AN EVALUATION OF EMOTIONAL INTELLIGENCE AND LOCUS OF CONTROL AS CORRELATES OF DEPRESSION AMONG VISUALLY IMPAIRED UNDERGRADUATE STUDENTS

AGBIRIONWU OLUCHUKWU MIRIAM[1], OKOLI PAUL CHIBUIKE[2*] AND OKOLI ALEXANDER CHINWIKE[1]

[1]Department of Psychology, Nnamdi Azikiwe University, Awka, Nigeria.
[2]Department of Internal Medicine, ESUT College of Medicine, Enugu State University of Science and Technology, Enugu, Nigeria.

AUTHORS' CONTRIBUTIONS

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Original Research Article

ABSTRACT

This study examined Emotional Intelligence and Locus of Control as correlates of Depression among Visually Impaired Students. Fifty (50) participants were used for the study. They consisted of 20 females and 30 males selected through purposive sampling. Their age ranged from 17 to 29 with mean age of 2.42 and standard deviation of 0.859. Three instruments were administered to the participants namely: Wong and Law Emotional Intelligence Scale [1], Locus of Control Scale [2] and Depression Scale adopted from Depression, Anxiety and Stress Scale-21 [3]. The design employed for the study is a correlational design and correlational analysis was used to test two hypotheses at <.01 and <.05 levels of significance. The results obtained from this study showed that Emotional Intelligence did not significantly correlate with Depression. However, one of its dimensions, Self Emotions Appraisal significantly correlated positively with Depression. The results again showed that Locus of Control significantly correlated negatively with Depression. Based on the findings of this study, the researcher therefore recommended that visually impaired students should be encouraged to take responsibility for the outcomes of events in their life as this will spur them into becoming better at what they might not be good at and enlightened on how to intelligently handles their emotions, as this may go a long way in helping them establish and maintain healthy personal and interpersonal relationships.

Keywords: Emotional intelligence; locus of control; depression; visually impaired; undergraduate students.

1. INTRODUCTION

1.1 Background to the Study

There is a growing awareness and interest about the prevalence and effects of depression globally. The World Health Organization (WHO) in 2020 [4] identified depression as the leading cause of disability worldwide, a major contributor to the overall global burden of disease with more than 264 million people of all ages suffering from depression. At a prevalence rate of 3.9%, 7 million Nigerians suffer from

---

Corresponding author: Email: okolipd71@gmail.com;

depression [5]. Though, a number of studies carried out in Nigeria among different populations have reported a much higher prevalence among young adults, elderly and Internally Displaced Persons (IDPs) as 25%, 26.2% and 17% respectively [6]. Specifically, some studies have found the prevalence of depression among Nigerian university students to be 32.2%, 44.6% and 58.2% [7,8,9]. This high prevalence rate is perhaps the main reason the attention of psychologists and experts in various fields of study has been drawn to the phenomenon.

There is seemingly an endless array of factors that can cause, contribute and maintain depressive symptoms. The WHO [4] stated that generally, depression results from a complex interaction of social, psychological and biological factors. Some of these factors include drug and alcohol abuse, diseases (e.g. cardiovascular diseases, human immunodeficiency virus), socioeconomic status, poor diet, poor academic performance, physical inactivity, endocrine dysfunction from inadequate sunlight exposure and sleep, toxic social environment characterized by increasing competition, inequality and social isolation [10]. Individuals with complete functional five senses who have the advantage of experiencing and tackling life and the challenges it brings at one point or another fall into depression. Therefore, one of the focuses of this study is to find out if the prevalence of depression is greater among visually impaired students in comparison with normal sighted students.

Depression is not an acute disease, that is, depression is a disease that develops gradually hence its graduation into different levels of severity namely mild, moderate and severe depression. Between the period of inception and manifestation of depressive symptoms, some psychological factors can play a role in mediating the extent, if at all, to which one would experience and manifest depressive symptoms. In this study, two psychological factors (namely emotional intelligence and locus of control) are considered.

Depression can be defined as a mental illness in which a person experiences deep, unshakable sadness and diminished interest in nearly all otherwise enjoyable activities [11]. According to WHO [12,13] depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt, or low self-worth, disturbed sleep or appetite and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairment in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide which translates to three suicide death every

day. Depression is commonly used to describe a group of disorders called depressive disorders. According to the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V), depressive disorders include disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, and substance/medication induced disorder, depressive disorder due to another medical condition and other specified and unspecified depressive disorder. Major depressive disorder represents the classical condition in this group of disorders and it is the main focus of this study. These disorders share common characteristics which include presence of sad, irritable and empty moods but differ in their supposed duration and/or the time the symptoms present. Disruptive mood depressive disorder is diagnosed when its symptoms must have been present for 12 months or more and is usually seen in ages 6 to 18 [14].

Major depressive disorder is diagnosed when its symptoms must have been present during the same 2-week period. Its prevalence in individuals 18-29 years is three times higher than the prevalence in age sixty or older. Dysthymia, two years' period and can start in childhood, adolescence or early adulthood. Premenstrual depressive disorder, presents in the final week before the onset of menses, symptoms begin to improve few days after the onset of menses and become minimal or absent in the week after menses. It can begin at any time after menarche. Major depressive disorder as already noted is characterized by symptoms lasting for a period of at least two weeks. The symptoms include; depressed mood; markedly diminished interest or pleasure in all, or almost all, activities most of the day, (anhedonia); significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day; insomnia or hypersomnia nearly every day; psychomotor agitation or retardation nearly every day; fatigue or loss of energy nearly every day; feelings of worthlessness or excessive or inappropriate guilt; diminished ability to think or concentrate, or indecisiveness; recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. These symptoms are persistent and invasive, distinguishing it from other mood-affective conditions e.g. grief or sadness.

Beck [15] also defined depression in terms of the following attributes; "a specific alteration in mood: sadness, loneliness, apathy; a negative self-concept associated with self-reproaches and self-blame; regressive and self-punitive wishes: desires to escape, hide or die; vegetative changes: anorexia, insomnia loss of libido and change in activity level: retardation

or agitation". He created a cognitive description of depression in which it (depression) has three components; the cognitive bias, negative self-schemas and the negative triad. His basic assumption is that depression is primarily a cognitive disorder characterized by three negative, self-germane beliefs; a negative view of the self, a negative view of the world and a negative view of the future. He referred to these beliefs as the negative cognitive triad and assumes that they are the fundamental feature of all types of depression [16]. He explained cognitive bias as the propensity of depressed people to shine the spotlight on the negative aspects of a situation while refusing to acknowledge the positive ones and negative self-schemas as negative mental representation of one's self and the world around them which are developed from childhood through experiences such as criticism from parents, teachers and peers to adulthood. This negative mental representation of them forms the foundation on which they interpret information about themselves. Beck opined that cognitive biases and negative self-schemas maintain the negative triad [15].

In recent times, psychologists have proposed that being perceptive of the emotions of oneself and that of others is means to a satisfying life. Those who are self-aware and sensitive to others tend to manage their affairs with discretion and charming elegance, even in unfavourable and uncomfortable circumstances. On the other hand, people who are "emotionally illiterate" mix-up their way through life and this can be seen in obvious misconstructions, irritabilities and disappointments in interpersonal relationships. The term Emotional Intelligence (EI) was first used by Salovey and Mayer [17] but the notion for the experience and expression of emotions to be viewed as a domain of intelligence was made popular in 1995 by Goleman when he published his book "Emotional Intelligence" [18]. Salovey and Mayer [17] defined EI as "the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions". Social intelligence can be defined as "the ability to understand and manage people" [19] and also as "the ability to understand men and women, boys and girls-to act wisely in human relations" [20]. By deductive reasoning, social intelligence can be defined as the ability to perceive and act optimally on one's own and by extension others' emotional states, motives and behaviours. Gardner termed his view of social intelligence as personal intelligences, divided into inter and intra-personal intelligence. Like social intelligence, the personal intelligence includes knowledge about self and about others. Salovey and Mayer defined EI as a subset of social intelligence

because they believe that EI does not include the general sense of self and appraisal of others rather it focuses on the recognition and use of one's own and others emotional states to solve problems and regulate behaviour. They also believe that what they call emotional intelligence is quite close to the intrapersonal aspect of personal intelligence.

Goleman [21] defined emotional intelligence as a key set of characteristics which includes abilities such as being able to motivate oneself and persist in the face of frustration; to control impulse and delay gratification; to regulate one's moods and keep distress from swamping the ability to think; to empathize and to hope. Goleman's definition highlights succinctly aspects which were covered under Salovey and Mayer's definition. This includes motivation, delay of gratification and the ability to hope. Bar-on [22] defined Emotional intelligence as "an array of non-cognitive (emotional and social) capabilities, competencies and skills that influence one's ability to succeed in coping with environmental demands and pressures". Schutte, Malouff, Simunck, Hollander and McKenley [23] defined it as the ability to adaptively understand and regulate emotions. The importance and significance of emotional intelligence has been noted by different authors when they postulated that emotional intelligence plays an important role, even beyond that of general intellectual ability and personality traits, in determining real life outcomes such as success in educational, work and relationship realms [21,17,24,25]. Different researchers at different times and in different climes have established that there is a negative correlation between emotional intelligence and depression (e.g. [26,27,28,29,30]).

Locus of control is another construct that is used to categorize people's basic motivational orientations and perceptions of how much control they have over events in their lives. People with an external locus of control tend to behave in response to external circumstances and to perceive their life outcomes as arising from factors out of their control while people with an internal locus of control tend to behave in response to internal states and intentions and to perceive their life outcomes as arising from the exercise of their own agency and abilities [31]. The concept was developed by Julian B. Rotter in 1954 and he explains it as the extent to which an individual believes he is responsible for or has control over the outcome of events in his life. A high score on locus of control scale indicates external locus of control while a low score indicates internal locus of control. Locus of control refers to individuals' generalized expectancy or belief as to whether events in their lives are controlled by their behaviour and abilities

(internal locus of control) or by external forces such as powerful others, chance, fate or luck (external locus of control) [32].

Some studies have established a relationship between locus of control and depression e.g. Lefcourt, 2014 and Wiersma [33]. Following them from such school of thought, their research showed that people with internal locus of control would be more likely to present with higher levels of depression as depressed people tend to blame themselves for failure. Contrary to such prediction, research has consistently shown that external locus of control (and not internal locus of control) was positively associated with depression. Zawawi and Hamaideh [34] found that there was no relationship between externality of locus of control (Powerful others) and depression, while Externality of locus of control (Chance) was found to be significantly positively related to depression, and a significant negative relationship was found between internality of locus of control and depression. In the same vein, Burger [35], also found that particularly the extent to which subjects perceived that their lives were controlled by chance i.e. externality of locus of control (chance) was significantly related to the depression levels. Other authors (e.g. [36,37,38]) have also found external locus of control to be positively related to depression. Thus, the relationship between depression, emotional intelligence and locus of control maybe paramount to understanding the ways in which depression can be reduced. Therefore, the goal of this study is to examine emotional intelligence and locus of control as correlates of depression among visually impaired students.

1.2 Statement of the Problem

Life in the university can be specially taxing for the visually impaired owing to possible stressful events or situations such as having to leave familiar environment and people and adjusting to new ones, managing their finances and changes in interpersonal relationships, having to meet up with certain academic demands such as attendance to class, submission of assignments within confined time frames. For some, these changes and demands may be a chance for personal growth while for others it may be a challenge and contribute to the development of mental health problem such as depression. As noted earlier, the prevalence of depression among Nigerian university students is on the high side, 32.2%, 44.6% and 58.2% [7,8,9]. Psychological factors such as emotional intelligence and locus of control can help understand the role cognitive factors play in the development of depression. Given the paucity of research that investigates the relationship between emotional intelligence, locus of control and depression among

visually impaired students, there is need to fill the gaps in knowledge by examining this relationship.

1.3 Research Questions

The following research questions guide the research:

1. Will emotional intelligence significantly correlate with depression among visually impaired students?
2. Will locus of control significantly correlate with depression among visually impaired students?

1.4 Purpose of the Study

The main purpose of the study is to explore if emotional intelligence and locus of control will correlate with depression among visually impaired students. Specifically, the following are the objectives of the study:

1. To determine if there is a relationship between emotional intelligence and depression among visually impaired students
2. To determine if there is a relationship between locus of control and depression among visually impaired students

1.5 Relevance of the Study

The findings of this study will help school management in making decisions or policies that would affect the students especially the visually impaired ones by highlighting the state of their mental health and possible factors that might affect it. This study will also help increase researchers knowledge on the extent to which emotional intelligence and locus of control correlate with depression among visually impaired students. This is to say that the study will add to the existing body of knowledge. This study will also offer recommendations for more effective decision making as it affects visually impaired students.

1.6 Operational Definition of Key Study Variables

Depression: Depression is characterized principally by a loss of self esteem and incentive, and is associated with a low perceived probability of attaining life goals of significance for the individual as a person as measured by Lovibond and Lovibond [3].

Emotional intelligence: Emotional intelligence is a construct that comprises appraisal and expression of emotion in oneself and in others, regulation of emotion in oneself and use of emotion to

facilitate performance as measured by Wong and Law [1].

Locus of control refers to an individual's beliefs about the extent of control that they have over things that happen to them as measured by Pettijohn [2].

Visual Impairment Visual impairment is a functional limitation of the eye(s) or visual system and can manifest as reduced visual acuity or contrast sensitivity, visual field loss, photophobia, diplopia, visual distortion, visual perceptual difficulties or any combination of the above [39].

2. METHODS

2.1 Participants

Selection of participants was done via purposive sampling technique. Fifty (50) visually impaired students of Nnamdi Azikiwe University, Awka participated in the study. The participants are made up of 30 males and 20 females aged between 18-29 with mean age of 2.42 and standard deviation of 0.859.

2.2 Instruments

Three instruments were used for data collection namely Depression Anxiety Stress Scale-21 (DASS-21) developed by Lovibond and Lovibond [3], Wong and Law [1] Emotional Intelligence Scale (WLEIS) and Locus of Control Scale developed by Pettijohn [2].

Depression, Anxiety and Stress Scale - 21 Items (DASS-21): This scale was developed by Lovibond and Lovibond [3] developed to measure the emotional states of depression, anxiety and stress. The questionnaire has 21 items. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depressiuon scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. Items 3, 5, 10, 13, 16, 17 and 21 of the scale measure depression. A sample item is 'I couldn't seem to experience any positive feeling at all.' The response pattern is a four point rating scale ranging from 0= Did not apply to me at all (never), 1= Applied to me to some degree, or some of the time (sometimes), 2= Applied to me to a considerable degree or a good part of time (often), 3= Applied to me very much or most of the time (almost always). No items are reverse scored. The DASS-21 is a short form of DASS-42; therefore the final score of each domain is multiplied by two. A low score (0-9) indicates that the individual is normal whereas a high score (28+) indicates an extremely severe level of depression. The reliability of the instrument as reported by Coker, Coker and Sanni [40] is a 0.81 Cronbach alpha value for the the depression subscale and the validity of the depression subscale was determined with the Self-rating Depression Scale using the Pearson's correlational analysis and was found to be moderately strong with a value of .270 which is significant at a 0.001 level of probability.

The concurrent and convergent validities of the depression subscale was determined with State Trait Anxiety Inventory and Self-rating Depression Scale (SDS) using the Pearson's correlation analysis. A moderately strong value was found between depression and stress (.658) which was also statistically significant. The depression domain of DASS-21 also correlated positively and strongly with SDS (.701).

Wong and Law Emotional Intelligence Scale (WLEIS): This scale was developed by Wong and Law [1] to measure emotional intelligence. The questionnaire has 16 items which are distributed into four subscales namely Self-Emotions Appraisal (SEA), Regulation of Emotion (ROE), Use of Emotion (UOE) and Others-Emotions Appraisal (OEA). Items 1-4 measure. Self-Emotions Appraisal, items 5-8 measure Regulation of Emotion, items 9-12 measure Use of Emotion and items 13-16 measure Others-Emotions Appraisal. A sample item from SEA is "I have a good sense of why I have certain feelings most of the time." A sample item from OEA is "I always know my friend's emotions from their behaviour." "I always set goals for myself and then try my best to achieve them" and "I have good control of my own emotions" are items from UOE and ROE respectively. The response pattern is in a seven point likert format ranging from 1= Strongly Disagree, 2= Disagree, 3=Slightly Disagree, 4=Neither Agree nor Disagree, 5=Slightly Agree, 6= Agree 7=Strongly Agree. No items are reverse scored. A mean score below 16.03 indicates a below average level of intelligence whereas a mean score above 16.03 indicates an above average level of intelligence.

Wong and Law [1] tested the psychometric properties of the WLEIS with three groups of independent samples of undergraduate students. The convergent, incremental and discriminate validities of the measure were tested with additional independent samples. EI as measured by the WLEIS correlated significantly with job performance (r=0.21) and job satisfaction (r=0.40). The scales were also negatively correlated with powerlessness (r=−0.13 to −0.39) and positively correlated with life satisfaction (r=0.16–0.46) as hypothesized. The WLEIS was found to correlate moderately with EQ-i, a trait EI measure developed by Bar-On (2000) (r=0.63). Incremental validity of the WLEIS was demonstrated by using it to predict

life satisfaction in a hierarchical regression by controlling for the Big Five personality dimensions (Extraversion; Agreeableness; Conscientiousness; Neuroticism; Openness) which shared a statistically significant portion of the variances of life satisfaction (R2 =0.466, p<0.01). The WLEIS significantly explained the additional portion of the variances of life satisfaction (R2 =0.077, p<0.01).

The reliability coefficient as reported by the developers of the scale are .89, .89, .80, .89 for the subscales; SEA, ROE, UOE and OEA respectively. A pilot study was conducted to ascertain the psychometric property of the scale as this has not been carried out lately by any Nigerian author. The researcher obtained reliability coefficients of .727, .856, .798 and .748 for the subscales; SEA, ROE, UOE and OEA respectively.

Locus of Control Scale: This scale was developed by Pettijohn [2] to measure the degree of locus of control. It has 20 items, the response pattern is on a True or False scale and none of the items are reverse scored. A sample item is 'Marriage is largely a gamble for most people.' A score of 0 - 15 indicates a very strong external locus of control, 20 - 35 External locus of control, 40 - 60 Both external and internal locus of control, 65 - 80 Internal locus of control and 85 - 100 Very strong internal locus of control. The psychometric property of the scale is a Cronbach alpha of 0.86 as reported by Ukoh and Okeke [41].

2.3 Procedure

In other to conduct the research with reliable and valid instruments, the researchers conducted a pilot study for the Wong and Law Emotional Intelligence Scale as it is psychometric properties has not been reported by any Nigerian author in the past 10 years at most. A total number of 112 participants who are normal sighted and invariably different from those used for the main study participated in the pilot study. For the pilot study, the participants were selected through multi-stage random sampling technique. Five out of the ten (10) faculties from Nnamdi Azikiwe University Awka, excluding the ones in Nnewi and Agulu campuses were randomly selected through dip-pick. Again, using the dip-pick technique, five departments were randomly selected and twenty questionnaires (excluding the department of Economics Education) were shared to participants in each department irrespective of their levels. After the pilot study, the main study was carried out by the researcher using purposive sampling technique. This technique involves administering the questionnaire to every participant that is in line with the purpose of the study which in this case are visually impaired students. The instructions were read out, so was the items of the questionnaire to the 50 participants individually and they selected the option that is most applicable to them. Collection of data from the participants was done over a period of three weeks. Convenience sampling was used to collect data from the participants at their hostel, lodges and after their monthly association's meeting, which held on 9th May, 2021.

2.4 Design and Statistics

This is a cross-sectional survey design and pearson r moment correlational was used for data analysis.

3. RESULTS

The result of the correlations in Table 1 showed that Depression does not have a significant correlation with total Emotional Intelligence (r = .244, p>.05). It further revealed that among the dimensions of emotional intelligence, only Self Emotions Appraisal, SEA had a significant positive relationship with Depression. Self-Emotions Regulation (r = .336, p<.05); Regulation of Emotions (r = .256, p>.05); Use of Emotion (r = .012, p>.05); Others' Emotion Appraisal (r = .096, p>.05). Finally, the result in the Table 1 above shows that Locus of Control, LC showed a significant negative relationship with (r = -.503, p<.01). This shows that the more a visually impaired student tends to internality in the attribution of causality, the higher the tendency to depression.

Table 1. Table of descriptive statistics and correlations among variables (N=50)

		Mean	S.D	1	2	3	4	5	6	7
1.	Depression	14.76	8.62	1						
2.	EI	23.93	2.76	.244	1					
3.	SEA	6.21	.86	.336*	.825**	1				
4.	RoE	5.51	1.16	.256	.801**	.653**	1			
5.	UoE	6.39	.77	.012	.685**	.461**	.260	1		
6.	OEA	5.84	.85	.096	.707**	.365**	.346*	.503**	1	
7.	LC	60.10	10.47	-.503**	-.041	-.085	.023	-.065	-.021	1

*Note: ** p<.01; * p<.05; EI: Emotional Intelligence; SEA: Self Emotions Appraisal; RoE: Regulation of Emotions; UoE: Use of Emotion; OEA: Others' Emotion Appraisal; LC: Locus of control*

4. SUMMARY OF FINDINGS

1. Emotional intelligence did not show significant relationship with depression among a sample of visually impaired students in Nnamdi Azikiwe University.
2. Among the dimensions of emotional intelligence, only self-emotions regulation showed a significant relationship with depression among a sample of visually impaired students in Nnamdi Azikiwe University.
3. Locus of control showed a negative relationship with depression among a sample of visually impaired students in Nnamdi Azikiwe University.

5. DISCUSSION

The objective of this study is to investigate if Emotional Intelligence and Locus of Control will correlate with depression among visually impaired students. The findings of this study imply that there is a relationship between only one dimension of Emotional Intelligence and Depression among visually impaired students. Self-Emotions Appraisal significantly correlated positively with Depression. This result differs from many previous researches because many of the researchers found that emotional intelligence and depression correlated significantly but the correlation was a negative one. Sulaiman [30] explored the relationship between emotional intelligence, depression and psychological adjustment among university students and found that emotional intelligence and depression have a negative correlation. The difference in the results of this finding to the best of the researcher's knowledge is the difference in the location and nature of the sample population. Sulaiman [30], for instance conducted the study using normal sighted individuals which indicates a difference in nature and a difference in location is based on the fact that the sample population are in Oman, a country in Western Asia. In the same vein, the findings of Lawal, Idemudia and Senyatsi [42], are in line with the findings of Sulaiman [30]. They studied the relationship between emotional intelligence and mental health among university students in South Africa and found that emotional intelligence negatively correlated with depression which was one of the mental health indicators. Again, the difference of their findings from that of the researcher maybe due to difference in the sample and location since it was conducted in South Africa using normal sighted individuals.

Also, the findings of this study showed that there is a significant negative correlation between locus of control and depression among visually impaired. In other words, locus of control has a significant impact on emotional intelligence. This finding is in line with the findings of Okwaraji, Nduanya, Obiechina, Onyebueke and Okorie [43], Khumalo and Plattner [32]. They studied the relationship between locus of control, self esteem and depression among Nigerian students and the relationship between locus of control and depression among students in Botswana respectively and found that locus of control negatively correlates with depression. On the contrary, the findings are not in line with that of Papadopoulos, Paralikas, Barouti and Chronopolou [44] who explored the relationship between self esteem, locus of control and various aspects of psychopathology with visually impaired adults and found that Locus of Control has a positive correlation with depression.

6. IMPLICATION OF FINDINGS

The present study has shown that a dimension of emotional intelligence and locus of control significantly correlates with depression. Theoretically, the study will be added to the existing literature and enhance more understanding on the concept of depression and its relationship with emotional intelligence and locus of control. This study has shown that emotional intelligence (specifically the Self-Emotions Appraisal dimension) is positively correlated with depression. Therefore, it is pertinent that individuals should try to curb this aspect of emotional intelligence that has shown to increase the likelihood of depression if its level is on the high side.

7. RECOMMENDATIONS

- Visually impaired students should be enlightened on how to intelligently handle their emotions which may go a long way in helping them establish and maintain healthy social relationships.
- Visually impaired students should again be encouraged to take control of their life by making internal attributions which would help them strive hard to become better at things they might not be good at.

8. LIMITATIONS

- The sample size used in this study is small and might affect the generalisation of its findings.
- The present study was entirely based on self report of all variables which may have resulted in common error bias associated with such research.

9. SUGGESTION FOR FUTURE STUDIES

- There is need for further studies with a larger sample of participants to arrive at a result so as to make a more appropriate generalization.
- The researcher suggests the seclusion of participants during the time the questionnaire is being filled.

10. CONCLUSION

This study investigated emotional intelligence and locus of control as correlates of depression among visually impaired students. Based on the findings, the researcher concludes that emotional intelligence and locus of control correlate among visually impaired students. Empirically, the findings of this study has expanded knowledge base by extending depression literature to areas of emotional and locus of control. Also, the study will contribute to the existing knowledge by enhancing understanding of correlating factors of depression.

CONSENT

All questionnaires from the participants were properly completed and willing participants gave their consent verbally before filing the questionnaire.

COMPETING INTERESTS

The authors declare that they have no financial or personal relationship(s) that may have inappropriately affected their report of the findings of this research.

REFERENCES

1. Wong CS, Law KS. The effects of leader and follower emotional intelligence on performance and attitude: An exploratory study. The Leadership Quarterly. 2002;13:243–274.
2. Pettijohn TF. Teaching and testing from psychology: A concise introduction. (3rd ed.) Guilford, CT: The Dushkin Publishing Group; 1992.
3. Lovibond PF, Lovibond SH. The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. Behaviour Research and Therapy. 1995;33(3): 335–343.
   Available:https://doi.org/10.1016/0005-7967(94)00075-U
4. World Health Organization. Depression; 2020. Available:https://www.who.int/news-room/fact-sheets/detail/depression
5. World Health Organization. Depression and Other Common Mental Disorders,c Global Health Estimates; 2017. Available:http://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2017.pdf
6. Health Think Analytics. Depression: Five facts Nigerians should know; 2017. Available:https://www.google.com/amp/s/healthhink.org/five-facts-every-nigerian-should-know-about-depression/amp/
7. Peltzer K, Pengpid S, Olowu S, Olasupo M. Depression and associated factors among university students in Western Nigeria. Journal of Psychology in Africa. 2013;23(3):459-466. Available:http://dx.doi.org/10.1080/14330237.2013.10820652
8. Aluh DO, Abba A, Afosi BA. Prevalence and correlates of depression, anxiety and stress among undergraduate pharmacy students in Nigeria. Pharmacy Education Journal. 2020; 14:236-248. Available:https://doi.org/10.46542/pe.2020.201.236248
9. Dabana A, Gobir AA. Depression among students of a Nigerian University: Prevalence and academic correlates. Archives of Medicine and Surgery. 2018;3(1):6-10. Available:https://www.archms.org/text.asp?2018/3/1/6/243037
10. Hidaka BH. Depression as a disease of modernity: Explanations for increasing prevalence. Journal of Affective Disorders. 2012;140:205-214. Available:http://dx.doi.org/10.1016/j.jad.2011.12.036
11. Richard P. Abnormal psychology; clinical perspective on psychological disorder. Mc Grow Hill Press; 2004.
12. World Health Organization. World suicide prevention day 2012. Available:http://www. Who.int/mediacentre/events/annual/world_suicide_prevention_day/en/ Accessed 16.6.2012
13. World Health Organization. Depression. A global public health concern; 2012. Accessed:http://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2012.pdf
14. Okoli P, Ezeme M, Ofojebe C. Marital dissatisfaction and perceived social support as predictors of depression among married individuals. JMSCR. 2019;7(10).
15. Beck AT. Depression; Clinical, experimental and theoretical aspects. New York: Hoebner Medical Division, Harper & Row; 1967.

16. Beck AT, Rush A, Shaw B, Emery G. Cognitive Therapy of Depression. New York: The Guilford Press; 1979.

17. Salovey P, Mayer JD. Emotional intelligence. Imagination, Cognition and Personality. 1989-1990;9(3):185–211.
Available:https://doi.org/10.2190/DUGG-P24E-52WK-6CDG

18. Schutte NS, Malouff JM, Hall LE, Haggerty DJ, Cooper JT, Golden CJ, Dornheim L. Development and validation of a measure of emotional intelligence. Personality and Individual Differences. 1998;25(2):167–177.
Available:https://doi.org/10.1016/S0191-8869(98)00001-4

19. Thorndike RL, Stein S. An evaluation of the attempts to measure social intelligence. Psychological Bulletin. 1937;34(5):275–285.
Available:https://doi.org/10.1037/h0053850

20. Thorndike E. A constant error in psychological ratings. Journal of Applied Psychology. 1920; 4:25-29.
Available:http://dx.doi.org/10.1037/h0071663

21. Goleman DP. Emotional intelligence: Why it can matter more than IQ for character, health and lifelong achievement. New York: Bantam Books; 1995.

22. Bar-On R. The emotional quotient inventory (EQ-i): A test of emotional intelligence. Toronto: Multi-Health Systems; 1997.

23. Schutte NS, Malouff JM, Simunek M, McKenley J, Hollander S. Characteristic emotional intelligence and emotional well-being. Cognition and Emotion. 2002;16(6): 769–785.
Available:https://doi.org/10.1080/02699930143000482

24. Saarni C. The development of emotional competence. Guilford Press; 1999.

25. Pool CR. A new digital literacy: A conversation with Paul Gilster. Educational Leadership. 1997;55:6-11.

26. Batool SS, Khalid R. Role of emotional intelligence in marital relationship. Pakistan Journal of Psychological Research. 2009;24(1-2):43–62.

27. Downey LA, Johnston PJ, Hansen K, Schembri R, Stough C, Tuckwell V, Schweitzer PA. The relationship between emotional intelligence and depression in a clinical sample. European Journal of Psychiatry. 2008a;22:93–98.
DOI: 10.4321/S0213-61632008000200005

28. Downey LA, Johnston PJ, Hansen K, Schembri R, Stough C, Tuckwell V, Schweitzer I. The relationship between emotional intelligence and depression in a clinical sample. European Journal of Psychiatry. 2008;22(2):93–98.

29. Martinez-Pons M. The relation of emotional intelligence with selected areas of personal functioning. Imagination, Cognition and Personality. 1997;17(1):3–13.
Available:https://doi.org/10.2190/68VD-DFXB-K5AW-PQAY

30. Sulaiman SMA. Emotional intelligence, depression and psychological adjustment among university students in the Sultanate of Oman. International Journal of Psychological Studies. 2013;5(3):169.

31. American Psychological Association. Locus of Control; 2020.
Available:https://dictionary.apa.org/locus-of-control

32. Khumalo T, Plattner IE. The relationship between locus of control and depression: A cross-sectional survey with university students in Botswana. South African Journal of Psychiatry. 2019;19(25):1221.
DOI: 10.4102/sajpsychiatry.v25i0.1221.

33. Wiersma B. Fixing the trust deficit: Creating a culture of professionals. Leader to Leader. 2011;2(11):45-50.
Available:https://doi.org/10.1002/ltl.492

34. Zawawi JA, Hamaideh SH. Depressive symptoms and their correlates with locus of control and satisfaction with life among Jordanian college students. Europe's Journal of Psychology. 2009;5(4):71-103.

35. Burger JM. Desire for control, locus of control, and proneness to depression. Journal of Personality. 1984;52:71-89.
Available:https://doi.org/10.1111/j.1467-6494.1984.tb00551.x

36. Yu X, Fan G. Direct and indirect relationship between locus of control and depression. Journal of Health Psychology. 2016;21(7): 1293-1298.
DOI: 10.1177/1359105314551624.

37. Aiken PA, Baucom DH. Locus of control and depression: That confounded relationship. Journal of Personality Assessment. 1982; 46(4):391–395.
Available:https://doi.org/10.1207/s15327752jpa4604_10

38. Abramowitz SI. Locus of control and self-reported depression among college students. Psychological Reports. 1969;25(1):149–150.
Available:https://doi.org/10.2466/pr0.1969.25.1.149

39. American Optometric Association. Clinical Practice Guidelines, Care of Patient with Accommodative and Vergence Dsyfunction 2010, aoa.org; 2010.

40. Coker AO, Coker OO, Sanni D. Psychometric properties of the 21-item Depression Anxiety

Stress Scale (DASS-21). International Multi-Disciplinary Journal. 2018;12(2):135.
Available:http://dx.doi.org/10.4314/afrrev.v12i2.13

41. Ukoh E, Okeke U. Locus of Control, Study Habits and Gender As Predictors of Performance of Senior Secondary School Students in Ibadan Metropolis. African Journal of Teacher Education. 2017;19:21-48.
Available:https://doi.org/10.35386/ser.v17i2.35

42. Lawal AM, Idemudia ES, Senyatsi T. Emotional intelligence and mental health: An exploratory study with South African university students, Journal of Psychology in Africa. 2018;28(6):492-497.

DOI: 10.1080/14330237.2018.1540229

43. Okwaraji FE, Nduanya ỤC, Obiechina KI, Onyebueke G, Okorie ẠN. Locus of control, self-esteem and depression in a sample of school going adolescents in two Nigerian rural communities. The Journal of Medical Research. 2018;5(4):71-103.
DOI: 10.31254/jmr.2018.4211

44. Papadopoulos K, Paralikas T, Barouti M, Chronopoulou E. Self-esteem, locus of control and various aspects of psychopathology of adults with visual impairments. International Journal of Disability, Development and Education. 2014;61(4):403-415.
DOI: 10.1080/1034912X.2014.955785

_____