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If You Have High Emotional Intelligence (EI), You Must Trust in Your Abilities: The Interaction Effect of Ability EI and Perceived EI on Depression in Women

José M. Salguero[1], Natalio Extremera[1], Rosario Cabello[2], and Pablo Fernández-Berrocal[1]

Abstract

Recent research has suggested that the association between emotional intelligence (EI) and depression is dependent on the type of EI measured (ability EI vs. perceived EI) and on gender. Whereas perceived EI is negatively related with depression in both men and women, only men with high levels of ability EI report less of a depressive affect. An intriguing question arises from these results: Is ability EI an important resource to reduce negative moods in women, and if so, when? In this study, we tried to shed light on this by examining the interaction effect of ability EI and perceived EI on depression in women. Participants were 213 female students who completed an ability measure of EI, a self-report measure of EI, and a depression inventory. Results showed that perceived EI moderated the associations between ability EI and depression, with ability EI being negatively related with depression only in women with high levels of perceived EI. We discuss the importance of integrating ability EI and perceived EI in the EI theory, as well as practical implications of their interactive effects.

Keywords

emotional intelligence, depression, gender, mental health, assessment methods

Emotional intelligence (EI), defined as a set of abilities to perceive, use, understand, and manage emotions (Mayer & Salovey, 1997), has been proposed as a useful framework to explain human outcomes. Based on a functionalist perspective of emotions, EI theory hypothesizes that people who are competently capable of processing emotion-laden information, expressing emotions, assigning meaning to emotional experience, and regulating their feelings will be better adjusted psychologically and socially (Mayer, Roberts, & Barsade, 2008).

[1]University of Malaga, Spain
[2]University of Huelva, Spain

Corresponding Author:
José M. Salguero, Department of Personality, Evaluation and Psychological Treatment, Psychology Faculty, University of Malaga, Campus de Teatinos s/n, Málaga 29071, Spain.
Email: jmsalguero@uma.es

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From this perspective, one would expect that EI shares a positive association with mental health indicators. Through different meta-analyses, researchers have empirically examined this relation and found significant associations between EI and several mental health outcomes (Martins, Ramalho, & Morin, 2010; Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke, 2007). However, the strength and nature of these associations appear to vary according to the type of EI measure used: maximum performance tests versus self-report questionnaires. Maximum performance tests (e.g., the Mayer–Salovey–Caruso Emotional Intelligence Test [MSCEIT]; Mayer, Salovey, & Caruso, 2002) assess actual levels of EI performance, known as ability EI. Self-report questionnaires (e.g., the Schutte Emotional Intelligence Scale [SEIS]; Schutte et al., 1998) reflect typical EI functioning, known as trait EI or perceived EI. In these meta-analyses, when EI was measured as a trait, it was more strongly associated with mental health than when it was measured as an ability (Martins et al., 2010; Schutte et al., 2007). Similar findings have been reported in particular research that examined the specific relationship between EI and depression, with ability EI showing significant but lower correlations with depressive symptomatology compared with perceived EI (Extremera, Fernández-Berrocal, Ruíz-Aranda, & Cabello, 2006; Goldenberg, Matheson, & Mantler, 2006; Williams, Daley, Burnside, & Hammond-Rowley, 2009).

The relationship between ability EI and mental health has also been shown to be moderated by gender. Many research study results consistently indicate that women score significantly higher in ability EI than do men (Brackett, Mayer, & Warner, 2004; Fernández-Berrocal, Cabello, Castillo, & Extremera, 2012; Kafetsios, 2004; Palmer, Gignac, Manocha, & Stough, 2005; Sánchez-García, Sánchez-Álvarez, Extremera, & Fernández-Berrocal, 2013), and evidence exists indicating that men and women differ in their brain activity while performing emotional tasks (Jausovec & Jausovec, 2005). Different studies have also shown gender differences in the relationship between ability EI and relevant social and health outcomes (e.g., social competence, deviant behavior, or psychopathic traits), with ability EI being more strongly related with these outcomes in men than in women (Brackett et al., 2004; Brackett, Rivers, Shiffman, Lerner, & Salovey, 2006; Lishner, Swin, Hong, & Vitacco, 2011). In this context, Salguero, Extremera, and Fernández-Berrocal (2012) examined the moderator role of gender in the ability EI–depression relationship. They found consistent findings with previous studies in the existence of gender differences in this relationship, with higher scores in ability EI being significantly and negatively associated with depression for men, but not for women.

In contrast to ability EI, gender differences in perceived EI are dependent on the specific EI self-report measure used (Zeidner, Matthews, & Roberts, 2009). For example, men score higher than women on the Trait Emotional Intelligence Questionnaire (TEIQue; Mikolajczak, Luminet, Leroy, & Roy, 2007), while disparate results were found with the SEIS (Chan, 2003; Schutte et al., 1998). The results from using another instrument, the Trait Meta-Mood Scale (TMMS), showed that gender differences were dependent on the self-perceptions of specific emotional abilities, with women perceiving themselves as lower skilled than men in understanding and regulating their mood and emotions but higher skilled in attending to their own feelings (see Fernández-Berrocal & Extremera, 2008). Despite these results, in the associations between perceived EI and depression, gender has not proven significant, with lower levels of perceived EI being related to higher depressive symptoms in both men and women (Karakuş, 2013; Williams et al., 2009). Moreover, several different studies, using different EI self-report measures and samples, have shown this negative relationship to be consistent (Davis & Humphrey, 2012; Hansenne & Bianchi, 2009; James, Bore, & Zito, 2012; Russo et al., 2012; Salguero, Extremera, & Fernández-Berrocal, 2013).

According to the aforementioned results, whereas higher levels of perceived EI seem to be associated with less depression in both men and women, higher scores in ability EI are related to less depression in men, but not in women. Thus, an intriguing question remains unanswered: Is ability EI an important resource to reduce negative mood states in women, and if so, when?

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Women are about twice as likely as men to develop depression (Alonso et al., 2004; Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993). These high rates have an important impact on the quality of life and productivity for both women and their families (Nolen-Hoeksema, 2001). In this sense, and although researchers have proposed a number of individual variables to account for gender differences in depression (see Nolen-Hoeksema, 2001), studies broadening our understanding about the mechanisms that explain depression in women are noteworthy. In the present study, we tried to shed light on the above question by examining the interaction effect of ability EI and perceived EI on depression in women.

Maximum performance tests and self-report EI measures tend to correlate only weakly with each other (Brackett et al., 2006). This means that some people may have high EI abilities but low emotional self-perceptions, and vice versa. In this sense, it is possible that particular EI profiles are differently associated with psychological outcomes. However, very few studies to date have tested this idea empirically. Gohm, Corser, and Dalsky (2005), in a study that analyzed the association between EI and perceived stress, found that ability EI was helpful in reducing stress for some individuals, but not for others. For some people, those with high levels of perceived EI, ability EI was associated with lower stress; however, it was not the case for individuals with lower levels of perceived EI and high affect intensity. To explain these results, Gohm et al. (2005) suggested that although these individuals have EI skills, they do not trust in them to utilize them, making their actual EI irrelevant. Gohm et al. did not analyze gender differences in this EI work; nevertheless, their study highlighted the potential role of perceived EI as a moderator of the relation between ability EI and stress.

The concepts of being effectively able and feeling competent are distinct; however, competency beliefs appear to be a proxy indicator of effective performance, mainly in women (Bandura, 1997; Bussey & Bandura, 1999). Researchers have shown that a general sense of self-efficacy—a belief in one's capabilities to produce given attainments (Bandura, 1997)—is a predictor of depression (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999), to the extent that higher self-efficacy reduces the risk for the onset of depressive symptoms following stressors (Maciejewski, Prigerson, & Mazure, 2000), or it mediates the effect of other relevant variables (e.g., social support) on depression (Cutrona & Troutman, 1986; Saltzman & Holahan, 2002). Unless people believe they can produce desired effects by their actions, they have little incentive to act or to persevere in the face of difficulties. A low sense of efficacy to exercise control over things one values can thus give rise to depressive feelings (Bandura et al., 1999). Moreover, Bussey and Bandura (1999) found gender differences in the relationships between self-efficacy and depression, with self-efficacy beliefs contributing more heavily to depressive affect in women than in men. In this sense, general self-efficacy appears to be an important variable to explain depression, mainly in women.

Self-efficacy beliefs might not be only general, but might also refer to specific domains of individual functioning (Caprara, Caprara, & Steca, 2003). For example, Caprara et al. (2008) proposed that perceived efficacy for affect regulation is an important variable to explain psychological functioning, and some evidence exists about its value in predicting depression (Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003). In the EI framework, perceived EI is a broader construct that includes perceptions of competence on a range of other different EI abilities (perceiving, using, and understanding), not just affect regulation, which, as we mentioned above, have also been related to lower levels of depression.

From this perspective, women, although having emotional skills, might not put them in action if they don't feel competent, that is, if they do not reach a high level of perceived EI. To test this hypothesis, through the present study, we sought to analyze the interaction effect of ability EI and perceived EI on depression in women. First, we conducted analyses to examine the associations between ability EI, perceived EI, and depression. Based on previous research, we expected not to find significant relations between ability EI and depression in women but

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significant and negative relations between perceived EI and depression. Second, we conducted interaction analyses to examine the moderator role of perceived EI in the ability EI–depression relationship. In line with the reviewed literature, we hypothesized that perceived EI would moderate the associations between ability EI and depression, with ability EI being negatively related with depression mainly in women with high levels of perceived EI. From this hypothesis, women more skilled in emotional abilities would report less depressive affect only if they trusted in their abilities.

Method

Participants and Procedure

Participants in this study were 213 high school and undergraduate female students with ages ranging from 17 to 48 years (M = 20.12, SD = 5.45). Participation was entirely voluntary and guaranteed anonymity. The questionnaires were administered with written instructions and in paper-and-pencil format. For participants who were minors, the assessment was carried out in classrooms during the normal school day, and with the approval of both the school authorities and the pupils' parents. The undergraduate participants completed the questionnaires in group format and received course credits for their participation.

Measures

We used the MSCEIT v. 2.0 (Mayer, Salovey, Caruso, & Sitarenios, 2003) to assess ability EI. This test evaluates people's emotional skills through their performance on different tasks and emotional problems. The MSCEIT contains 141 items and is used to assess the four branches of Mayer and Salovey's (1997) theoretical model: emotional perception, emotional facilitation, emotional understanding, and managing emotions. One must add the scores on these branches to obtain a total score, which we did for this study. In the present study, consensus method was used to score the items. MSCEIT v. 2.0's psychometric properties are appropriate and convergent, and discriminant validity was successfully demonstrated (Mayer et al., 2003). The Spanish version of this instrument has shown satisfactory psychometric properties (Extremera, Fernández-Berrocal, & Salovey, 2006). Split-half reliability (corrected by the Spearman–Brown formula) for total scale was .90.

We used the SEIS (Schutte et al., 1998) to assess perceived EI. The SEIS is a self-report measure of EI consistent with the Salovey and Mayer (1990) model. The measure includes 33 items, which respondents answer on a 5-point Likert-type scale. Prior work on exploratory and confirmatory analyses with the SEIS has found evidence with both three- and four-factor structures (e.g., Ciarrochi, Deane, & Anderson, 2002; Saklofske, Austin, & Minski, 2003). We used the total score of the SEIS in this study. The Spanish version of this instrument has shown satisfactory psychometric properties (Ferrándiz et al., 2006). Cronbach's alpha in this study was .87.

We used the Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979; Beck & Steer, 1987) to assess depression. The BDI is a reliable and well-validated measure of depressive symptomatology (Beck, Steer, & Garbin, 1988). The BDI is a 21-item self-report inventory in which respondents indicate the extent to which they have been feeling each affective, cognitive, behavioral, and somatic symptoms of depression over the last 2 weeks by rating each item on a 3-point scale, ranging from 0 to 3 in severity (inventory scores may range from 0 to 63). We used a Spanish version that has shown good psychometric properties (Sanz & Vázquez, 1998). Cronbach's alpha in this study was .86.

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Table 1. Descriptive Statistics and Pearson Correlations Between Study Variables.

	1	2	3
1. MSCEIT	—		
2. SEIS	.30**	—	
3. BDI	−.08	−.24**	—
M (*SD*)	103.23 (14.23)	123.75 (14.19)	7.49 (6.74)

Note. MSCEIT = Mayer–Salovey–Caruso Emotional Intelligence Test; SEIS = Schutte Emotional Intelligence Scale; BDI = Beck Depression Inventory.
**$p < .01$.

Table 2. Regression Results for the Interaction Effect of Ability EI and Perceived EI on Depression.

	R^2	ΔR^2	*F*	β
BDI				
Step 1	.01	.01	1.54	
MSCEIT				−.08
Step 2	.06	.05	6.71*	
MSCEIT				−.01
SEIS				−.25**
Step 3	.09	.03	6.72**	
MSCEIT				−.05
SEIS				−.26**
MSCEIT × SEIS				−.17*

Note. EI = emotional intelligence; BDI = Beck Depression Inventory; MSCEIT = Mayer–Salovey–Caruso Emotional Intelligence Test; SEIS = Schutte Emotional Intelligence Scale.
*$p < .05$. **$p < .01$.

Results

We conducted zero-order correlations to examine the associations among ability EI, perceived EI, and depression (see Table 1). As expected, whereas perceived EI was negatively and significantly correlated with depression, we found no significant correlations for ability EI. With respect to the associations between ability EI and perceived EI, we found a relatively low- to moderate-significant correlation, indicating that women with high scores in ability EI do not systematically report high scores in perceived EI.

To examine the interaction effect of ability EI and perceived EI on depression, we conducted a series of hierarchical regression analyses. Our preliminary analysis indicated no significant associations between age and depression. Therefore, we did not include this variable in the regression analyses. For our regression equations, we entered ability EI in the first step. In the second step, we entered scores on perceived EI. Finally, we entered the multiplicative term of ability EI by perceived EI in the equation's third step (Aiken & West, 1991). We centered all continuous predictors to reduce potential problems of multicollinearity among the variables. Results of these analyses are presented in Table 2. As shown there, we found a significant effect of the ability EI by perceived EI interaction ($\beta = -0.17$, $p < .05$). To illustrate and corroborate this interaction, we followed the procedures outlined by Hayes and Matthes (2009), examining the effects of ability EI on depression at three different levels of perceived EI (+1 *SD*, the mean score, −1 *SD*). As Figure 1 shows, ability EI and depression had a significant and negative relation at higher levels of perceived EI ($\beta = -0.11$, $p < .05$). However, we found no significant relations between these variables in women with low or medium levels of perceived EI.

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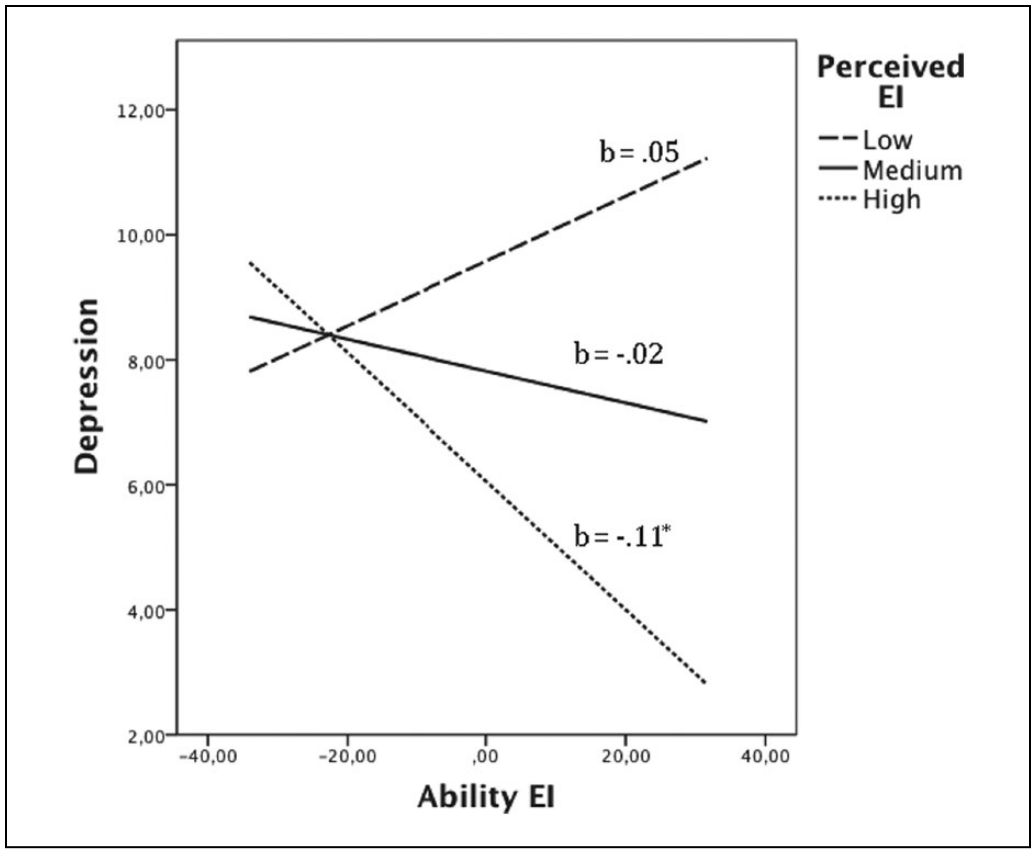


Figure 1. Interaction effect of ability EI and perceived EI on depression.
Note. Low = −1 *SD*; Medium = *M*; High = +1 *SD*. EI = emotional intelligence.
*$p < .05$.

Discussion

Previous work examining the association between EI and depression has revealed that the association is dependent on the type of EI measured and on gender. Thus, whereas perceived EI has been shown to be negatively related with depression in both men and women, only men with high levels of ability EI reported less depressive affect (Salguero et al., 2012). According to these results, the question about when, if at all, ability EI might be an important resource to reduce negative mood state in women remains unanswered. Previous research found that competence beliefs play an important role in depression in women (Bussey & Bandura, 1999), and showed the moderator role of perceived EI in the associations between ability EI and stress (Gohm et al., 2005). Based on these findings, in this study, we aimed to analyze the interaction effect of ability EI and perceived EI on depression in women.

First, our results corroborated the existence of negative associations between perceived EI and depression in women, whereas we did not find significant relations for ability EI. Also consistent with past studies, we found a significant but low to moderate relationship between ability EI and perceived EI, indicating that women with higher actual levels of EI performance do not always tend to perceive themselves more skilled in their emotional abilities. The relative independence of the two types of EI allowed us to test for their interactive effects. The interaction analyses showed that perceived EI moderated the ability EI–depression relationship, and vice versa. In

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short, women reported less depressive affect only if they had higher levels of ability EI and also showed higher levels of perceived EI. All other combinations of ability EI and perceived EI were associated with higher levels of depression, including both the women who had poor actual EI abilities and those who believed they had poor EI abilities despite having high ability EI.

Findings consistently indicate that women score higher than men in ability EI (Kafetsios, 2004; Palmer et al., 2005). However, whereas studies found that ability EI was directly related to depression in men (Salguero et al., 2012), the results from our study show that for women, this association is dependent on EI self-perceptions. Thus, perceived EI appears to be a key factor to explain depression in women, in that it augments the impact of ability EI.

Some explanations for these findings exist. First, a threshold effect possibly exists in the associations between ability EI and depression. Brackett et al. (2004), trying to explain gender differences in the ability EI–social competence relationship, urged that a threshold effect might exist where a minimum level of ability EI is needed to function effectively in social situations, since the proportion of men who fall below this threshold is higher than is the proportion of women. If that threshold effect exists in the ability EI–depression relationship, because men have lower levels of ability EI, they might possibly have not attained the minimum level needed to have good emotional well-being, and their ability EI scores would explain variance in depression. On the contrary, because women are (in general) above this minimum level, a higher ability EI, however, would not lead directly to lower levels of depression. From this perspective, in women, having emotional abilities might not be sufficient, and they need, in addition, a high self-perception that one is skilled on these abilities to put them in action.

Second, although research studies have shown gender differences in perceived EI to be dependent on the specific EI self-report used, evidence also suggests that women tend to underestimate specific emotional abilities, such as understanding and regulating emotions (Fernández-Berrocal & Extremera, 2008), and to believe that they have lower EI than men (Petrides & Furnham, 2000). Thus, a self-derogatory bias appears to exist in women. Beyer (1990) also found this bias in self-evaluations of performance, and Furnham and Rawles (1999) in IQ. Taking these factors into account, women with this self-derogating bias, although having high actual EI skills, possibly do not put them in action because they are not confident in these abilities, thus preventing them from using adequate strategies to manage the negative affect, which could eventually lead to increased depressive symptoms. In contrast, women who are skilled in EI and do not underestimate their emotional abilities could effectively use these abilities leading to lower levels of depressive symptoms. The interaction pattern found in the current study certainly supports this interpretation.

Gender differences in EI are, in part, accounted for child–parent interactions (Brackett et al., 2004), and previous research has indicated that socialization of emotional understanding is different for men and women (Fivush, Brotman, Buckner, & Goodman, 2000). For example, parents tend to use more emotional utterances when discussing emotional events (e.g., sad events) with daughters than with sons (Fivush et al., 2000). This relevance of emotions in women's socialization has important implications for developing an understanding of and managing their emotional experiences, and could help us explain why women are more skilled in EI. However, standard norms about females' ways of coping with their emotions might then also be higher than males. From the socio-cognitive theory of gender development (Bussey & Bandura, 1999), people construct their competence beliefs through reflective processing of multiple sources of direct and social influences. If social standards about emotional management are higher for women than for men, women are possibly more sanctioned if they do not reach the standard, hindering their emotional self-efficacy and leading to a self-derogatory bias. Moreover, the self-perception that one is low on EI might also prevent women from practicing certain tasks that give accurate feedback on these skills (Petrides & Furnham, 2000), self-perpetuating a low sense of perceived EI.

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This study has several limitations that are important to take into account. First, we used a sample of high school and undergraduate students, so the results might not generalize to normative populations. Moreover, further research is needed to examine whether the moderating role of perceived EI also appears in older and in earlier ages. In this respect, an interesting objective would be to analyze when this interactive effect appears in women's development and whether it remains stable throughout their adulthood. Second, based on our own results and previous findings, we argued that perceived EI is a key factor to explain depression in women. However, we did not use a sample of men, so future studies should examine the interaction effect of ability EI and perceived EI on depression in men. Third, using a cross-sectional design prevented us from establishing causality relations. In this respect, depressive affect possibly influences the self-perception of emotional abilities, for example, through a negative interpretative bias. Fourth, different measures of ability EI and perceived EI from those we used do exist. Future studies using different instruments of EI are needed to confirm our findings. Finally, it is possible that not all abilities of EI or dimensions of perceived EI will show the same impact on depression in women. Undoubtedly, further studies should empirically examine the associations between ability EI, perceived EI, and negative mood states, focusing on the separate EI abilities.

Despite these limitations, this study provides preliminary evidence of the interactive effect of ability EI and perceived EI on mental health in women, and it suggests future lines of research. Previous studies have also found gender differences in the association between ability EI and other social and mental outcomes (Brackett et al., 2004; Brackett et al., 2006; Lishner et al., 2011). In line with our results, perceived EI might also moderate the effect of ability EI on these other outcomes in women. Future research might also address the mechanisms that underlie the effect of EI on depression in women. For example, women with high ability EI and high perceived EI might possibly use more effective emotion regulation strategies (e.g., seeking social support or positive reappraisal), which, in turn, will help them to reduce their negative affect.

Finally, several theoretical and practical implications that arise from the results of this study exist. First, although the field of EI has traditionally been divided into two separate perspectives, ability and perceived EI, our findings suggest that the two approaches are complementary rather than mutually exclusive. This idea concurs with contemporary theorizing, which proposes gathering both perspectives in an integrative model, where declarative emotion-related knowledge (e.g., ability EI) might underlie but not necessarily translate into optimal emotional functioning, which can be influenced by disposition factors (e.g., emotional self-perceptions; Mikolajczak, 2009). From this perspective, including a hypothesis about how and when actual EI performance and self-perceptions of EI interact to influence psychological and social adjustment might enhance the EI theory. Second, in helping women with emotional problems, educators and therapists should examine whether their problems originate in poor actual levels of EI or in poor EI self-perceptions. Remediation perspectives focusing on EI would differ depending on the source of the problem.

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