Journal of Adolescence 37 (2014) 1069–1076

Contents lists available at ScienceDirect

Journal of Adolescence

journal homepage: www.elsevier.com/locate/jado

The relationship between perceived emotional intelligence and depressive symptomatology: The mediating role of perceived stress

Andrés S. Lombas*, José Martín-Albo [1], Sonsoles Valdivia-Salas [2], Teresa I. Jiménez [1]

Department of Psychology and Sociology, University of Zaragoza, C/ Ciudad Escolar s/n, 44003, Teruel, Spain

Keywords:
Emotional intelligence
Stress
Depression
Attention
Adolescence

A B S T R A C T

This study investigated the mediating role of perceived stress in the relationship between perceived emotional intelligence and depressive symptoms in adolescence. A total of 661 high school Spanish students participated in the study. The analyses indicated that the effects of each of the perceived emotional intelligence sub-scales (namely, Attention, Clarity and Repair) on depressive symptomatology were partially mediated by perceived stress. Specifically, the mediating effect was negative for Clarity and Repair, but positive for attention. The analysis also showed that the direct effects were positive for all sub-scales. These results suggest that the promotion of stress management skills may be core in the development of prevention and treatment programs for depression in adolescents, and possibly more beneficial than the promotion of emotion regulation skills. Our findings, along with previous evidence, suggest that emotional attention, as measured in the present study, may be targeting a pathological type of attention.

Epidemiological studies conducted in Spain have estimated that the prevalence of clinical depression during adolescence ranges between 4% and 14% (Aláez, Martínez, & Rodríguez, 2000; Bragado, et al., 1995; Subira, Obiols, Mitjavila, Cuxart, & Domenech-Llavería, 1998); the second most prevalent in this country (Aláez et al., 2000). In United States, the figures are considerably different depending on the type of depression being examined. The prevalence of clinical depression is estimated in 3.1% at age 16 (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003), whereas of subclinical levels of depression ranges from 20% to 50% (Kessler, Avenevoli, & Merikangas, 2001; Petersen, Compas, Brooks-Gunn, & Stemmler, 1993).

Depression during childhood and adolescence has been associated to higher risk of developing several problems, such as depressive disorder during the adulthood, suicidal behavior, functional deterioration, antisocial behavior, and academic related problems (Fergusson, Horwood, Ridder, & Beautrais, 2005; Fröjd et al., 2008; Lewinsohn, Solomon, Seeley, & Zeiss, 2000; Ritakallio et al., 2008). This has motivated clinical and researchers to devote much effort to detect and target depression at early stages (Lynch, Glod, & Fitzgerald, 2001; Najman et al., 2008).

* Corresponding author. Tel.: +34 978 618 120; fax: +34 978 618 103.
E-mail addresses: slombas@unizar.es (A.S. Lombas), jmartina@unizar.es (J. Martín-Albo), sonsoval@unizar.es (S. Valdivia-Salas), tijimgut@unizar.es (T.I. Jiménez).
[1] Tel.: +34 978 618 120; fax: +34 978 618 103.
[2] Tel.: +34 978 645 343; fax: +34 978 618 103.

http://dx.doi.org/10.1016/j.adolescence.2014.07.016
0140-1971/

Part of these efforts have focused on identifying the variables that may pose a risk for the development of depression as well as those that may serve as protective factors. Among the risk factors for the development of depression, we highlight stress, whose relation with the former is widely recognized in the scientific literature. The relation between life stress and risk of depression has been demonstrated for acute (Kendler, Karkowski, & Prescott, 1998) and chronic stress (see Hammen, 2005; for a review). Moreover, life stress has been associated to the onset of depression (Kendler, Karkowski, & Prescott, 1999), as well as depressive relapse (Swindle, Cronkite, & Moos, 1989), recurrence of depression (see Burcusa & Iacono, 2007; for a review) and the intensification of depressive symptoms (Lewinsohn, Hoberman, & Rosenbaum, 1988). This relation has been reported in all developmental periods, including adolescence (see Tram & Cole, 2000; for effects in adolescence).

Regarding the protective factors, recent research is proving evidence in favor of emotional intelligence (EI) as a key concept in the study of adolescent mental health, since it is considered to be a protective factor against negative moods and, therefore, against mental illness (Mayer & Salovey, 1997). EI involves the ability to (a) accurately perceive, appraise, and express emotion; (b) access and/or generate feelings that facilitate thought; (c) understand emotion and emotional knowledge; and (d) regulate emotions in order to promote emotional and intellectual growth (Mayer & Salovey, 1997). EI as defined by Mayer and Salovey is assessed with the Trait Meta-Mood Scale (TMMS; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995), which includes three subscales: (1) Attention to Feelings (or Attention) assesses the ability to observe and think about own feelings and moods; (2) Emotional Clarity (or Clarity) evaluates the understanding of one's emotional states; and (3) Mood Repair (or Repair) assesses the individuals' beliefs about their ability to regulate their feelings.

Research has generally shown that EI is related to depression-proneness in adolescence (Extremera, & Fernández-Berrocal, 2006; Extremera-Pacheco, Fernández-Berrocal, Ruiz-Aranda, & Cabello, 2006; Fernández-Berrocal, Alcaide, Extremera, & Pizarro, 2006; Fernandez-Berrocal, Extremera, & Ramos, 2004; Rude & McCarthy, 2003; Salovey et al., 1995; Salovey, Stroud, Woolery, & Epel, 2002). However, while the protective role of Clarity and Repair has been consistently found, the role of Attention is not that clear. Some studies have reported a positive association with depression (Extremera, & Fernández-Berrocal, 2006; Extremera-Pacheco, et al., 2006; Fernandez-Berrocal et al., 2004), while some others have failed to find significant relation between these two variables (Fernández-Berrocal et al., 2006; Rude & McCarthy, 2003; Salovey et al., 1995; Salovey et al., 2002).

Interestingly, EI has also been related to psychological stress, both at theoretical and empirical levels. Theoretically, Bar-on and Parleer (2000) have claimed that stress management is one of the major elements of EI. Empirically, there is a burgeoning body of evidence suggesting that perceived EI is related to stress. Most of the evidence comes from studies on stress coping. Thus, research during adolescence has shown that whereas Clarity and Repair are related to the utilization of adequate stress coping strategies (Fernández, Velasco, & Campos, 2003; Saklofske, Austin, Galloway, & Davidson, 2007); Attention relates to maladjusted stress coping strategies, such as rumination thinking (Saklofske et al., 2007).

Taken together, the above findings suggest that the utilization of adaptive stress coping strategies may be the mechanism underlying the relation between EI and depressive symptoms during adolescence. No study, however, has tested this hypothesis to date. The present study aims at filling this gap by analyzing the data provided by a sample of Spanish adolescents. Following the literature, we hypothesized that EI would be negatively related to stress, which in turn would be positively related to depression.

Method

Participants

Randomized cluster sampling was used to select participants. The unit (cluster) was the school. The sampling frame was all the public schools in the target region, from which schools were selected using probability proportional to school size. That is, each school on the list was assigned a weighting equivalent to the number of students attending the school. All the selected schools agreed to participate in the study. The final sample included 661 students (324 males and 337 females) with a mean age of 14.0 years (SD = 1.42). The students were attending five different schools (four of them situated in urban areas with a population of over 2000 people, and one situated in a rural area) and 35 classrooms. Students were distributed in first, second, third and fourth year secondary school classes according to the following percentages: 21.1%, 18.5%, 31.8% and 27.7%, respectively. The educational level of their mothers was as follows: 3.8% did not receive any education; 23.8% attended primary education; 22.4% attended secondary education; 12.9% received higher education; and 37.1% did not answer or did not know this information. As for their fathers' educational level, 4.8% did not receive any education; 24.0% attended primary education; 21.3% attended secondary education; 16.0% received higher education; and 33.8% did not answer or did not know this information.

Procedure

Research was conducted in compliance with APA ethical standards. Firstly, the approval from the Provincial Board of Education and Science was obtained to perform the study. Secondly, we contacted the principal of each school to explain the aim of the research and requested their permission. Next, passive consent was obtained from parents or guardians; they received written notice from the school that their children would be participating and were invited to contact the school if they did not want their child to participate. On the day of the survey, students were invited to participate and assured that the