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Emotional Instability as Derivative factor of Depression amongst Adolescents

Meenakshi Varma[1] and Dr. Amita Puri[2]

[1]Research Scholar, Mewar University Gangrar, Chittorgarh, Rajasthan, India
[2]Associate Professor, Amity University, Gurgaon, India

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Abstract

Aim: *Present investigation sought to investigate emotional instability as factor of depression.*
Introduction: *Emotional instability is a fundamental personality trait in the study of psychology. It is an enduring tendency to experience negative emotional states. Depression is an emotional state marked by emotional symptoms (e.g. depressed mood), Motivational symptoms (e.g. loss of interest or pleasure), cognitive problems (e.g. negative thoughts, feeling of hopelessness) and somatic (loss of energy, sleep disturbances).*
Methodology*: The present study was conducted on adolescents, the description of the sampling procedure is given below, and as far as design of present investigation is concerned it is correlational as well as comparative in nature. Purposive random sampling technique was used. The sample of present research comprises of n=100 further more sample was divided into 50 males and 50 females adolescents, the age range of the adolescents was 13 to 15 years. Both of the variables were measured using PTI by Pershad and Verma, comprised of 9 personality traits having 90 items.*
Results: *Findings show that emotional instability became significant factor of depression and same was stated by regression analysis, but no significant gender difference was found on both the dimensions.*

Keywords: *Emotional instability, Adolescents etc.*

Introduction

Adolescence is a pivotal period in the life-course, marking the transition from childhood to the responsibilities of adult life. Classic accounts of adolescence describe it as a period of psychological “storm and stress” for the vast majority of persons (Blos, 1962; Freud, 1958; Hall, 1904). Nevertheless, there are individual differences in the “storm and stress” of adolescence; only a portion of adolescents exhibit serious difficulties in adjustment (Offer & Schonert-Reichl, 1992; Petersen, 1988). What separates more severely disturbed adolescents from those who arrive at young adulthood unscathed? The current research examined the hypothesis that personality traits are useful in predicting which persons will experience diagnosable mental disorders as they pass through adolescence.

Media portrayals of adolescents often seem to emphasize the problems that can be a part of adolescence. Gang violence, school shootings, alcohol-related accidents, drug abuse, depression and suicides involving teens are all too frequently reflected in newspaper headlines and movie plots. In the professional literature, too, adolescence is frequently portrayed as a negative stage of life—a period of storm and stress to be survived or endured (Arnett, 1999).

Childhood and teen depression is a reality. This is one of the most alarming facts to come from all the research; depression is affecting younger and younger people - adolescents and teenagers.

Unrealistic academic, social, or family expectations can create a strong sense of rejection and can lead to deep disappointment. When things go wrong at school or at home, teens often overreact. Many young people feel that life is not fair or that things "never go their way." They feel "stressed out" and confused. To make matters worse, teens are bombarded by conflicting messages from parents, friends and society. Today’s teens see more of what life has to offer — both good and bad — on television, at school, in magazines and on the Internet.

Depression is a common mental health problem in adolescents worldwide, with an estimated 1year prevalence of 4–5% in mid to late adolescence. Depression in adolescents is a major risk factor for suicide, the second-to-third leading cause of death in this age group, with more than half of adolescent suicide victims reported to have a depressive disorder at time of death. Depression also leads to serious social and educational impairments, and an increased rate of smoking, substance misuse, and obesity. Thus, to recognize and treat this disorder is important.

The transition during adolescence is a key period for studying relations between personality and mental disorders for a number of reasons. The period of

adolescence is a significant time of transition in the life-course, when people are making major choices in multiple life spheres (e.g., employment and education). Individual differences are accentuated during such life transitions (Caspi & Moffitt, 1993), making the transition an optimal "window" for studying relations between individual–difference variables (e.g., personality traits).

Adolescence may provide opportunities to induce change in personality traits that are robust predictors of mental disorders before these personality-disorder relations are (to use William James's phrase) "set like plaster." Personality may thus be useful both in predicting which persons are likely to experience mental disorder as they enter young adulthood, and in conceptualizing effective treatments for these persons.

The purpose of the current study is to understand the current personality traits through a personality trait inventory where traits of personality measures are taken into consideration. These personality Traits are Neuroticism***, Depressive Tendency.***

A very distinct observation of the data collected gave an indication of inverse mutual effect of Neuroticism and Depressive Tendency.

Emotional instability

Emotional instability is a fundamental personality trait in the study of psychology. It is an enduring tendency to experience negative emotional states. Individuals who score high on neuroticism are more likely than the average to experience such feelings as anxiety, anger, guilt, and depressed mood. They respond more poorly to environmental stress, and are more likely to interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult. They are often self-conscious and shy, and they may have trouble controlling urges and delaying gratification. Emotional Instability is associated with low emotional intelligence, which involves emotional regulation, motivation, and interpersonal skills. It is also a risk factor for "internalizing" mental disorders such as phobia, depression, panic disorder, and other anxiety disorders (traditionally called neuroses).

Depression

Depression is an emotional state marked by emotional symptoms (e.g. depressed mood), Motivational symptoms (e.g. loss of interest or pleasure), cognitive problems (e.g. negative thoughts, feeling of hopelessness) and somatic (loss of energy, sleep disturbances).
It is usually marked by high level of sadness and apprehension, feeling of worthlessness & guilt, withdrawal from others, often depression is associated with other psychological problems, such as panic attack, substance abuse and sexual dysfunction and personality disorder.

Depression as a diagnostic entity is characterized by an alteration of affect. It is indeed often referred to as an affective disorder. The most common and most obvious symptoms of depression, the symptom which have given it its name, are what are commonly called depressive affects grief, despair, and guilt, in varying degrees and combinations. Not only are these affects painful themselves, they are also often associated with an inability to function normally and with self-injurious or even the self-destructive tendencies.

In 1975, Seligman described major depression as the "common cold" of psychiatry. Today, thirty years later, the situation has become even worse. Depression is currently affecting about 121 million peoples worldwide (World Health Organization: WHO, 2001a), and the incidence of depressive symptoms increase in all groups of age and in all western cultures.

According to the WHO (2001b) depression is today the leading cause of disability. Also, the WHO predicts that, of all diseases, in 2020 depression will impose the second-largest burden of ill health worldwide (Murray & Lopez, 1998).

Depression may begin when they feel hopeless about their life plans because they realize that their effort have been wasted in living for someone else, from an object relations perspective many depressed patients unconsciously experience themselves to be at the mercy of a tormenting internal object that is unrelating in its persecution of them. In cases of psychosis, that primitive forerunner of the superego may actually be hallucinated as a voice that is unrelentingly critical. From the self psychological point view, depression is related to sense of despair about ever getting one's self object needs met by people in the environment.

Psychoanalytic exploration of psychological factors contributing to mania has consistently recalled underlying depressive themes. Manic episodes serve a defensive function of that the patient does not get in touch with the painful affects associated with the undercurrent of depression.

Psychoanalytic theorists interpret depression as a reaction to a sense of loss, whatever the nature of the loss, the depressed person reacts to it intensely because the current situation brings back all the fears of an earlier loss that occurred in childhood, that bring the loss of parental affection, therefore the individuals need for affection and care were not satisfied in childhood.
A loss in later life causes to regress to his or her helplessness dependent state when the original loss occurred, part of the depressed person's behavior therefore, represents a cry for help, a display of helplessness and an appeal for affection and security (White and Watt, 1981).

Freud theorized that potential for depression is created early in childhood when during oral period, the child need may be insufficiently or over-sufficiently gratified. The person therefore, remains stuck in this and dependent on the instinctual gratification's particular to it, with this arrest in psychosexual maturation and consequent fixation at the oral stage, he or she may

develop a tendency to be excessively dependent on the people for the maintenance of self-esteem when these peoples fails to approve the individual and withdrawn their support these individuals may be thrown into a state of depression.

Psychoanalytic theories of depression therefore, focus on loss, overdependence on external approval, and internalization of anger they seem to provide a reasonable explanations for some of the behavior exhibited by depressed individuals, but they are difficult to prove or to refute, some studies indicate that people who are prone to depression are more likely than the average person to have lost a parent in early life (Roy,1981; Barnes and Prosen,1985), but parental loss (through death or separation) is also found in the case histories of people who suffer from other type of mental disorders, and most people who suffer such a loss do not develop emotional problems in adulthood (Tennant, Smith, Babbington and Hurry 1981).

The inactivity of the depressed person and the feelings of sadness are due to low rate positive reinforcement and or a high rate of unpleasant experience (Lewinsohn, Michel, Chaplin and Barton, 1980; Lewinshon, Howberman, Teri and Hautziner, 1985). Many of the events that precipitate depression (such as death of a loved one, loss of a job, or impaired health) reduce accustomed reinforcement.

The most important contemporary theory of depression to regard thought processes as causative factors is of Beck (1967), his central thesis is that depressed individuals feel as they do because they commit logical errors, Beck call these errors in thinking “schemata” or characteristics set, which colours how the person is seen as operating within a schema of self-depreciation and self-blame. This set deposes the individuals to interpret or label events in a way that justifies his state of mind.

Beck’s cognitive model postulates three components of a theory of emotional disorder. The first component is negative automatic thoughts “automatic” by virtue of their coming “out of the blue”, often seemingly unprompted by events and not necessarily the results of directed thinking they seem immediate and often valid in the sense that they are often accepted unchallenged by the recipient. Their effect is to disrupt mood, and to cause further thoughts to emerge in downward thought affect spiral. Depressive thoughts can be characterized in terms of cognitive –triad a negative view of the self. The second component is the presence of systematic logical errors. The third component of cognitive model is the presence of depressogenic schemata. This is a structure for screening, coding and evaluating impinging, stimuli in terms of the individual adaptations to external reality. It is regarded as the mode of which the environment is broken down and organized into its many psychologically relevant facets on the basis of the matrix of schemas, individual is able to orient himself and herself in relation to time and space and to categories and to interpret his experience in a meaningful way (Beck, 1967).

Depression is caused by the expectations of future helplessness, according to Seligman three dimensions contribute to this feeling of helplessness. The first has to do with whether the person sees the problem as internal or external. The helplessness theory assumes that a person is more likely to become depressed if he or she believes the problem is internal, i.e. the result of his or her personal inability to control the outcome. To summarize Seligman’s theory predicts that individuals who explain negative events as internal, stable, and global causes, tend to become depressed when bad events occur Peterson and Seligman (1984).

Further if we see the researches done in recent years we will find that depression is more prevalent among adolescent, in present investigation we will try to investigate as to how and why neurotic tendency becomes the cause of depression among adolescents. In an investigation ***Kotov et al (2010)*** found that common mental disorders are strongly linked to personality and have similar trait profiles, neuroticism was the strongest correlate across the board but several other traits showed substantial effects independent of neuroticism, above research shows that, In an investigation ***Bienvenu and Brandes (2005)*** tried to investigate, do anxiety disorders are strongly related to normally distributed personality traits such as neuroticism, as well as personality disorder traits. Current investigations suggests that high neuroticism (a general tendency to experience negative emotions) frequently precedes onset of anxiety disorder, According to ***Berlanga et al (1999)*** combination of three variables predicted recurrence of depression in 90% cases. They were all elevated EPQ scores on the Neuroticism subscale, a short duration of treatment of the index episode, and slow onset of response to treatment of the index episode. Findings suggested that personality traits, treatment duration, and variation in response to treatment might have an impact on long term treatment outcome. ***Gershuny and Sher (1998)*** conducted a study to investigate do high neuroticism and low extraversion had a synergistic effect in predicting Anxiety and Depression, data was collected from two community samples finally results suggests that Neuroticism predicted both Anxiety and Depression but there was no interactional effects found between Neuroticism and Extraverion. ***Watson et al (1994)*** found that personality traits are relevant to the distress disorders is that NA and PA, the core of constructs specified by the hierarchical model, have strong links to temperament traits, Specifically, NA is related to a trait called by different researchers Negative Affectivity, Neuroticism, or Negative Emotionality (NEM), PA is associated with positive affectivity, extraversion, or positive emotionality (PEM).

Objectives

1) To investigate EI as function of Depression amongst adolescents.

2) To compare Males and Females on Emotional Instability and Depression.

Methodology

Design of the study

The present study was conducted on adolescents, the description of the sampling procedure is given below, and as far as design of present investigation is concerned it is correlational as well as comparative in nature.

Sampling Procedure

Purposive random sampling technique was used. The sample of present research comprises of n=100 further more sample was divided into 50 males and 50 females adolescents, the age range of the adolescents was 13 to 15 years.

Tools

To measure and understand human behavior psychological tests are developed and used. It is a matter of fact that there is not a single tool or psychological instrument, which may tell about all aspect of behavior because of complex and varying psycho-emotional attributes of personality. Hence there is a need for developing psychological instrument for each specific purpose. Questionnaires since long have been most convenient tools in psychological research. In the present research work the following tools were used for the purpose of collecting the information. Both of the variables were measured using PTI by Pershad and Verma, comprised of 9 personality traits having 90 items.

Statistical Analysis

Descriptive statistics as well as correlation and t test will be used in the present investigation.

Results and Discussion

Table 1: Gives descriptive statistics for overall sample

Variables	N	Mean	Sd
Emotional Instability	100	9.34	3.90
Depression	100	8.66	4.33

Table 2b: Showing Details of Coefficients

Model	Unstandardized coefficient		Standardized coefficient	t	Sig	Correlation Partial
	B	Std. Error	Beta			
Constant	3.013	.725		4.16	.000	
Emotional Instability	.574	.075	.612	7.66	.000	.612

Table 2a: Gives linear regression analysis for both the variables

Model	R	R square	Adjusted R Square	Change Statistics R Square Change
1	.612	.375	.369	.375

Above table gives descriptive statistics, it gives description about emotional instability and depression, for emotional instability M=9.34 while Sd value is 3.90, similarly for depression same is M=8.66 and Sd value is 4.33.

Above table shows simple linear regression analysis of Emotional Instability, it showed that EI appeared as significant predictor of depression. It was found that Emotional instability (predictor) was upheld as significant predictor of depression (criterion).

Above table gives details of model summary indicating one predictor of the model. Multiple correlation is found to be R=.612 further R square which represents the contribution of predictor variable to the criterion variable is also seen here. Here we have considered R square change that is the actual contribution of predictor variable to the criterion variable. Hence the real covariance the magnitude of independent variable which contributed to the dependent variable (depression) came out as 37.5%

Dependent variable: Depression

Above table clearly indicates that Emotional Instability (predictor) influences depression (criterion). As the statistical value given in the table indicates that t=7.66, by

having look at t value, we may conclude that t value is significant for above mentioned predictor that is Emotional Instability indicating a relationship between predictor and criterion variable (Depression).

The value of partial correlation is r=.612, thus predictor significantly influences the degree of depression, findings indicate that Emotional Instability appeared as factor of depression among adolescent. Our findings ascertain that there is strong relation between the two, and present investigation is supported by the researches in past, in this direction one of the research done by Tompson et al (2013) found that In terms of NA, compared with healthy controls, depressed participants reported greater instability and greater reactivity to positive events, but comparable levels of inertia and reactivity to negative events. Neither average levels of NA nor NA reactivity to, frequency or intensity of, events accounted for the group difference in instability of NA. In terms of PA, the MDD and control groups did not differ significantly in their instability, inertia, or reactivity to positive or negative events. These findings highlight the importance of emotional instability in MDD, particularly with respect to NA, and contribute to a more nuanced understanding of the everyday emotional experiences of depressed individuals.

Table 3: Gives mean comparison among males and females on Emotional instability

Variable	Ns	Mean	Sd	t value (98)	Sig
Males EI	50	8.75	4.43	.168	ns
Females EI	50	8.60	4.31		

If we see above table we will find it shows mean comparison of both the genders on emotional instability, for males on EI M=8.75 while SD=4.43, similarly for females it is M=8.60 while Sd is 4.31, if we look at t value we will find that same is t=.168, which is insignificant, thus this states that, there is no significant difference between males and females on Emotional instability. But if we see the mean there is minor difference between them on emotional instability but not significant one.

Table 4: Gives mean comparison among males and females on Depression

Variable	Ns	Mean	Sd	t value (98)	Sig
Males Depression	50	7.60	4.20	.721	ns
Females Depression	50	8.23	4.44		

If we see table above again we will find that results are not significant, values states that both males and females didn't differed significantly on depression too.

Same can be verified with previous researches in an investigation Marco et al (2000) found that arte-factual determinants may enhance a female preponderance to some extent, gender differences in depressive disorders are genuine. At present, adverse experiences in childhood, depression and anxiety disorders in childhood and adolescence, sociocultural roles with related adverse experiences, and psychological attributes related to vulnerability to life events and coping skills are likely to be involved. Genetic and biological factors and poor social support, however, have few or no effects in the emergence of gender differences.

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