorty, Sonawalla, Mehrah, Dracass, et al., 2001; Upmanyu, Upmanyu, and Lester, 2000). Females were found to have higher Perceiving & Understanding emotions and Managing & Regulating emotions as compared to males. This is in line with the findings of many researchers (Tapia, 1999; Dunn, 2002; Feldman Barret, lane, Sechrest & Schwartz, 2000; Garaigordobil & Galdeano, 2006; Sunew, 2004; Candela, Barberá, Ramos, & Sarrió, 2001; Aquino, 2003; Argyle, 1990; Hargie, Saunders, & Dickson, 1995; Lafferty, 2004; Tapia & Marsh II, 2006; Trobst, Collins & Embree, 1994; Brody & Hall, 1993; Fivush et al., 2000). Male students were also found to be high on Anger-In, Anger-Out as well as Anger-Total as compared to females. Mathew & Ram, (1999), Linden et al., (2003), and Bromberger & Matthews, (1996) have obtained similar findings.

It may be recalled that Emotional Intelligence emerged as a significant predictor (having negative predictive relationship) for Depression in both males and females {Tables 2.1(b), 2.2 (a) & 2.2 (b)}. The finding that women are significantly higher on Emotional Intelligence than men places women in a happier position than men with regard to succumbing to Depression. The finding that in terms of Depression mean scores obtained by the males were higher than those of females, strengthens this conclusion.

In context of earlier findings which highlighted the fact that females are higher on Depression than males (Rodrigo et al, 2010; Rao, 1999; Angold, Costello, & Worthman, 1998; Angold & Rutter, 1992; Blazer, Kessler, McGonagle, Swartz, 1994; Bebbington. Dunn, Jenkins, et al., 1998; Nolen-Hoeksema, 1990; Keenan & Hipwell,
2005; Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993; Lewinsohn, Clark, Seeley, & Rhode, 1994; Ge, Lorenz, Conger, Elder, & Simons 1994; Hankin et al., 1998; Wichstrom, 1999; Poongothai, Pradeepa, Ganesan, & Mohan, 2009; Gadit, Vahidy & Shafique 1998; Husain, Creed & Thompson, 2000; Ruchkin et al., 2006; Nolen-Hoeksema, & Girtus, 1994; Lewinsohn, Gotlib, & Seeley, 1997; Hankin, Abramson, Moffitt, Silva, Mcgee, & Angell, 1998) this finding assumes great significance. It needs to be examined and explained.

It should be kept in mind that sample of present study comprised of university students, that is young adults engaged in higher education. This level of education provides great opportunities for intellectual growth, achievement motivation, personality development, acquiring sense of self-worth. Thus leaving aside the vulnerability for depression arising out of physiological and hormonal factors, women in our sample belong to a category which has opportunities for developing self-esteem, optimistic vision of future and feelings of being in control. Cognitive factors are the most powerful determinants of our personality and the effect of biochemical factors may be covered by the influence exercised by beliefs, self-concept and life perspectives. Interestingly, studies cited in support of the fact that females are lower on Depression than males were all conducted on university students which reiterates this conclusion.

It was also observed that students living in joint families differ significantly from students living in nuclear families on Depression. On the basis of the mean scores obtained it was concluded that individuals living in a joint family have lower Depression (their level of depression comes under the normal range of BDI-II) than students living in a nuclear family (their level of depression comes under the category of mild depression on BDI-II). Majority of studies are consistent with the findings

The fact that in terms of Depression, subjects living in joint family were found to have lower Depression score than those living in nuclear families is consistent with the broad theoretical picture which suggests that greater opportunities for warmth, interaction and sense of security which are available in joint families are highly conducive to mental health. However, no difference was observed on any other dimensions in subjects coming from two different family system.

No difference was observed on any dimension in subjects coming from rural and urban background. It must be taken into account that subjects who fall in the category of rural belong to families which have their permanent residence in rural areas but are living now in an urban background for purposes of job or education of children. Therefore, there is actually no clear-cut demarcation of rural and urban in our sample – this would perhaps be true as a general picture also. Widespread social changes have also had a leveling effect on differences that existed earlier in urban-rural sector.

Some interesting results obtained need to be noted. One is with regard to Perceiving & Understanding emotions. While Total Emotional Intelligence and all other components of Emotional Intelligence have been found related to reduced depression, this component did not have any predictive value independently but in terms of its interaction effects with Anger-In, Anger-Control, Anger-Total, Peer Attachment Related Anxiety and Peer Attachment Related Avoidance. It was found to elevate depression. If we examine the concept closely we find that it is primarily a cognitive activity namely, perceiving and understanding. It does not involve any action like regulating, managing and expressing. Thus merely perceiving and
understanding emotions are apparently not enough, appropriate activities which communicate your emotions (express), which help to control your emotions (manage) and regulate your emotions are essential for healthy reactions and outcomes. It may be pointed out that this relationship of Perceiving and Understanding emotions was true of non-pathological depression but in studies conducted with major depression negative relationship of Perceiving and Understanding emotions had been observed. Most definitely this factor needs to be studied more thoroughly.

Anger-Control which refers to a tendency not to become angry even in anger provoking situations did not emerge as a predictor of depression. Theoretically it is a factor that is likely to have a negative predictive relationship with depression but on the other hand, anger does have a communication value and if those situations which should justifiably provoke anger are not doing so, it may not be a healthy behavior. Its role in reduced anger is seen in interaction with some other variables. This is indicative of its importance to some degree but it was not found to have an independent role in prediction of depression.

Another noteworthy factor is that by and large most of the variables which are associated with major depression, are also found to have a predictive relationship with non-pathological depression, namely, Total Emotional Intelligence, Managing & Regulating emotions, Expressing & Labeling emotions, Anger-In, Anger-Out, and Anger-Total. This provides further support and rationale to our approach of studying non-pathological depression with the objective of finding factors which will be able to prevent depression.

Primarily two factors have emerged as predictors of Depression namely, Emotional Intelligence and Anger. The important fact to note is Emotional Intelligence (which is related to lower levels of depression) can be nurtured while
anger (which is related to raised depression) can be managed and reduced. Therefore it is an optimistic picture in the sense that changes brought about in a particular direction can prevent or reduce the probability of depression. Many exercises and techniques have been suggested for developing Emotional Intelligence. Five key skills, each building on the last can be learned and applied to raise Emotional Intelligence. Appropriate exercises are available. Help may be taken from experts; self help can be taken from sites like helpguide.org, www.mindtools.com.

The first skill, i.e. **EQ Skill 1** – is to rapidly reduce stress. This stress busting skill involves (a) realizing when you are stressed, (b) identifying your stress response, and (c) Discovering the stress busting technique which works (usually this is through the senses – sight, sound, smell, taste and touch).

**EQ Skill 2** involves connecting to emotions. This involves understanding what kind of relationship you have with your emotions. For example,

- a) Do you experience feelings that flow?
- b) Are your emotions accompanied by physical sensations that you experience?
- c) Do you experience discrete feelings and emotions?
- d) Can you experience intense feelings?
- e) Do you pay attention to your emotions?

The third **EQ Skill** is that of Non-verbal Communication. Part of non-verbal communication involves (a) Eye contact, (b) Facial expression, (c) Tone of voice, (d) Posture and gesture, (e) Touch, & (f) Timing and pace.

**EQ Skill 4** teaches using humor and play to deal with challenges. This would help (a) Take hardships in stride, (b) Smooth over differences, (c) Simultaneously relax and energize ourselves, and (d) Become more creative.

The last is **EQ Skill 5** which focuses on resolving conflict positively.
It is important here that conflicts should be resolved in a trust building way, this involves (a) Stay focused in the present, (b) Choose your arguments, (c) Forgive, and (d) End conflicts that cannot be resolved.

Together with the above, if improvement of Emotional Intelligence is desired, it is also advised to strengthen one’s ability to (i) observe how you react to people, (ii) do a self-evaluation, (iii) examine how you react to stressful situations, (iv) take responsibility for your actions, and (v) examine how your actions will affect others – before you take those actions.

Thus by providing experiences which help to develop EQ skills, Emotional Intelligence can be nurtured, and this in turn would help in preventing Depression.

Coming to managing and reducing anger, some tips given below should be followed. Appropriate practice which are associated with each suggestion can be obtained from www.csulb.edu.

1. Think - “aggression will only drive a wedge between us; it will not solve any problem”.

2. Be assertive (not aggressive).

3. Take a “time-out” if someone gets too upset, i.e. discontinue the activity, take a break.

4. Find constructive ways to release your high energy and arousal.

5. Choose constructive (not self-destructive) expressions of anger.

6. Getting control of anger-producing beliefs and thoughts.
   a) Explore emotions of hurt and fear underlying anger.
   b) Develop empathetic understanding.

In addition to the above techniques some steps to bring anger immediately under control are –
1. **Breathe deep** and long breaths. Be sure to open your belly and breathe deep into your abdomen. You may not know it, but when you're angry you're panicking. This will help you to calm down. Learn about meditation.

2. **Walk outside** and look at the sky while you're doing your deep breathing. This will help you to put things in perspective, and it can have a soothing effect.

3. **Do some stretches.** When you're angry your body gets tense and rigid. The stretching will open up some of the tight areas of your body and get more oxygen flowing to your brain and help you clear your thoughts.

4. **Get some paper and start writing.** Write about how mad you are and why. Don't be nice, reasonable or rational. The point is to get your anger out on the paper, to purge it from your mind. Keep writing until you feel some relief or release, and don't stop until you do.

5. **Write about what you have to be grateful for,** what you appreciate about your life, your self and (if you can) the person you are mad at.

6. **If you know how, pray.** Pray for God to guide you through this dark time. Pray for the grace to see the beauty and vulnerability in the person you are mad at. Pray for the wisdom to see beyond the view of the person or situation that makes you so angry.

7. **Imagine** that you are the person you are mad at. Put yourself in their shoes. Look at the situation from their viewpoint. How do you look to them? Is that how you want to look? Decide who and how you want to be and act as if you were that already.
8. **Remember** a time in your childhood when you were afraid, hurt or angry.

   In your imagination, embrace that child, saying "It's okay. I'm here. You didn't do anything wrong. You're a good kid. I love you just like you are. I'm not going to leave you." Then take the child (your child self) out of the situation to a safe place where s/he can relax, heal or even play.

9. **Think about your values.** What is the most important thing in the world to you? Who are the most important people in the world to you? What kind of person do you want to be? How do you want to be remembered? Decide that you are that person and you are living by your values, and act as if it were so. This is the fastest way to change your emotions, and it puts you in touch with your true nature, the way you were designed to be.

   "**EVERY MOMENT OF ANGER IS ONE LESS MOMENT OF HAPPINESS.**"

The present study has made an attempt to study factors which contribute to depression in the normal population. The findings are of great importance in view of the fact that there is likelihood that non-pathological depression may also develop into full blown depression. Their significance lies in adoption of preventive approach/intervention.

**LIMITATIONS & SUGGESTIONS FOR FURTHER RESEARCH:**

Although at the time of initiating and planning a study, researchers make all possible efforts to ensure that there are no loop holes and shortcomings, as the research progresses and particularly as it comes to an end, there is a feeling that many things should have been different.

The first important point which comes to the mind is that since underlying objective of the research was to study factors contributing to non-pathological depression with a view to intervene forestall major depression it would have been
desirable to have a sample of those experiencing severe depression also. While we are
talking of factors relating to major depression, we are citing empirical researches done
in other context and a large number in other cultures. Taking both categories of
sample would have been better.

Although it is true that for individual research projects sample must
necessarily be limited but having a larger sample with subjects from other institutions
would have added to the goodness of the study. Although sample comprised of
students who were going about their normal activities in a satisfactory manner and in
terms of depression were falling within normal and mild category. It had not been
ascertained whether they were suffering from any other physical or mental pathology.
Had we looked into this feature. The aspect of control would have been stronger and
results more dependable.

Considering the role of genetic factors in depression, family history of
depression should also have been noted. Studying differences in those with family
history of depression and those without family history would have been an
informative variable.

Although the dimensions of Peer Relationships did not emerge as independent
predictors in our sample which comprised of those experiencing non-pathological
depression, in studies of major depression their role had been found to be significant.
Further some they were found to exercise influence in terms of interaction with other
variables. This aspect needs to be taken up in future studies.

Inclusion of some more variables would have made the study better. Although
there is no limit to the variable that can be added and in the interest of a meaningful
study. They have to be delimited, yet one factor that should have been included was
parental attachment. In view of the sense of security and self-worth which emanates from parents, this factor should have been included.

Since the two factors which predicted depression namely, Emotional Intelligence and Anger are amenable to management i.e. Emotional Intelligence can be increased and anger can be reduced, action research which studies these aspects at pre and post intervention stage should be designed.

One factor that manifested itself in a very interesting way was Perceiving & Understanding emotions which was found to enhance or elevate depression as part of its interactional effect with other variables. In view of the extremely significant negative relationship of Emotional Intelligence with depression, and the negative relationship of other components of Emotional Intelligence also in a similar direction with depression, this exception is noteworthy. As already brought out in our discussion of results, this Perceiving & Understanding emotions basically refers to a cognitive aspect of Emotional Intelligence and not behavioral aspect. Those components which refer to behavioral aspect namely, Managing & Regulating emotions and Expressing & Labeling emotions were found to reduce depression. The preponderance and greater importance of behaviors rather than cognitive in reduction of depression needs to be explored very systematically. This is perhaps one of the reasons why rather than cognitive therapies alone or behavioral therapies alone the concept of CBT (Cognitive Behavioral Therapy) has become more popular.

**IMPORTANCE OF THE STUDY:**

Although like all individual researches, this research also is like a drop in the vast ocean of knowledge but it does have application value. Today when depression is a mental health concern at the international level, findings which bring to light factors that can be managed by proper training need to be identified. By appropriate learning
strategies, changes in the desirable direction can be brought about. Both Emotional Intelligence and Anger which emerged as very significant predictors are amenable to change and through proper techniques and exercises, we may enhance Emotional Intelligence and reduce anger. Perhaps more researches are needed to develop a strong and more reliable theoretical base but this study is definitely a pointer in this direction.