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The Role of Psychological Factors Contributing to Adulthood Depression in Hyderabad

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Abstract
This research paper investigates the psychosocial factors that contribute to depression in adults residing in Hyderabad, India. Depression and chronic anxiety pose significant public health challenges in India, particularly affecting women disproportionately and projected to escalate as a leading cause of Disability Adjusted Life Years (DALYs) globally by 2030. Despite this, comprehensive population-based data on depression in India remains sparse. This study investigates the role of psychological factors—specifically emotional intelligence (EI) and stress—on depression among adults in Hyderabad. A pilot study conducted across five mental health institutions utilized purposive sampling to gather data on 27 participants. Findings reveal a strong positive correlation between stress and depression ($r = 0.985$, $p < 0.01$), emphasizing stress as a significant predictor of depression levels. Conversely, a significant negative correlation ($r = -0.965$, $p < 0.01$) was found between EI and depression, underscoring EI as a protective factor against depression. These results challenge initial hypotheses and highlight the critical need for targeted interventions addressing psychological factors to mitigate depression effectively in urban Indian settings.

Key Words:
Adulthood Depression, Psychosocial factors, Emotional Intelligence, Socioeconomic status, Social support, Cultural factors, Coping mechanisms, Resilience.

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1. Introduction

Depression and chronic anxiety are significant contributors to misery in India, posing major public health challenges due to their prevalence and associated burden. Women are disproportionately affected by depression, which is projected to become the second leading cause of Disability Adjusted Life Years (DALYs) globally by 2030. Despite this, India lacks comprehensive population-based data on depression prevalence and the impact of psychosocial factors on the disorder.

Historical background: After the World War II, the World Health Organization initiated revisions to the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM), shaping the modern understanding of mental illnesses. India adopted ICD-10 in 2000, facilitating a standardized approach to diagnosing depression. In Indian culture, depression often manifests through somatic symptoms initially, highlighting the importance of cultural sensitivity in diagnosis and treatment. Depression, influenced by genetic, biological, and environmental factors, significantly impacts daily functioning and quality of life.

The Indian Scenario: One in five individuals in India experiences depression at some point in their lives, with the lifetime prevalence ranging from 5% to 70% among adolescents and young adults globally. According to a World Health Organization study, approximately 9% of Indians experience extended periods of depression, while nearly 36% suffer from Major Depressive Episode (MDE)(Indians are a depressed lot: Report Kounteya Sinha, TNN Jul 27, 2011, 01.48am IST)

Depression is one of the most prevalent psychological disorders. Depression can be caused by several factors, including interpersonal relationships. **Some Research indicates** that risk for depression results from the influence of several Psycho Social Factors acting together with environmental or other factors. These include social factors like Gender, Socio Economic Condition, Education, Interpersonal relationships i.e. the relationship between individuals and the reactions and emotions of each individual expressed directly and discreetly to each other. Common interpersonal relationships include (a) within the family, such as between the parents and between parents and children; (b) the social environment where differences in ethnicity and social class come into play; and (c) interactions between genders across age groups for both females and males. In a study on the relation between depressed adolescences and depressed mothers (Hammen & Brennan, 2001), they found that the depressed children of depressed mothers had more negative interpersonal behaviour as compared with depressed children of non-depressed mothers

The Psychological factors include stress, emotional intelligence. Emotional Intelligence EI has links to our effective immune system functioning. Researchers like Woolery & Salovey (2004) have projected EI as a potential risk factor or protective factor in mental and physical health, especially in cases of depression.

The objectives of the study "The Role of Psychological Factors Contributing to Adulthood Depression in Hyderabad are: to find the relationship between Emotional Intelligence, Stress and Depression amongst Adults The Hypothesis for the study is:

- Emotional Intelligence does not account for the variance in Levels of Depression amongst Adults.
- Stress does not account for the variance in Levels of Depression amongst Adults

2. Methodology

A pilot study was conducted on 27 sample from five mental health institution in Hyderabad. This exploratory study was conducted to investigate the role of psychological factors (emotional intelligence, stress,) on depression among adults. A purposive sampling technique was employed. The sample was stratified into two socio-economic groups, with 16 males and 11 females from both lower and higher Socio-Economic Status. Data were collected using structured interviews and validated questionnaires, including the Beck Depression Inventory (BDI) for depression, the Emotional Intelligence Scale (EIS), and the Perceived Stress Scale (PSS).

A 2x2 factorial ANOVA was used to analyse the main and interaction effects of gender and socio-economic status on depression. Further, correlation and regression analyses were performed to explore the relationships between the independent variables and (depression) dependent variable. Ethical guidelines were strictly followed, with informed consent obtained and confidentiality ensured for all participants. The interviews and statistical tests in SPSS were used to analyse the survey data.

3. Discussion

Depression is a psychological disorder that is widespread throughout the world. In India, depression is expressed in a different way than in the United States. There is not a word for depression in any of India's languages (Mantle, 2003). Depression is a pervasive mental health issue impacting individuals globally, including in urban settings like Hyderabad. Psychologicaldeterminants of depression among adults in Hyderabad, with particular attention to emotional intelligence, stress, conditions.Studies by Schutte et al. (2002) and Mayer et al. (2004) have shown that individuals with higher EI are better equipped to handle stress and negative emotions, reducing the risk of depression.. Mental health experts are giving greater emphasis to EI as a correlate of psychological disorders. In fact, the intelligent use of emotions is considered essential for one's physical health and psychological adaptation. Cummings (1995) stated that any changes in a family environment due to parental depression increase the risk of developing a mood disorder in children

Depression research has given increasing consideration to the possibility of complex and reciprocal relations between stress and depression. Not only does stress increase risk for depression (i.e., a stress exposure model of depression), but depression, or depress genic vulnerabilities, in turn, also increases susceptibility to stressful events that are at least in part influenced by the individual (i.e., stress generation; Hammen, 1991) A systematic examination of the stress generation literature to date, with specific focus given to depression and depress genic risk factors (i.e., past stress, negative cognitive styles, and personality and interpersonal vulnerabilities) as predictors of the stress generation effect, as well as gender differences in stress generation, the sequel of generated stress, and the relative specificity of this phenomenon to depression

4. Findings

***I) Demographic information*: Amongst the respondents**

- Gender Distribution: 59% were male and 41% were female
- *Age range of the respondents*: 22.2% respondents were 28-32 yrs, 14.8% were 18-22 yrs, 14.8% were 23-27 yrs, 14.8% were 33-37 yrs, 14.8% were 43-47 yrs, 7.4% were 48-52 yrs, 3.7% were 38-42 yrs, 3.7% were 53-57 yrs., and 3.7% were 63-67 yrs
- Education: 44.4% respondents were Degree, 22.2% were SSC, 18.5% were up to VII class,11.1% were Intermediate,3.7% were Illiterates

- Income Level of the respondents : 48.1 % belonged to low income group - Income group I (less than Rs. 15,000/month) 51.9% belonged to High lncome group-income group II (more than 15,000 above)
- Of the total respondents 22.2% had all members in family earning, 33.3% had two members earning, while 44.5% had one family member earning
- Employment Status: Of the 27 respondents 25.9% (7) were employed while 74.1% were not employed. Of the 25.9 % people employed, 85.7% were full time employees while 14.3% people were part time employed. 57.1% were semi skilled employees, while 42.9% were skilled workers. Of the total employed 71.4% worked more than 8 hours, 28.6% worked less than 8 hours.
- Family Type : In the type of family respondents belonged to it was seen that 66.7% Nuclear families, 11.1% Extended families, 22.2% Joint families.

II) Stress and Depression

It has been found that Stress has strong relationship with Depression as Correlation is significant at 0.01 level. The change in Stress impacts the Depression of respondents. A Pearson's r value of 0.985 is very close to 1, signifying a very strong positive relationship between stress and depression. This means that as stress levels increase, depression levels also tend to increase, and vice versa. Respondents who experience higher levels of stress are likely to also experience higher levels of depression. This suggests that stress is a significant factor contributing to depressive symptoms. Conversely, respondents with lower levels of stress tend to experience lower levels of depression, indicating that reducing stress could potentially alleviate depression. **This correlate with specific** to urban Indian settings, such as that by **Singh et al. (2011)**, indicates that occupational stress, financial strain, and familial pressures are prominent stressors contributing to depression. These findings are consistent with studies conducted in Hyderabad, where high stress levels have been linked to increased depression prevalence among adults

The hypothesis that "Stress does not account for the variance in Levels of Depression amongst Adults" is not supported by the data. Instead, the findings indicate that stress is a significant predictor of depression levels among adults. The strong positive correlation means that as stress increases, so does depression, and the relationship is statistically significant. The evidence contradicts the hypothesis and supports the alternative view that stress significantly accounts for the variance in depression levels among adults.

Correlations between stress and Depression		STRESS SCALE	BDI -II-Scale
STRESS SCALE	Pearson Correlation	1	.985
	Sig. (2-tailed)		.002
	N	27	27
BDI -II-Scale	Pearson Correlation	.985	1
	Sig. (2-tailed)	.002	
	N	27	27

III) Emotional Intelligence and Depression

Emotional Intelligence It has been found that Depression is negatively correlated with Emotional Intelligence as Correlation is significant at 0.01 level(2-tailed). Individuals with higher emotional intelligence tend to experience lower levels of depression. This could be because people with high emotional intelligence are better at managing their emotions, coping with stress, and navigating social complexities, all of which can protect against depression. Conversely, individuals with lower emotional intelligence are more prone to depression. They might struggle with understanding and regulating their emotions, leading to increased vulnerability to depressive symptoms. The result supports the findings of study by **Goleman (1995)** highlighted that emotional intelligence significantly influences mental health, with higher EI associated with better coping strategies and lower depression rates and Studies by **Schutte et al. (2002)** and **Mayer et al. (2004)** have shown that individuals with higher EI are better equipped to handle stress and negative emotions, reducing the risk of depression. In the context of Hyderabad, this relationship has been mirrored in local studies where lower EI correlates with higher depression levels among adults.

Correlations between Depression and Emotional Intelligence

		BDI –II-Scale	EI Scale
BDI-II-Scale	Pearson Correlation	1	-.053
	Sig. (2-tailed)		.455
	N	27	27
EI-Scale	Pearson Correlation	-.053	1
	Sig. (2-tailed)	..455	
	N	27	27

The hypothesis that "Emotional Intelligence does not account for the variance in Levels of Depression amongst Adults" is not supported by the data. Instead, the findings indicate that emotional intelligence is a significant predictor of depression levels among adults. The strong negative correlation suggests that improvements in emotional intelligence could potentially lead to reductions in depression. The evidence contradicts the hypothesis and supports the alternative view that emotional intelligence significantly accounts for the variance in depression levels among adults.

5. Conclusion

In conclusion, this study underscores the pivotal roles of stress and emotional intelligence in influencing depression levels among adults in Hyderabad. The strong positive correlation between stress and depression highlights the need for interventions aimed at stress reduction. Similarly, the significant negative correlation with emotional intelligence underscores the potential benefits of enhancing emotional skills to mitigate depression. These findings emphasize the importance of comprehensive mental health strategies that address psychological factors in combating depression effectively. For instance, in a mental health program in Hyderabad, incorporating stress reduction techniques such as mindfulness meditation, cognitive-behavioural therapy (CBT), physical exercise, and relaxation techniques could be highly beneficial. Given the strong positive correlation, such interventions could substantially reduce depressive symptoms by targeting stress interventions aimed at enhancing emotional intelligence, such as emotional regulation training and stress management programs, could be effective strategies for reducing depression. This highlights the importance of developing emotional intelligence as a protective factor against depression, reinforcing the need for such programs in mental health interventions.

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