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ANXIETY AND DEPRESSION AS CORRELATES OF EMOTIONAL INTELLIGENCE AMONG SECONDARY SCHOOL ADOLESCENTS IN ANAMBRA STATE

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Abstract

This study investigated anxiety and depression as correlates of emotional intelligence among secondary school adolescents in Anambra state. Participants used were 400 students (219=girls and 181= boys) from 12-18 years of age from four secondary schools. Stratified random sampling was used. A correlational research design was used for the study. The study used standardized questionnaires – Schutte Self Report Emotional Intelligence (SSEIT) Test and the Revised Childs Adolescent Scale (RCADS). The statistics used are the Pearson Product Moment Correlation and Linear Regression Analysis.The result showed that Anxiety did not correlate significantly with Emotional Intelligence. Depression did not correlate significantly with Emotional Intelligence. Anxiety and Depression also did not have a joint significant effect on Emotional Intelligence.It is suggested that broader research should be conducted in order to know and understand what influences emotional intelligence among this population.Again, qualitative research method should be conducted in order to have a deep understanding of the relationship between emotional intelligence, anxiety and depression in this population.

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KEYWORDS: Anxiety, Depression, Emotional Intelligence, Adolescents.

INTRODUCTION

Adolescence is a pivotal stage of life marked by rapid emotional, psychological, and social changes. Unfortunately, it is also a period when many young individuals begin to experience mental health challenges, including anxiety and depression. These conditions not only affect adolescents' academic performance but could also disrupt their relationships and hinder their personal growth (Nwobi,et.al, 2025, Adaigbe, et.al, 2025, Umeaku, et.al, 2024). Despite their growing prevalence, the underlying factors that may either exacerbate or alleviate these mental health issues remain insufficiently explored, especially within the context of Nigerian secondary school students. One promising area of inquiry is emotional intelligence, which according to Goleman (1995) refers to the ability to understand, manage, and regulate one's emotions while empathizing with others. In a research conducted by Musa (2022) high emotional intelligence may serve as a protective factor against psychological distress.

LITERATURE REVIEW

Anxiety and Emotional Intelligence

Ruan, et al. (2023) investigated on the network analysis of emotion regulation and reactivity in adolescents: identifying central components and implications for anxiety interventions. Difficulties in emotion regulation (DER) and emotion reactivity (ER) are important causes and

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consequences of psychiatric disorders such as anxiety, and previous research suggests that there are many interactions between them. Understanding the structure of their relationship, and which components may play a key role, will help provide insight into emotion disorders in adolescents and provide guidance for clinical interventions. They collected data from 483 adolescents and used network analysis methods to explore the relationship between DER and ER, specifically looking for core nodes. They found that "limited access to emotion regulation strategies" was the most central node in the network. Furthermore, by adding nodes for anxiety to this network, they also found that anxiety had the strongest relationship with ER, while depression had a stronger relationship with DER. Thus, their findings suggest that for anxiety disorders, the strong association with ER highlights a potentially promising area for intervention development, , the association with DER points to the possibility of clarifying emotions and exploring coping strategies, acknowledging the complex interplay between depressive and anxious symptoms.

Hossain, et al. (2024) explored understanding the Interplay between Anxiety and Self-Esteem among School-Going Adolescents. Adolescents undergo significant psychological and emotional changes, with factors such as anxiety, emotional intelligence, and self-esteem playing pivotal roles in their regular development, whereas their association is unclear. Their study investigates how emotional intelligence plays a role as a moderator between anxiety and self-esteem of Bangladeshi adolescents. Their study was conducted by following a cross-sectional study design, whereas a total of 300 high-school students were selected using a random sampling technique. Data were collected using the Bangla version of anxiety, emotional intelligence, and self-esteem measuring questionnaires. Their results displayed that in the case of anxiety, emotional intelligence, and self-esteem, no significant differences were found across varied socio-economic

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statuses, while these three outcome variables were significantly varied due to gender and family types. In addition, the Pearson product-moment correlation explored a significant negative correlation of anxiety with emotional intelligence and self-esteem and a positive correlation between emotional intelligence and self-esteem among students. Furthermore, the hierarchical regression analysis manifested buffering effects of emotional intelligence in the relationship between anxiety and self-esteem. Their study's findings emphasize the importance of emotional intelligence in mitigating anxiety and enhancing self-esteem, regardless of varied socio-economic status. Ultimately, their findings contribute to policy and decision-making regarding improving the well-being of adolescents in Bangladesh. Jagannath University.

Murillo, et al. (2024) investigated the Relationship between Emotional Intelligence and School Anxiety in Basic Secondary School Students in Montería, Colombia. Their study aimed to analyze the relationship between emotional intelligence and school anxiety in adolescent secondary school students in the city of Montería, Colombia. The sample consisted of 160 students randomly selected from a total population of 280, belonging to 10th and 11th grades, aged between 15 and 18 years. A quantitative, descriptive-correlational research design was applied, using the Trait Meta-Mood Scale (TMMS-24) and the State-Trait Anxiety Inventory (IDARE) for data collection. Their results did not show a statistically significant correlation between emotional intelligence and school anxiety in the general scores. However, a weak positive correlation was identified between the anxiety trait dimension and emotional intelligence, suggesting that moderate anxiety levels may be associated with higher emotional perception among adolescents. These findings highlight the importance of strengthening

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emotional competencies within the school context to promote mental health and improve academic performance.

Depression and Emotional Intelligence

Ibrahim, et al, (2024) investigated on Emotional intelligence and resilience impact Sudanese adolescents' mental health. Adolescents are sensitive to emotions and susceptible to psychiatric morbidity and disturbing behaviors including suicidality. Emotional intelligence is strongly correlated with resilience, which is considered a strong moderator for mental well-being. Their study aimed to determine the level of emotional intelligence, resilience, depression and anxiety in Sudanese adolescents and the correlation between these factors. The Methods they used in their study was a cross-sectional study, 392 adolescents from four high schools completed a self-administered questionnaire consisting of the 30-item trait Emotional Intelligence Questionnaire-short form (TEQ-SF), Brief Resilience Scale-6 (BRS-6) and Patient Health Questionnaire-4 (PHQ-4). They found out that emotional intelligence score was moderate to high (mean 131.53 ± 22.16). While resilience levels were low to normal (mean 3.20 ± 0.51). Students had mild to moderate degrees of anxiety, and depression at 89%, and 78% respectively. There was a positive association between emotional intelligence and resilience (r = .272, p < .0005). Emotional intelligence had no direct significant relationship with anxiety and depression, but resilience was positively correlated with anxiety (r = .105). Anxiety had a strong positive correlation with depression (r = 0.540) and a significant negative association with academic performance (r= -0.102). A significant contributor to the prediction of the resilience levels was the parents' status (p-value = 0.011) with an unstandardized beta coefficient of 0.368. Conclusion Their study

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revealed the prevalence of anxiety and depression among Sudanese adolescents and by boosting the students' mental health their academic performance will improve.

Nonweiler, et al (2024). Conducted a study and analyzed Emotional self-knowledge profiles and relationships with mental health indicators support value in 'knowing thyself' ."Know thyself" may be indicated by a balanced high pairing of two emotional self-knowledge indicators: attention to emotions and emotional clarity. Closely associated but often evaluated separately, emotional clarity is consistently, inversely associated with psychopathology, while evidence regarding attention to emotions is less consistent. Variables of high/low emotional clarity and attention to emotions yielded four emotional self-knowledge profiles which were analyzed for associations with mental health indicators (depression symptoms, self-esteem, self-schema, resiliency, transcendence) in n = 264 adolescents. Here they report regression models which show that compared with neither, both high (attention + clarity) show higher positive self-schema ($B = 2.83$, $p = 0.004$), more resiliency ($B = 2.76$, $p = 0.015$) and higher transcendence ($B = 82.4$, $p < 0.001$), while high attention only is associated with lower self-esteem ($B = -3.38$, $p < 0.001$) and more symptoms ($B = 5.82$, $p < 0.001$ for depression;). High attention only is associated with most severe impairment all indicators excepting transcendence. Profiles including high clarity suggest protective effects, and 'implicit' versus 'explicit' emotional awareness are discussed. Balanced vs. imbalanced emotional self-awareness profiles dissimilarly affect mental health, which have implications for treatment and policy.

Ward-Smith, et al. (2024) investigated into the symptoms of depression and anxiety and emotion regulation among older adolescents from low-income settings in South Africa. Mental health

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conditions (MHC) among adolescents in low- and middle-income countries, including South Africa, are estimated to be high. Adaptive emotion regulation (ER) skills can protect against MHC among adolescents. In South Africa, there is limited adolescent mental health prevalence data as well as little understanding of the associations between MHC and ER among adolescents. Their study aimed to address the gaps by describing the psychosocial characteristics of older South African adolescents from low-income settings as well as investigating associations between depression and anxiety symptoms and ER. they selected 12 schools in collaboration with two NGOs. Learners aged 15-18-years were recruited to complete a tablet-based survey. ER, depression, anxiety, and other psychosocial measures were included. Two multiple linear regression models were used to determine associations between depression symptoms, anxiety symptoms, other psychosocial factors, and ER. Of the 733 participants from 12 Western Cape schools, 417 (56.90%) screened at risk for clinically significant anxiety symptoms, 423 (57.70%) participants for depression symptoms, 229 (31.40%) participants for PTSD symptoms and 263 (35.90%) for risky alcohol use. Depression and anxiety scores were found to be significantly positively correlated with ER difficulties and adolescents struggled most with identifying and utilizing adaptive ER strategies. The adjusted linear regression model reported that female gender, clinically significant depressive, anxiety, post-traumatic stress symptoms and risky-alcohol use were all significantly associated with poorer ER scores, while self-esteem was significantly associated with better ER scores. Their findings contribute to the South African adolescent mental health literature and to the research gap on the links between depression and anxiety and ER. They suggest that future research should consider further exploration of the

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relationships between psychosocial factors and ER to inform the urgent development and testing of appropriate adolescent interventions in this setting.

Anxiety and Depression on Emotional Intelligence

Alshammari, et al. (2020) explored the Relationship between Emotional Intelligence and Severity of Anxiety and Depressive Disorders. The impact of emotions on individuals is substantial and influences daily life greatly; this also includes emotional problems and potential psychological disorders. Yet, there is a lack of research in the study of emotional intelligence (EI) among individuals with psychological disorders in the Arab world, including Saudi Arabia. Consequently, this study looks into understanding the relationship between emotional intelligence and its influences on depression and anxiety within Saudi Arabia. Their intention of this study was to investigate the relationship between Emotional Intelligence and the severity of Depressive and Disorders Anxiety among patients. Their process was a cross-sectional study which involved a convenience sample. The total sample was 100 adult patients of both genders, diagnosed with either depressive or anxiety disorders. The sample was taken from the outpatient clinics at the King Fahad University Hospital in the city of Khobar and Al Amal Complex Mental Health Hospital in the city of Dammam. The patients were aged between 16 and 68 years old, with a mean age of 37.20 (SD ± 10.200). This study used the Schutte Emotional Intelligence Scale, Beck Depression Inventory, and Taylor Manifest Anxiety Scale. Their results revealed that there was a statistically significant association between emotional intelligence and depressive disorders. There was also a statistically significant association between clinical and sociodemographic variables (e.g. gender, age, social, occupation and subtype of disorders

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variables) with levels of depressive and anxiety. Females had a higher level of emotional intelligence compared to males. Overall, no statistically significant association between emotional intelligence and the severity of anxiety and depressive disorders was identified. Their results did not confirm the main hypothesis, which may have been affected by the sample size and sample characteristics. They suggest that further studies conducted to identify whether emotional intelligence could be a significant component for certain psychological disorders or subtype within Saudi Arabia are warranted.

Smith et al. (2021) conducted a study to ascertain if trait emotional intelligence plays a mediating role in the perfectionism-outcome. Perfectionistic strivings and perfectionistic concerns correlate moderately and positively but exhibit divergent patterns of associations with positive and negative outcomes. Despite accumulated evidence supporting the incremental validity of trait emotional intelligence, over and above the Big Five, the contention that trait emotional intelligence plays a mediating role in the perfectionism-outcome. To address this, 645 Chinese participants completed pencil-and-paper measures of perfectionistic strivings, perfectionistic concerns, trait emotional intelligence, depression, anxiety, stress, and satisfaction with life. Perfectionistic strivings were positively related to trait emotional intelligence while perfectionistic concerns were negatively related to trait emotional intelligence. They found out Moreover, trait emotional intelligence fully mediated the link between perfectionistic strivings and satisfaction with life and partially mediated the link between perfectionistic concerns and depression, anxiety, stress, and satisfaction with life. They found out that perfectionistic strivings' total effects on depression, anxiety, and stress were non-significant, thus precluding mediation.

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Torres-Fernández, et al. (2022) explored the Role of Psychological Inflexibility and Experiential Approach on Mental Health in Children and Adolescents. The prevalence of mental health problems during childhood and adolescence is on the rise. There is a growing interest in the examination of personal variables that may function as risk factors and that may be targeted for effective intervention. They explored the relationships amongst different aspects of psychological inflexibility (one, typically studied, focusing on the individual's responding to unwanted emotions and cognitions, and another, more recently explored, focusing on the individual's responding to desired thoughts and affective states), emotional intelligence, and mental health symptoms. A total of 129 school-going children (mean age: 11.16 years old) completed a battery of instruments comprising the Avoidance and Fusion Questionnaire-Youth (AFQ-Y17), the Experiential Approach Scale (EAS), the Emotional Intelligence Quotient Inventory (EQi-YV), and the Revised Child Anxiety and Depression Scale (RCADS-30). They found out that both the AFQ-Y17 score and an EAS subscale score (Anxious Clinging) were significant independent predictors of mental health symptoms in general. Emotional intelligence was predictive only for depression, and both the AFQ-Y17 and the Anxious Clinging EAS subscale significantly incremented the predictive power of a hierarchical linear regression model including all three variables. Their results underscore the relevance of psychological inflexibility for child/adolescent mental health, and the need to further explore a specific aspect of inflexibility regarding positive emotions and other appetitive private events.

From the literature review some authors reported that anxiety affects emotional intelligence. While others reported that anxiety does not affect emotional intelligence. Again, From the literature review some authors reported that depression affects emotional intelligence.

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Furthermore, while others reported that depression does not affect emotional intelligence.Some others reported that there is a joint relationship between anxiety and depression on emotional intelligence. While some others reported that there is no joint effect of anxiety and depression on emotional intelligence.

Objectives

The objectives of the study are the following:

1. To find out if anxiety will correlate with emotional intelligence among secondary school adolescents in Anambra State.
2. To investigate if depression will correlate with emotional intelligence among secondary school adolescents in Anambra State.
3. To ascertain the joint relationship of anxiety and depression on emotional intelligence of secondary school adolescents in Anambra State.

Research Questions

To achieve the objectives of this study, the following research questions will be addressed:

1. Will there be a significant relationship between anxiety and emotional intelligence?
2. Will there be a significant relationship between depression and emotional intelligence?
3. Will there be a joint significant relationship between anxiety and depression on emotional intelligence?

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Hypotheses

Based on the objectives of the study, the following hypotheses were formulated and tested. It was hypothesized that anxiety would significantly correlate with emotional intelligence among secondary school adolescents. Similarly, it was assumed that depression would also significantly correlate with emotional intelligence. Furthermore, it was hypothesized that anxiety and depression would jointly have a significant effect on emotional intelligence.

Method

The total number of participants was 400. Among them 181 (45.3%) were males while 219 (54.8%) are females. Their age ranged from 12 to18 years, with the mean age of (15.01). The participants came from JSS2 (N = 79, 19.8%), JSS3 (N= 86, 21.5%), SS1 (N= 82, 20.5%), SS2 (N= 76, 19.0%), and SS3 (N= 77, 19.3%) students from 4 public schools in Community Secondary School Enugu Agidi, Community Secondary School OkpunoAwka, Community Secondary School Ukpo and Cedars International College, Onitsha who were willing to participate in the study. Two of the schools are in the urban area and two are in a rural area.

Instruments

The instruments employed for collection of data were:

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The Schutte Self-Report Emotional Intelligence Test (SSEIT) developed by Schutte et al. (1998)**:** The instrument is a 33-item self-report using a 1 (strongly agree) to 5 (strongly disagree) scale for responses. The following items 5, 28, and 33 are reverse scored where 5= 1, 4=2, 3=3, 2=4, 1=5.The SSEIT has demonstrated high internal consistency with Cronbach's ranging from 0.87 to 0.90, and a two-week test retest reliability coefficient of 0.78 (Schuttle et al, 1998). Again, Aniemeka et al. (2020) validated the Schutte Self-Report Emotional Intelligence Test (SSEIT) on Nigerian adolescents. They observed internal consistency of SSIET showed a Cronbach's alpha coefficient of .90, a Spearman-Brown coefficient of .91 and Guttman Split-Half coefficient of .91. Determined new norms for SSEIT were scores ≥ 44.9 for male and ≥ 43.9 for female.

The Revised Child Anxiety and Depression Scale (RCADS) developed by Chorpita, et al. (2000): The Revised Child Anxiety and Depression Scale (RCADS) is a 25-item measure designed to access symptoms corresponding to anxiety and depression in children and young people aged 8-18years. The response format is 4-point ordinal scale (0= Never, 1= Sometimes, 2= Often, 3= Always). Item numbers for Anxiety are 2, 3, 5, 6, 7, 9, 11, 12, 14, 17, 18, 20, 22, 23, 25 while that of depression are 1, 4, 8, 10, 13, 15, 16, 19, 21, 24 Nnubia and Emmanuel (2024) validated the instrument in Nigeria with Cronbach's alpha .834 which showed high internal consistency.

The RCADS is a valid measure with good internal consistency, alpha coefficient for the whole scale was 0.96. Jones et al. (2017) conducted a systematic review and reliability generalization meta-analysis on the instrument in Nigeria. The RCDAS showed robust internal consistency

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reliability with mean=11.66 years (SD= 1.41: range: 6-18) with alpha mean 93. Also, Stevanovic et al. (2017) validated the use of the instrument in Nigeria. The authors reported test-retest coefficient between 0.75 and 0.80 for all subscales.

Procedure

The researcher got a letter of introduction from the Head of the Department of Psychology in Chukwuemeka Odumegwu Ojukwu University Igbariam, campus for the Principals in four schools. In order to facilitate the process, the researcher recruited four staff of the schools to aid the researcher in the administration of the questionnaires to the students. The researcher explained the aim of the research study to them. The researcher administered a total of 400 questionnaires to JSS2, JSS3, SS1, SS2, SS3 students in their classes within a period of two weeks during school hours. The researcher sought a written consent of the principals and staff of the schools. The researcher assured confidentiality and anonymity by telling the students not to write their names on the instruments. The researcher informed the students to respond to the questions as honestly as possible. The students were given 45 minutes to complete the questions after which they were collected.

Analysis

The research design that was used for the study were correlational research design and Linear Regression Analysis. The correlational research design was used for hypotheses 1 and 2 to measure the relationship or movement (direction) between the variables. It does not imply causation. The Linear Regression Analysis was used for hypotheses 3.

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The statistical tool used for the study were Pearson Product Moment Correlation (for Hypotheses 1 and 2) and Linear Regression Analysis (for hypothesis 3), using the Statistical Package for Social Sciences (SPSS) version 22. The Pearson Product Moment Correlation is a measure of the strength and direction of the linear relationship between two continuous variables. It assessed how change in one variable are associated with changes in another.

RESULTS

Table 1:

Correlation between Anxiety and Emotional Intelligence

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Correlations

		ANXIETYTOTAL	EMOTIONALTOTAL
ANXIETYTOTAL	Pearson Correlation	1	.070
	Sig. (2-tailed)		.161
	N	400	400
EMOTIONALTOTAL	Pearson Correlation	.070	1
	Sig. (2-tailed)	.161	
	N	400	400

SPSS Version 22

Table one shows that there is no significant correlation between anxiety and Emotional Intelligence among secondary school adolescents who participated in this study. Therefore, Hypothesis 1 is rejected. (r = 0.070, P>0.05).

Table 2

Correlation between Depression and Emotional Intelligence

Correlations

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		EMOTIONAL TOTAL	DEPRESSED TOTAL
EMOTIONALTOTAL	Pearson Correlation	1	-.026
	Sig. (2-tailed)		.606
	N	400	400
DEPRESSEDTOTAL	Pearson Correlation	-.026	1
	Sig. (2-tailed)	.606	
	N	400	400

SPSS Version 22

Table 2 showed that there is no significant correlation between Depression and Emotional Intelligence among secondary school adolescents who participated in this study.

Table 3

Linear Regression Analysis showing the joint effect of Anxiety and Depression on Emotional Intelligence.

ANOVA[a]

Model		Sumof Squares	df	Mean Square	F	Sig.
1	Regression	2940.280	2	1470.140	1.895	.152[b]

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	Residual	307936.097	397	775.658
	Total	310876.377	399	

a. Dependent Variable: EMOTIONALTOTAL

b. Predictors: (Constant), DEPRESSEDTOTAL, ANXIETYTOTAL

SPSS Version 22

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	108.396	8.020		13.516	.000
	ANXIETYTOTAL	.499	.266	.107	1.877	.061
	DEPRESSEDTOTAL	-.502	.372	-.077	-1.349	.178

a. Dependent Variable: EMOTIONALTOTAL

SPSS Version 22

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Model Summary

R	R Square	Adjusted Square	RStd. Error of the Estimate
.097[a]	.009	.004	27.85063

Table 3 above shows that Anxiety and Depression also do not have a joint significant effect on Emotional Intelligence among Secondary school adolescents that participated in this study. (F =1.895, df = 2, p > 0.05).The Table also shows that Anxiety and depression contributed to 0.9% in the variability of Emotional Intelligence among the participants. (R^2 =0.009).

Summary of Result

1. Anxiety did not correlate significantly with Emotional Intelligence.

2. Depression did not correlate significantly with Emotional Intelligence.

3. Anxiety and Depression also did not have a joint significant effect on Emotional Intelligence.

DISCUSSION

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Anxiety will correlate with emotional intelligence among secondary school adolescents in Anambra State. From the result of the first hypothesis, table one shows that there is no significant correlation between anxiety and Emotional Intelligence among secondary school adolescents who participated in the study. The result of the present study agrees with the findings of some previous studies such as (Murillo, et al. 2024; Onyemaechi, et.al, 2021, Anazonwu,et.al, 2019). Their results did not show a statistically significant correlation between emotional intelligence and school anxiety in the general scores. However, a weak positive correlation was identified between the anxiety trait dimension and emotional intelligence. Again, the present study disagrees with the findings of Hossain, et al. (2024). Their study reported a significant negative correlation of anxiety with emotional intelligence. The disagreement may be due to differences in factors (inclusion of self-esteem, socio-economic status and family types.). Furthermore, the study was not conducted in Nigeria, therefore cultural factors (such as traditional native attitudes toward mental illness, communal nature of living in Nigeria) can influence the response to questionnaires used in the present study.

Depression will correlate with emotional intelligence among secondary school adolescents in Anambra State.

From the result of the second hypothesis, table two shows that there is no significant correlation between Depression and Emotional Intelligence among secondary school adolescents who participated in the study. The present finding supports some previous studies such as Smith et al. (2021). Their report shows that depression does not affect emotional intelligence. On the other hand, the present study disagrees with some previous studies like Torres-Fernández, et al.

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(2022). They found out that depression was predictive for Emotional intelligence. The disagreement may be due to differences in number of participants used, other variable factors (such as age and gender), place and location of their study.

Anxiety and depression will jointly correlate with emotional intelligence among secondary school adolescents in Anambra State.

Table 3 above shows that Anxiety and Depression also do not have a joint significant effect on Emotional Intelligence among Secondary school adolescents that participated in this study. The Table also shows that Anxiety and depression contributed only 0.9% to the variability of Emotional Intelligence among the participants.

Studies such as Ward-Smith, et al. (2024) reported that Depression and anxiety scores were found to be significantly positively correlated with Emotional regulation difficulties. On the contrary, the present study findings agree with that of Ibrahim, et al, (2024). Their studies show that emotional intelligence had no direct significant relationship with anxiety and depression. The disagreement may be due to differences in place and location (not conducted in Nigeria), number of participants used, age and gender of the participants, and the methods used to collect the data. Their socio economic status may have also different from the present study.

The findings of this study, which revealed that there were no significant correlations between anxiety, depression and emotional intelligence whether individually or combined can be interpreted through viewing Goleman's emotional intelligence (EI) model and Engel's Biopsychosocial model.

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Golman (1995) posits that emotional intelligence comprised of self-awareness, self-regulation, motivation, empathy, and social skills which serves as a protective factor against emotional/psychological distress and enhances emotional resilience. That is the higher the emotional intelligence the lower the effects of anxiety or depression. Therefore, having no significant relationship in this study means that in this developmental stage of adolescents, the emotional skills are still developing- immature. This means that the adolescents have not yet developed emotional skills at this stage to have a relationship or effect on the psychosocial factors such as anxiety and depression. So, even if a student has high emotional intelligence, it will not serve as a protective factor against things in the environment or around them like pressures from friends, academic or school stress and relationship management which could all lead to anxiety or depression. Therefore, in this population adolescent's emotional intelligence is not significant.

On the other hand, the biopsychosocial model Engel (1977) help explain the findings of how mental health outcomes such as anxiety and depression are influenced by complex or broader aspects such as the biological, psychological and social contexts. From the findings, there was no significant relationship this model relates to the findings because it shows that there are other broader or complex factors that can influence the variables in this study:

Biological- although adolescents are a puberty stage, other factors such as hormones and genetics can influence its effects on emotional intelligence which were not included in the study

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Psychological- although emotional intelligence is a psychological component, other factors such as thinking pattern, personality, coping skills can serve as a buffer or influence the outcome of anxiety and depression.

Social- although in the school environment, other components in this area such as peer pressure, family or parental style may have an influence on this population.

This model supports the idea that emotional intelligence alone may not fully protect adolescents from mental health issues unless it is supported by a healthy biological balance and social environment and not just Psychological/ emotional skills.

Overall, whole Goleman's model explains what emotional intelligence is and why it matters, the biopsychosocial model shows that multiple systems must be considered in understanding adolescent mental health in real world-school settings.

Implications of the study:

From the above findings, it indicates that anxiety and depression, whether considered individually or together, do not significantly influence emotional intelligence among secondary school adolescents in Anambra State. It suggests that emotional intelligence in this group may be shaped by other factors beyond anxiety and depression. Therefore, programs aimed at improving emotional intelligence may need to focus on alternative areas such as family support, social skills and school environment.

Summary of key findings

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The findings revealed that anxiety did not have a significant correlation with emotional intelligence. Similarly, depression was not significantly related to emotional intelligence. Furthermore, the combined influence of anxiety and depression on emotional intelligence was not significant, and they jointly accounted for only 0.9% of the variance in emotional intelligence scores among participants. These results indicate that emotional intelligence in adolescents may be influenced by other factors not accounted for in this study. Although this study lays emphasis on the importance of psychological factors such as anxiety and depression in adolescent stage.

Recommendation:

Based on the outcomes of this study, the following recommendations are proposed:

1. It is suggested that other authors should investigate other factors that may be affecting emotional intelligence, in order to ascertain the psychological component of emotional intelligence, especially in adolescents in secondary schools in the State.

2. Schools should consider implementing emotional intelligence programs so that students will learn and develop emotional intelligence skills, regardless of their experience with anxiety and depression.

Future Research

Further research is need to ascertain the relationship between emotional intelligence, anxiety and depression.

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