

THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND
MENTAL HEALTH OF EMPLOYED AND UNEMPLOYED YOUNG ADULTS
IN WINDHOEK, NAMIBIA

THESIS SUBMITTED IN PARTIAL FULFILLMENT
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ABSTRACT

Understanding and nurturing emotional intelligence is vital for maintaining good mental health. By recognizing and managing our emotions effectively, we can navigate life's challenges with resilience and foster healthier relationships both with ourselves and others. The present research explores the relationship between emotional intelligence and mental health of employed and unemployed adults in Windhoek, Namibia. The study was guided by a quantitative, exploratory cross-sectional research design. Convenience sampling and simple random sampling methods were used to select the participants of the study correspondingly. A total sample of 400 adults participated, aged between 20 and 35, of which 199 were officially unemployed and 201 were officially employed. The Emotional Maturity Scale (EMS) and the Depression, Anxiety, and Stress Scale (DASS-21) were used to collect data regarding emotional intelligence and mental health respectively. A one-way analysis of variance (ANOVA) was also conducted to determine if there was any significant relationship between emotional intelligence, mental health, gender, age, marital status, and employment status. A significant relationship was found between emotional intelligence and depression, as well as emotional intelligence and stress. Furthermore, a significant relationship was found between emotional intelligence and employment status. Overall, the employed participants experienced a higher prevalence of moderate emotional intelligence (96.5%) and 3.5% experienced high emotional intelligence. Moreover, 7.5% of unemployed participants experienced low emotional intelligence and 86.5% of unemployed participants experienced moderate emotional intelligence. No significant association was found between emotional intelligence, gender, and age. Furthermore, a significant relationship was found between depression and employment status. The prevalence of mental health problems was higher amongst the unemployed participants with 25.5% severe depression, 44% severe anxiety, and 20% severe stress, as compared to employed participants with 17.5% severe depression, 42% severe anxiety, and 17% severe stress. The study recommends the implementation of platforms where issues of emotional intelligence and mental health can be discussed, and emotional intelligence skills and healthy coping strategies can be introduced, which could promote a more prosperous and thriving Namibia.

Keywords: emotional intelligence, mental health, depression, stress, anxiety, employed, unemployed.

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DEDICATION

I would like to dedicate this thesis to my parents, Mrs. Louw and Mr. Louw. Thank you for granting me the opportunity to reach this milestone. I would not be where I am today if it weren't for you.

DECLARATION

I, **Monya Louw**, hereby declare that this study is my own work and is a true reflection of my research and that this work, or any part thereof has not been submitted for a degree at any other institution.

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CHAPTER 1

INTRODUCTION

1.1 Introduction

Our world is constantly changing, undergoing rapid transformations and revolutions (Prince, 2017). These advancements often disrupt the economies of both developed and developing nations, including Namibia (Adekoya-Sanni, 2015). Namibia's Vision 2030 outlines its aspiration to become a prosperous and industrialized nation driven by its human resources, with a focus on peace, harmony, and political stability by the year 2030 (Embnamibia, 2017). Achieving this vision requires striking a balance to counter stress, enhance efficiency, and promote the overall well-being of its citizens, which remains a challenge for Namibians (Al Hazemi & Ali, 2016).

Recent findings from a report by the Happiness Research Institute indicate a strong correlation between various health conditions and life satisfaction. Notably, depression and anxiety were found to have the most significant negative impact on self-reported life satisfaction, surpassing conditions like stroke, arthritis, or lung disease (Happiness Research Institute, 2020). In fact, the reduction in life satisfaction associated with depression and stress is approximately twice as substantial as that of unemployment (Walker et al., 2021). Depression, anxiety, and stress are undeniably among the most severe common hardships of life (Kalin, 2020). The World Happiness Report (2017) further underscores the importance of mental health in predicting both life satisfaction and life success, surpassing even factors like unemployment or years of education.

Research has discovered a clear link between emotional intelligence and mental health disorders (BrainsWay, 2023). Specifically, good emotional intelligence was found to protect against these disorders, therefore in our fast-paced and interconnected world, emotional intelligence and intellectual health have emerged as crucial elements for personal growth and professional growth (Bryant, 2023). Moreover, the absence of emotional stability can greatly affect an individual's life contentment, and ability to live a fulfilling life (Arthaud-Day et al., 2017). Emotional intelligence is the intersection where cognition and emotion link, as it allows individuals the capacity for resilience, motivation, empathy, reasoning, stress management, communication, and our ability to

read and navigate an overabundance of social situations and conflicts (Houston, 2019). Emotional intelligence is of great importance because, if developed it gives individuals the opportunity to live a more fulfilled and happy life, which would curb the mental health crises. Emotional intelligence, mental health, and life contentment are connected and influence one another (Haider et al., 2019). Gaining emotional intelligence skills and giving value to the mental health status of employed and unemployed adults could promote a more prosperous and thriving Namibia. Bryant (2023) reported that enhanced emotional intelligence is linked with stress reduction and resilience, as well as enhanced interpersonal relationships. It has also been reported by Kapuka (2023), that the incidence of mental illnesses is expected at 25.6% in Namibia and is anticipated to double by 2030.

The primary objective of this research is to explore the relationship between emotional intelligence and mental health among adults who are either employed or unemployed. The investigation has gained substantial importance in the wake of the COVID-19 pandemic (Paz & Basson, 2021). Nevertheless, there is a noticeable gap in our understanding of these aspects, particularly within the Namibian context. Therefore, the researcher intends to contribute valuable insights to the existing knowledge base in Namibia.

1.2 Background of the Study

The concept of 'Emotional Intelligence' was initially introduced by psychologists Mayer and Salovey (1990). It refers to an individual's capacity to perceive, process, and regulate emotional information, both within themselves and in others accurately and effectively. Additionally, it involves the ability to utilize this understanding to guide one's thoughts, actions, and influence the behaviors of others. Emotional intelligence plays a vital role in enhancing overall quality of life and contributing to psychological well-being. Merida-Lopez, et.al. (2019) proposed that emotional intelligence may serve as a protective factor against the adverse effects of unemployment-related stress on mental health when compared to employed individuals. The awareness regarding emotional intelligence in Namibia can be described as non-existent.

Mental health comprises emotional, psychological, and social well-being, affecting our thoughts, emotions, behaviour, stress management, and relationships (MentalHealth.gov, 2019). However, mental health in Namibia has been neglected, and

the current situation is dreadful and needs urgent attention. Despite amendments to Namibia's health system in 1990, mental health continues to receive inadequate prioritization. At the primary health care (PHC) level, health services for mental health are either insufficient or fragmented (Ashipala, 2016). Thus, the current awareness regarding mental health in Namibia is far from idyllic. Wilson and Finch (2021) have revealed that the relationship between mental health and unemployment is bi-directional. They observed that good mental health significantly influences a person's employability, emphasizing the importance of mental well-being in the context of employment.

Cherry (2022) argued that various operational components of emotional intelligence and mental health could play an influential role in how successful people are in life. There is however not much knowledge on these areas in Namibia, therefore the study aims to add further insight and increase awareness of the related variables within Namibia.

1.3 Statement of the Problem

Emotional intelligence and psychological distress are inherently constructed within contexts and the unique, cultural meaning systems that have developed to understand these concepts. This is no less true in Namibia. Bartholomew (2016) found that the local understandings and ways of being regarding mental health have often been obscured. He reported that much of the existing mental health literature from Namibia explores mental illness from a Western lens of psychopathology.

A crucial aspect of emotional intelligence is the ability to harness awareness of one's emotions to manage behavior and cultivate positive relationships, which is indispensable for achieving success in life. In *The Namibian* (2016) Matias stated, "We need to be emotionally intelligent." and "Imagine if we were all emotionally intelligent. There would be less conflicts, less fights, less insults, and more trust will have built up". Lange (2014) reported that enhanced emotional intelligence fosters empathy, better personal relationships, and more effective stress management. Moreover, a study by Pieters et al. (2022), found that the more self-aware an individual is, the better social skills they may possess. They would be able to interact more healthily with others since they know who they are, how they feel, why they experience these feelings, and their likes/ dislikes. Huang et al. (2010) also found that people with higher levels of emotional intelligence can control their own emotions, surroundings, and situations.

Moreover, most of the latest research regarding emotional intelligence and mental health is conducted in developed countries, thus one cannot assume the universality of such results in developing countries such as Namibia. Hence, there is a broad knowledge gap in the occurrence of and the subject emotional intelligence and mental health of early adults in Namibia. Without such insight, one cannot measure the level at which early adults in the country are aware of such experiences and the level at which they are coping, which leaves them vulnerable to developing mental illnesses. The transition into adulthood is concluded to be one of the most vulnerable to mental illness onset in the whole lifespan (Robinson, Wright & Smith, 2013).

In a rapidly evolving and increasingly modern world, as pointed out by Prince (2017), Namibia must adapt and transform to remain competitive and relevant in a globally interconnected environment. Disturbingly, The Southern Times has shed light on the concerning state of mental health care in Namibia, with a third of the population grappling with various forms of mental illness, though only a fraction seeks mental health assistance (Nashuuta, 2018). Furthermore, Nashuuta (2018) indicated that the Mental Health Centre is overpowered and operating beyond its capability. Indicating that the Mental Health Centre is exceeding its capacity to effectively provide care and services to patients due to limited staff and resources leading to challenges in delivering adequate support and treatment. A study by Chipare et al. (2021) found that there have been relatively few publications on mental health in Namibia. Studies focused mainly on depression as compared to other mental illnesses. Chipare et al. (2021) stated that to develop culture-specific, reliable, and valid assessment tools for screening and diagnosing mental illnesses, there is still a need to invest more in research on mental health in Namibia. This will enable Namibia to craft appropriate evidence-based interventions and policies to improve the mental well-being of the population. Although mental health services in Namibia have been scaled up since independence in 1990, there remain gaps in achieving universal mental health coverage.

A study by Kavetuna (2022) reported that the legislation framework of Namibia lacked clear documentation on how to identify and manage mental illness, resulting in inconsistencies in how mental illness is managed in the Namibian public sector. The findings of Kavetuna (2022) show that the population of Namibia has limited knowledge of what mental illness is, although people seemed able to describe how to recognize someone with mental illness from the way they act. There is still confusion between

concepts of disability and ill-health resulting in many people being boarded prematurely or inappropriately. There is a need for platforms to be created in Namibia where issues of mental illness and mental health can be discussed. The lack of a coordinating structure for mental illness in the Public Service was seen as a stumbling block in properly addressing mental illness. Furthermore, Matondo (2022) found that unemployed young adults are suffering physically, mentally, emotionally, and socially. The findings of Matondo (2022) concluded that unemployed young adults feel worthless, depressed, and excluded.

As Steytler (2022) emphasizes, making mental health a priority in Namibia is imperative. Despite these critical observations, there has been limited research conducted in Namibia to comprehensively understand how emotional intelligence regulates and influences the mental health of both employed and unemployed adults. Therefore, it is of paramount importance to investigate the correlation between various levels of emotional intelligence and mental health within the unique Namibian context. Further research within Namibia is essential to gain a deeper understanding of the significance of emotional intelligence and mental health in fostering productive and successful lives, ultimately contributing to the prosperity of the country. This study is aimed at contributing to help fill the knowledge gap in this less investigated area of emotional intelligence and mental health of employed and unemployed young adults within Namibia.

1.4 Objectives of the Study

The central focus of this study is to explore the relationship between emotional intelligence and the mental health status of adults in Windhoek, Namibia, both among those who are employed and unemployed. The study's specific objectives are outlined as follows:

- 1.4.1 To determine the levels of emotional intelligence of employed and unemployed adults in Windhoek, Namibia.
- 1.4.2 To identify the levels of mental health of employed and unemployed adults in Windhoek, Namibia.
- 1.4.3 To assess the relationship between emotional intelligence and mental health status of employed and unemployed adults in Windhoek, Namibia.

1.5 Significance of the Study

Camilleri (2021) found that you are most likely to make big life decisions between the ages of 16 and 35. Thus to facilitate change, one must focus on the most relevant factors. The study's variables were chosen concerning the leaders of tomorrow. The leaders of tomorrow are more vigilant about addressing unhealthy behaviors instead of turning a blind eye to them. Building an inclusive culture is equivalent to creating a safer space for everyone. Armstrong (2019) argued that early adulthood is between the ages of 20 and 35, which is the stage of life when we need to go out into the world and make our mark. While there is a need for further exploration and comprehension, there is already existing evidence highlighting the significance of emotional intelligence, not only within the adult population, but also among the youth (Andrei et al., 2014).

Lata and Yadav (2019) have established a correlation between emotional intelligence and life satisfaction, which in turn would improve overall well-being. Emotional intelligence plays a vital role in fostering a prosperous and productive nation, empowering individuals to enhance overall productivity and contribute to the nation's economic well-being (Bosco et al., 2018). Furthermore, awareness of mental illnesses eliminates stigma for people with mental problems ("Mental Health News," 2015 as cited in Swhepeler 2015). The only way of looking into mental health problems and improving emotional intelligence is by comparing employed and unemployed individuals, to see if emotional intelligence and mental health do play a role in life success in the Namibian context. Moreover, there is scarce research on the link between the study's variables within Namibia.

This study could aid in offering additional knowledge to research done in Namibia and make recommendations for further areas to be studied within the area. By conducting this study, it will provide several benefits towards the whole of Namibia and its people and may provide critical information for achieving Vision 2030. Vision 2030 stipulates that Namibia plans to be a prosperous and industrialized nation, developed by her human resources, enjoying peace, harmony, and political stability by the year 2030. One of Vision 2030's aims are for unemployment rates to decline from 35% to 5%. The present study aims to increase the awareness of mental health and emotional intelligence in Namibia, to aid in improving emotional intelligence and mental health issues within the nation. Both employed and unemployed adults are the leaders of the future, thus

optimizing the importance of mental health and emotional intelligence amongst the right people can lead Namibia into a brighter future. This attention can result in profound changes for the lack of emotional intelligence and mental health awareness, which will lead to improvement on policy, research, and service development in Namibia.

1.6 Limitations

The current study was confronted by the following limitations. Firstly, the research was limited to levels of depression, anxiety, and stress, while other psychiatric disorders were not reported or discussed. Secondly, the study focuses on Windhoek, Namibia, thus the findings cannot be generalized to the whole of Namibia. This is because of time and cost restrictions. Another limitation was that the attained sample size may not be optimal for generalizing findings to the broader adult population. Nevertheless, it can offer valuable insights into experiences, particularly within the context of a developing country. Also, the data was collected on the adult population thus it cannot be generalized in terms of the youth or the elderly.

1.7 Delimitations

The scope of the current study is delimited to employed and unemployed young adults between the ages of 20 and 35, in Windhoek. Moreover, the study is aimed at describing the levels of emotional intelligence of employed and unemployed young adults. Furthermore, the study is delimited to describe the levels of depression, anxiety, and stress of employed and unemployed young adults. Lastly, the aim of the study is also to compare employed and unemployed young adults regarding overall levels of emotional intelligence and mental health.

1.8 Operational Definitions

Emotional Intelligence: The ability to identify and understand your and other people's emotions.

Emotional Maturity: The ability to apply your emotional intelligencer knowledge in an appropriate way based on the situation and people involved.

Mental Health: A person's condition regarding their psychological and emotional well-being.

1.9 Chapter Summary

In this chapter, the study's background, problem statement, research objectives, study's significance, and the boundaries and constraints inherent in the research was introduced and presented.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The preceding chapter outlined the background, objectives, and significance of the study. In this chapter, the researcher will provide an extensive overview of the concepts central to the study and explore the underlying theory. Each variable will be discussed, examining their interrelationships, and investigating how the Self-determination theory applies to the study's context. Important concepts include emotional intelligence, mental health, employment and unemployment.

2.1.1 Emotional intelligence

To gain a complete understanding of emotional intelligence, it is crucial to grasp its constituent elements. The human mind has evolved significantly as well as the environment. Even though life has also changed significantly, we still have the capability for problem-solving, belief systems, and emotional thinking (Workman & Reader, 2015).

2.1.1.1. Emotions

Emotions encompass intricate aspects of consciousness, bodily sensations, and behaviour, unveiling the individual significance of objects, occurrences, or circumstances. Aristotle (384-322 BCE) wrote; “emotions are all those feelings that so change men as to affect their judgments, and that are also attended by pain or pleasure. Such are anger, pity, fear, and the like, with their opposites” (as cited in Solomon, 2023, p. 6). Emotions involve a broad range of crucial psychological experiences. While certain emotions are highly specific, focusing on particular individuals, objects, or situations, others like distress, anxiety, or depression are more generalized. Emotions can range from intense, serving a vital role in one's physical well-being and mental health, to potentially dysfunctional (Solomon, 2023).

Evolutionary psychologist Randolph Nesse (1990) describes emotions as “specialized modes of operation shaped by natural selection” to influence behaviour in response to “threats and opportunities”. Emotions are critical factors in driving us to both act and react. Nesse (1990) suggested that there are three components to emotions; namely

physiological, psychological, and behavioural (Diemer et al., 2016). For example, a fear of heights may lead to an increased heart rate, psychological coping strategies, and specific behaviour such as checking and re-checking safety equipment.

Lately, research has begun to understand what is happening in the brain when we experience emotion. Advanced brain scanning has identified two potential areas engaged in regulation and managing our emotions: the amygdala and the orbitofrontal cortex (Sutton, 2023). Emotional responses are complicated and influenced by genetic tendencies from birth as well as personal experiences.

2.1.1.2. Intelligence

Human intelligence is a mental construct that consists of the skills such as learning from experiences, adapting to situations, understanding, and handling abstract concepts, and how to use knowledge to alter one's environment (Sternberg, 2023). Recently, psychologists have agreed that the key to comprehending what intelligence is and its capabilities, one needs to adapt to one's environment. Primarily, adaptation entails modifying oneself to better deal with the surroundings. However, Sternberg (2023) emphasised that effective adaptation relies on a range of cognitive functions including perception, learning, memory, reasoning, and problem-solving. Thus, intelligence cannot be seen as a cognitive or mental process, but as a purposeful integration of these processes aimed at achieving effective adaptation. It can be concluded that intelligence is not a solitary capability but an effective combination of multiple abilities.

There are four main theories regarding intelligence: psychometric theories, cognitive psychology, cognitivism and contextualism, and biological science. Psychometric theories are founded on a model that conceptualizes intelligence as a combination of abilities. Cognitive theories of intelligence propose that intelligence comprises mental representations, such as propositions or images, and the processes that manipulate these representations. Cognitive-contextual theories delve into how cognitive processes operate in various contexts. In contrast, biological theories adopt a distinct perspective. They assert that a comprehensive understanding of intelligence requires identifying its biological foundation and viewing intelligence as more than mere information processing.

However, additional dimensions of intelligence emerged in the late 20th century. In 1990, psychologists John Mayer and Peter Salovey introduced the concept of emotional

intelligence, which they defined as “*the ability to perceive emotions, to access and generate emotions to enhance cognitive processes, understand emotions and emotional knowledge, and to effectively regulate emotions to foster emotional and intellectual growth*” (Sternberg, 2023). Mayer and Salovey’s model of emotional intelligence comprises four key aspects:

1. Identifying one’s own emotions and others’ emotions.
2. Applying emotions in a way that supports reasoning and decision-making.
3. Recognizing intricate emotions and their influence on future emotional states.
4. Mastering one’s own emotions and the emotions of others effectively.

The concept of emotional intelligence gained widespread recognition in the 1990s, largely due to the work of psychologist and journalist Daniel Goleman.

Emotional intelligence is termed as the capacity to recognize, regulate, and assess emotions. While some academics claim that emotional intelligence can be developed and improved through learning, others contend that it is an inherent trait (Drigas & Papoutsi, 2018). Emotional intelligence holds significant positive associations with various aspects of life. Mental health, which encompasses an individual’s emotional, psychological, and social well-being, influences their thoughts, emotions, and behavior (Landmark, 2017).

Research has highlighted the significant role that emotions play across various domains of life. It has been suggested that emotional intelligence can be as important as, or even more important than, traditional intelligence, namely IQ (Moeller et al., 2020). A strong connection between emotions and intelligence has been established (Agnoli et al., 2019). Being attuned to one’s own and others’ emotions can have a profound impact on behavior, relationships, and success in multiple areas of life. Previous studies have also demonstrated a positive correlation between emotional intelligence and cognitive processes, underscoring its importance in enhancing individuals’ personality and benefiting society (Andrei, et al., 2014).

Williams (2022) proposed that emotional intelligence serves as a valuable tool for navigating work, relationships, education, and mental and physical well-being. Emotional intelligence can enhance collaboration with others and enhance resilience in the face of life’s stresses, ultimately improving overall well-being. Research has

consistently shown that emotional intelligence plays a crucial role in various aspects of life, whereas it has been argued that high emotional intelligence predicts better psychological and physical health (Kotsou et al., 2018). Additionally, studies suggest that emotional intelligence contributes to professional success (Cote et al., 2010). Ultimately, emotional intelligence is considered essential in many professions and local government contexts for enhancing people's overall success, leading to increased research on emotional intelligence enhancement (Berman & West, 2008).

Enhanced emotional intelligence can yield improvements in work-related outcomes, overall life success, psychological health and well-being, physical health, and social relationships. Another study has found that improved emotional intelligence can lead to advancements in stress management, mood, self-expression, emotional understanding, and emotion management (Gilar-Corbi et al., 2019). Individuals with higher emotional intelligence levels tend to exhibit greater happiness, sociability, self-confidence, and stress coping (Stevens et al., 2019). Research has proposed that individuals with lower emotional intelligence may struggle with emotion regulation and may employ negative mood regulation strategies that negatively impact their overall health. Faye et al, (2018) have even suggested that individuals with low levels of emotional intelligence may resort to smoking, alcohol use, or self-harming behaviors as coping mechanisms. In sum, emotional intelligence is often viewed as a crucial determinant of success in life (Craig, 2019).

But there is little to no data about the awareness and effect of emotional intelligence in the context of Namibia, which indicates the need for extensive research in the related field. On the other hand, research has acknowledged that emotional intelligence can serve as a defense for depression, anxiety, and stress. However, the core mechanism whereby emotional intelligence may support greater mental health is currently not identified.

2.1.1.3. Constructs of emotional intelligence

Five elements of emotional intelligence are outlined below (Craig, 2019):

Self-awareness:

The initial step in cultivating emotional intelligence is the development of self-awareness. Self-awareness can be defined as the ability to acknowledge and comprehend emotions, as well as understanding how one's actions, moods, and the

emotions of others impact oneself and those around them. This process encompasses monitoring and recognizing various emotional responses, accurately identifying emotions, and acknowledging the connection between emotions, actions, and outcomes. Additionally, self-awareness involves an individual's ability to acknowledge their personal strengths and limitations. Being self-aware is closely associated with openness to diverse experiences, receptiveness to new ideas, and the ability to learn from social interactions.

The principle "know thyself" coined by Socrates and Aristotle, relates to "knowing yourself is the beginning of all wisdom", underscores the significance of self-awareness (Drigas & Papoutsi, 2018). Self-awareness entails gaining a clear understanding of your personality, incorporating your strengths, weaknesses, thoughts, beliefs, motives, and emotions. As you develop self-awareness, you gain the capacity to reshape your thoughts, influence your emotions, and guide your actions. Goleman (1996) identified self-awareness as comprising emotional consciousness, accurate self-esteem, and self-confidence. He reasoned that self-awareness involves understanding your emotions, assessing your strengths and weaknesses accurately, and projecting self-assuredness. Goleman (2001) further asserted that self-awareness should precede social awareness, self-management, and relationship management, which are essential factors of emotional intelligence.

Self-regulation:

This facet of emotional intelligence pertains to the effective expression of emotions. It encompasses qualities such as adaptability, the ability to manage change, and conflict resolution. Self-regulation also involves defusing tense situations and maintaining awareness of how one's actions impact others, taking responsibility for those actions.

Self-regulation can be defined as the way individuals manage stressors to achieve positive outcomes in specific situations. There are two main types of self-regulation: behavioural self-regulation, where individuals control their actions, and emotional self-regulation, where individuals manage their emotions to handle disruptive emotions and impulses. Self-regulation is the capacity to control one's behaviour, emotions, and thoughts in the pursuit of long-term objectives (Cuncic, 2022). The ability to self-regulate in adulthood has its roots in childhood development, where individuals learn this essential skill for emotional maturity and later for building social connections.

Maturity involves the ability to respond to emotional, social, and cognitive challenges in a patient and thoughtful manner. It is evident that a lack of self-regulation can lead to difficulties in life. As Cuncic (2022) argued, adults with poor self-regulation skills may experience issues related to self-confidence, self-esteem, and the management of stress and frustration. In some cases, a lack of self-regulation may even lead to the diagnosis of a mental health condition, highlighting the connection between emotional intelligence and mental health.

Social skills:

This aspect of emotional intelligence pertains to effective interpersonal interactions. It involves utilizing an understanding of both our own and others' emotions to engage and communicate effectively in daily interactions. Diverse social skills involve active listening, verbal and non-verbal communication skills, leadership, and establishing rapport.

In the realm of emotional intelligence, “social skills” refer to the competencies required to adeptly navigate and influence the emotions of others, enabling successful interpersonal interactions. These competencies encompass the ability to attune to another person's emotions, comprehend their feelings and thoughts, and leverage these insights for productive interactions. It involves optimizing the potential of others, inspiring and influencing them, fostering communication, building connections, facilitating growth and development, and resolving conflicts (Schutte, et.al., 2001). Within the framework of emotional intelligence, social skills involve various dimensions, including to influence, lead, develop others, communicate effectively, catalyse change, manage conflicts, build bonds, collaborate in teams, and foster collaboration (Boyatzis et al., 2000).

Empathy:

Empathy is the capacity to understand and resonate with the emotions of others. Within emotional intelligence, this component enables individuals to respond appropriately to others by recognizing and comprehending their emotions. As noted by Cherry (2022), empathy holds a central place in the framework of emotional intelligence, as it empowers individuals to discern the underlying power dynamics present in all social relationships. Empathy entails not only understanding these power dynamics but also recognizing how

they influence emotions and behaviour. It involves accurately perceiving situations where power dynamics come into play.

It is also important to differentiate between empathy and sympathy. Empathy involves stepping into another person's shoes, feelings and perceiving the situation from their perspective. On the other hand, sympathy is acknowledging a person's situation without necessarily sharing their emotions. Empathy fosters a profound sense of connection with others. Demiryurek (2020) argued that empathy represents the most vital component of emotional intelligence.

Motivation:

Motivation, within the context of emotional intelligence, primarily refers to intrinsic motivation. Intrinsic motivation plays a pivotal role as a component of emotional intelligence. Intrinsic motivation denotes the inner drive that compels an individual to fulfil personal needs and aspirations, as opposed to being primarily motivated by external incentives like monetary rewards, fame, or recognition. Individuals who exhibit intrinsic motivation often find themselves in a state of 'flow', fully engrossed in their activities, and they tend to be action oriented. This group typically possess a strong desire for achievement and actively seeks opportunities for self-improvement. They are also known for their commitment initiative and proactive approach (Craig, 2019).

According to Harris (2020), motivation holds a personal drive for self-improvement, achievement, goal commitment, readiness to seize opportunities, and the qualities for optimism and resilience. Motivation serves as the driving force that propels us toward achieving our goals, enhancing our sense of fulfilment, and ultimately elevating our overall quality of life. It is intrinsic motivation that enables us to reach our full potential in life.

Research exploring the relationship between emotional intelligence and wellbeing has shown that emotional intelligence is a predictor of professional success, well-being, and outcomes that are socially relevant (Hur et al., 2011). In a study by Stevens et al., (2019) it was discovered that individuals with higher levels of emotional intelligence tend to exhibit greater happiness, sociability, self-confidence, and enhanced stress-coping abilities.

2.1.2 Mental health

Mental health describes the way individuals think, feel, and behave. Conditions related to mental health can significantly impact a person's thoughts, emotions, and behaviours, potentially affecting their daily life, relationships, and physical well-being (Felman & Tee-Melegrito, 2022). However, it is important to recognize that this relationship works both ways. Various factors in an individual's life, including their interpersonal connections and physical circumstances, can contribute to mental health challenges. Taking proactive steps to care for one's mental health and fostering awareness about mental well-being are essential to preserving one's ability to enjoy life fully. This includes finding a balance among various life activities and responsibilities, as well as making efforts to develop psychological resilience and enhance emotional intelligence.

According to World Health Organisation (WHO) (2022), mental health can be defined as a state of mental well-being that equips individuals with the capacity to effectively handle life's stressors, recognize, and harness their abilities, engage in productive learning, excel in work, and contribute positively to their communities. It represents a facet of overall health and well-being, serving as the foundation for individual and collective capabilities such as decision-making, building relationships, and shaping the world we inhabit. WHO (2022) emphasised that mental health is not only a fundamental human right but also a critical factor in personal, community, and socio-economic development. WHO underscores that mental health goes beyond merely the absence of mental disorders or disabilities. Optimal mental health involves not only managing existing conditions but also actively nurturing ongoing well-being and happiness.

Mental health disorder can affect anyone, irrespective of age, gender, income, or ethnicity. In fact, mental health problems impact approximately one in four individuals within any given year, making mental health a prominent contributor to disability (Felman & Tee-Melegrito, 2022). Various factors, including social and financial circumstances, adverse childhood experiences, biological factors, and underlying medical conditions, collectively influence a person's mental health. Benzadifar, et al. (2015) conducted research highlighting how certain socioeconomic factors, such as poverty, can increase the risk of mental health disorders. Their study also identified factors that can either be modified or not modified and impact the availability and quality of mental health treatment for specific groups. Modifiable factors for mental health

disorders include socioeconomic conditions, such as local job availability, occupation, levels of social engagement, education attainment, housing conditions, and gender. Nonmodifiable factors include gender, age, ethnicity, and nationality. Research findings revealed that being female increased the risk of experiencing low mental health status by nearly fourfold. Furthermore, individuals with a “weak economic status” demonstrated the highest prevalence of mental health conditions in this study.

In recent times, there has been a growing recognition of the significant role that mental health plays in the pursuit of global development objectives. The foremost leading cause of disability globally is depression, whereas suicide is found to be the fourth leading cause of death among 15 to 29-year-olds (WHO, 2022). Individuals with mental health conditions regularly encounter severe human rights intrusions, discrimination, and stigma. Moreover, mental health issues encompass a wide spectrum, ranging from common conditions like depression and anxiety to less common disorders such as schizophrenia and bipolar disorder (Mind.org, 2017). Conditions like depression, anxiety, and stress can significantly impact an individual’s mental well-being, disrupting their daily routines, overall achievements, and life functioning. As Kapuka (2023, p. 1) has emphasized, “Only a mentally fit nation can be productive and contribute as well as participate in civic responsibilities.” According to statistics released by the Ministry of Health and Social Services, Namibia’s suicide rate between January 2021 and May 2022 was 679 – 559 men, 91 women, and 29 children (The Namibian, 2022). These are dreadful results for an insignificant population. Bradvik (2018) found that most suicides are related to psychiatric disease, with depression, substance use disorders, stress and psychosis being the most relevant risk factors. In Namibia, the population suffers from many challenges that developing nations face, for example, not having effective stress-coping abilities. Moreover, the COVID-19 pandemic has also exacerbated these challenges faced by Namibia’s population, which led to isolation, bereavement, economic hardships, and the fear of infection that took a toll on the nation’s mental well-being. However, Namibia still lacks awareness on the importance and incidence of mental illnesses.

2.1.2.1. Depression

Depression stands as a prevalent mental disorder, with an estimated global prevalence of 5% among adults. It manifests through persistent feelings of sadness and a loss of interest or joy in activities that were once fulfilling. Additionally, it may disrupt sleep

patterns and appetite, often leading to fatigue and difficulties with concentration. The repercussions of depression can extend over periods or resurface periodically.

Depression is a condition with multifaceted causes that stem from intricate interactions among social, psychological, and biological factors. Life events such as childhood adversity, bereavement, and unemployment can contribute to and potentially trigger the onset of depression. This condition manifests as persistent feelings of sadness, a diminished capacity for experiencing pleasure or interest in activities, and it endures over extended periods. It is crucial to differentiate depression from typical mood fluctuations and ordinary feelings related to daily life. Depression has the potential to impact all facets of an individual's existence, including their relationships with family, friends, and their community, as well as their performance at school or work. Depression can affect anyone, irrespective of their background or circumstances. Those who have endured experiences like abuse, significant losses, or other traumatic events, such as unemployment or severe stressors, may be at higher risk of developing depression. Notably, statistics from the WHO (2023), reveal that women are more susceptible to depression than men. Additionally, it is concerning that more than 700 000 people lose their lives to suicide every year, making it the fourth leading cause of death among 15 – 29-year-olds. Moreover, depression can create a cycle of increased stress and dysfunction, further exacerbating an individual's life situation.

Despite the successful treatments for mental illnesses, more than 75% of people in low- and middle-income countries do not receive treatment (Evans-Lacko, et al., 2018). Difficulties to receiving helpful care include lack of investment in mental health care, lack of trained healthcare providers, lack of social awareness and social stigma associated with mental disorders. The main challenge Namibia faces at mental health care centres are lack of resources, which includes a lack of funds to pay for the improvement of the centre which has hampered the provision of adequate mental health services (The Patriot, 2018). One goal of the Namibian Mental Health Association is to promote awareness of the countrywide mental health problems and to train professionals as well as family and community members in mental health issues (The Namibian, 2012); because Namibia's biggest challenge is the lack of knowledge regarding mental health. It is essential for communities to realize that mental illness can affect anyone, irrespective of age, gender, income, or ethnicity.

2.1.2.2. Anxiety

Anxiety is characterized by an excessive sense of unease, apprehension, or fear, and it can be either generalized or focused on a, often exaggerated, or imagined, source of threat. It is a natural emotional response that everyone is likely to encounter at some point in their lives, and its primary function is to alert us to potential danger or impending threats (Muskin, 2022). Anxiety can manifest through a combination of emotional and physical symptoms, with the specific symptoms varying from one individual to another. Common anxiety symptoms encompass sensations like chest tightness, racing thoughts, a rapid heart rate, and shortness of breath. Receiving a diagnosis of anxiety can have profound effects on a person's career, interests, and self-esteem (S, 2021).

Anxiety disorders stand as the most common psychiatric disorders globally, with a prevalence rate of 7.3% (Thibaut, 2017). There is a considerable overlap between anxiety disorders and depressive disorders, as well as among various anxiety disorders, which can complicate treatment approaches. Consequently, anxiety disorders frequently go undiagnosed and receive inadequate treatment within primary care settings. Currently, there is insufficient evidence to determine whether the prevalence of these disorders has increased in recent decades. In general, emotional disorders, particularly those with an onset during adolescence, are more frequently observed in women. Women are approximately 1.5 to 2 times more likely than men to experience an anxiety disorder (Bandelow, et al., 2017).

In the contemporary world, anxiety has become increasingly prevalent, largely attributed to the consistently evolving social landscape and the rapid pace of modern life. The current understanding of the causes of anxiety disorders incorporates a complex interplay of psychosocial elements, such as childhood adversity or stressful life events, along with a genetic predisposition. Anxiety can manifest in various situations, ranging from mild and short-lived episodes to persistent and severe conditions that may lead to physical and psychological impairments. Anxiety symptoms can manifest differently in everyone. Those experiencing severe anxiety may encounter difficulties in activities like driving, working, studying, shopping, seeking medical attention, and more. They may withdraw from social interactions in large groups or struggle to complete everyday tasks. This restriction can limit their comfort zones and have adverse effects on both their physical and mental well-being. Anxiety can become overwhelming and disrupt daily living (Bazely, 2023).

2.1.2.3. *Stress*

Stress can be described as a state of mental tension or concern brought about by challenging circumstances. Stress represents a natural human reaction that encourages us to confront and manage challenges and threats in our lives. It's worth noting that how we react to stress plays a significant role in determining our overall well-being, as highlighted by the WHO (2023). Stress has an impact on both our mental and physical aspects. In moderation, a certain level of stress can be beneficial, aiding us in performing everyday tasks. However, excessive stress can lead to both mental and physical health issues.

Stress often creates challenges when it comes to relaxation and can give rise to various emotional responses, including feelings of anxiety and irritability. When individuals are under stress, they may encounter difficulties in maintaining focus, and physical manifestations like headaches, body aches, stomach discomfort, or sleep disturbances can affect their everyday functionality. Moreover, stressful situations can either trigger or worsen existing mental health conditions, with anxiety and depression being the most frequently affected. Managing these conditions often necessitates access to healthcare services. Schneiderman et al., (2005) found that stress has a major effect on an individual's mood, sense of well-being, behaviour, and health. Also, there is proof that stressful life events are casual for the onset of depression and anxiety disorders. It was found that after first psychiatric admissions with depression and anxiety were followed by recent divorces, unemployment, and suicides by relatives (Kessing et al., 2003). Stress can have various repercussions that can be linked to health, including an uptick in behaviours such as smoking, substance abuse, accidents, sleep disturbances, and the development of eating disorders. Additionally, populations residing in more stressful environments, characterized by factors like elevated divorce rates, business closures, poverty, and unemployment, face a higher susceptibility to the onset of mental health conditions.

2.2 Relationship between emotional intelligence and mental health

Emotional intelligence and psychological distress are inherently constructed within contexts and the unique, cultural meaning systems that have developed to understand these concepts. This is no less true in Namibia. Bartholomew (2016) found that the local

understandings and ways of being regarding mental health have often been obscured. He reported that much of the existing mental health literature from Namibia explores mental illness from a Western lens of psychopathology.

Moreover, most of the latest research regarding emotional intelligence and mental health is conducted in developed countries, thus one cannot assume the universality of such results in developing countries such as Namibia. Hence, there is a broad knowledge gap in the occurrence of and the subject emotional intelligence and mental health of early adults in Namibia. Without such insight, one cannot measure the level at which early adults in the country are aware of such experiences and the level at which they are coping, which leaves them vulnerable to developing mental illnesses. The transition into adulthood is concluded to be one of the most vulnerable to mental illness onset in the whole lifespan (Robinson et al., 2013).

Research has consistently demonstrated a strong link between emotional intelligence and mental health. Fernandez-Berrocal and Extremera (2016) conducted several meta-analyses and extensive reviews that confirms this relationship. They found that individuals with mental health issues tend to exhibit lower levels of emotional intelligence compared to the general population. Conversely, there is preliminary evidence, as indicated by Sanchez-Nunez et al., (2020), suggesting that certain aspects of emotional intelligence may serve as protective factors against stress and contribute to better overall adaptation. Moreover, studies examining the connection between emotional intelligence and mental health in young adults have consistently reported significant associations. For instance, Shabani et al., (2010) found a notable correlation between emotional intelligence and mental health scores in their research. Sanchez-Nunez et al., (2020) went a step further and revealed that emotional intelligence can be a predictor of mental health, explaining approximately 37.7% of the variance in mental health outcomes. Furthermore, additional studies, such as the one by Bruckmani and Balachandra (2015), have also shown a substantial relationship between emotional intelligence and the management of emotions in early adulthood. These findings underscore the significance of developing emotional regulation skills during this critical period of life.

Cognitive models of well-being and maladjustment, as outlined by Zeidner et al., (2016), offer a comprehensive framework for understanding the relationship between emotional

intelligence and mental health. Well-being typically reflects individuals' thoughts about themselves and the world around them, encompassing aspects of cognition. For instance, individuals experiencing depression often exhibit low self-esteem, a tendency to recall predominantly negative memories, and cognitive biases that magnify life's negative aspects. Within this cognitive framework, emotional intelligence and mental health are intertwined. Zeidner et al., (2016) suggested that both intelligence and emotional intelligence influence task-oriented motivations and coping strategies that facilitate successful adaptation to real-life challenges. Emotional intelligence provides a focal point for investigating the interplay between cognitive and emotional strengths and weaknesses.

Healthy human functioning is characterized by emotional stability, a sense of self-efficacy, perceived control over the environment, positive self-regard, motivation to achieve personal goals, and sufficient coping resources and strategies. Emotional intelligence is considered more directly pertinent to adapting to real-life pressures than conventional cognitive abilities. Consequently, it is proposed that emotional intelligence may be a better predictor of mental health outcomes than IQ. High emotional intelligence can, therefore, potentially play a central role in shaping mental health and overall well-being of individuals and society as a whole. Research indicates that individuals with higher emotional intelligence report greater satisfaction in their work and life overall (Zeidner et al., 2016). Also, adolescents and adults with high emotional intelligence may be better equipped to process social information, employ a wider range of coping strategies to resist social pressures, and effectively manage situations that could pose health risks.

Audrin and Audrin (2023) found several interconnected factors help explain the intricate relationship between emotional intelligence and mental health and well-being. Firstly, individuals with high emotional intelligence tend to possess a heightened awareness of their emotions and effective emotional regulation skills. Consequently, they are less likely to experience distress and more likely to enjoy elevated levels of well-being. High emotional intelligence correlates with a decreased likelihood of experiencing negative emotions and an increased likelihood of experiencing positive emotions, contributing to an enhanced overall sense of well-being. Secondly, emotions serve as valuable signals about one's interactions with the environment and others. Being adept at interpreting and responding to these emotional cues can guide actions and thoughts in ways that

promote and sustain well-being. Thirdly, individuals with high emotional intelligence often exhibit enhanced social competence, cultivate richer social networks, and employ more effective coping strategies. These advantages further bolster their subjective well-being and overall satisfaction with their social circumstances. Lastly, it is worth noting that self-report measures of emotional intelligence often overlap significantly with standard personality traits like emotional stability and extraversion, both of which are recognized predictors of affective well-being. These factors collectively contribute to the complex web of connections between emotional intelligence, mental health, and well-being.

The ineffective regulation of negative emotions and self-perceptions plays a crucial role in understanding how emotional intelligence might be connected to mental disorders. Some individuals dealing with stress or emotional disorders seem to manage their anxiety and distress in counterproductive ways, such as engaging in unproductive and repetitive rumination. Notably, research by Zeidner et al., (2009) indicated that low emotional intelligence is associated with a wide range of dysfunctional behaviours. Both self-reported and ability-based assessments of emotional intelligence have demonstrated associations with various indicators of emotional maladjustment, such as anxiety and depression, within non-clinical populations. Similarly, similar findings emerge from studies involving clinical patients who have been diagnosed with mental disorders according to the DSM-IV criteria.

The literature also points to associations between lower emotional intelligence and heightened addiction risks, particularly in the realms of smoking, alcohol consumption, and illicit drug use (Kun & Demetrovics, 2010). Additionally, various measures of social deviance have been linked to emotional intelligence, with individuals displaying psychopathic traits demonstrating deficits in their capacity to recognize and manage their emotions (Bacon et al., 2018). Furthermore, there is evidence highlighting the role of dysfunctional emotion regulation in anxiety and depression, exemplified by studies involving alexithymia – a condition characterized by difficulties in integrating cognitive processes with emotions, and in identifying and expressing emotions. While there are modest but meaningful negative correlations between alexithymia and ability-based emotional intelligence, the clinical implications of this connection remain unclear due to the absence of research that directly links emotional intelligence to specific emotion-regulation mechanisms.

Research by Oaes (2022) found that several clinical conditions, including autism and schizophrenia, are associated with challenges in social interaction. Deficits in understanding self-conscious emotions in social contexts, a facet of emotional intelligence, may contribute to these conditions. While a range of emotional and social-cognitive deficits have been observed in individuals with schizophrenia and autism, additional research is needed to elucidate the precise role of low emotional intelligence in these deficits. In summary, the existing research generally supports the notion that individuals with schizotypal, schizophrenic, and autistic traits tend to score lower on emotional intelligence tests, though it is worth noting that high-functioning autistic individuals may exhibit normal or even elevated levels of ability-based emotional intelligence.

Future research examining the relationship between emotional intelligence and mental health can benefit from several avenues of exploration. These include the development, implementation, and evaluation of innovative emotional intelligence-based interventions for treating various emotional and social disorders. Additionally, there is potential in designing training programs aimed at strengthening adaptive coping strategies and rectifying self-destructive coping mechanisms. Furthermore, interventions aimed at enhancing the identification and regulation of emotions could prove valuable for promoting healthier behaviours and improved health outcomes. Such approaches may be particularly beneficial for individuals who struggle with alexithymia or for those dealing with conditions like anxiety and depression where mood regulation is problematic. Another promising therapeutic direction involves focusing on emotion expression and addressing challenges such as emotional suppression, unresolved traumatic emotions, and interpersonal hostility. However, it's important to note that there is currently a significant gap in translational research related to emotional intelligence and its practical applications in these domains.

2.3 Emotional intelligence and employment status

Emotional intelligence has been a focal point in research literature, frequently exploring the differentiation between ability-based and trait-based emotional intelligence. Ability-based emotional intelligence, as defined by Mayer and Salovey (1997), refers to the aptitude to recognize and absorb emotions, comprehend their significance, and adeptly manage them. In contrast, trait-based emotional intelligence is described as a set of self-

perceptions related to emotions, situated within the deeper layers of one's personality (Petrides & Furnham, 2000). It has been established that both models offer valuable insights into predicting relevant workplace success outcomes (Urquijo et al., 2019). According to Miao et al., (2017), the assessment of emotional intelligence ability can encompass both performance-based and self-report ability measures. A commonly accepted viewpoint is that there exists a certain level of overlap between emotional intelligence and personality. In specific respects, emotional intelligence and personality may operate similarly when it comes to their noteworthy correlations with measures of career achievement.

Previous studies have confirmed and expanded upon the significance of factors such as ability and personality as predictors of early career success, although some aspects remain less clear. A study by Urquijo et al., (2019) delved into the influence of age and maturity on career success. Their research indicated that personality exerts a more substantial impact than ability during an individual's initial two years in their career. Moreover, age demonstrates greater implications for career success, owing to its association with maturity and accumulated experience. Another noteworthy finding from the study was the enduring significance of emotional intelligence concerning job satisfaction. This remained relevant even when compared to established factors like proactive personality and neuroticism. In essence, individuals with higher levels of emotional intelligence tend to experience greater life and job satisfaction, resulting in a heightened sense of achievement. This may be due to the increased motivation of emotionally intelligent individuals toward achieving success. Furthermore, those with high emotional intelligence possess the ability to adapt their emotional responses and internal feelings, which, in turn, contribute to a higher overall life satisfaction (Lee & Chelladurai, 2018).

According to a study by Melnichuk (2021), there has been growing attention in exercises aimed at enhancing emotional intelligence skills among individuals, driven by discussions within the business community about their significance. The research indicates that a substantial 71 percent of employers now prioritize emotional intelligence over traditional intelligence (IQ) when evaluating potential employees. Emotional intelligence is increasingly recognized as a pivotal factor in both career success and overall life satisfaction. It encompasses the study of emotions, encompassing an individual's capacity to manage their emotions effectively, employ them in

communication and interpersonal interactions, exhibit empathy, and discern the intentions of others.

The realm of employment, where daily engagement with people, negotiations, and fluctuating mental states are the norm, the ability to comprehend and manage both one's own emotions and the emotions of others is of paramount importance. Melnichuk (2021) elaborated on several crucial aspects linking emotional intelligence to the employment process:

1. Interpersonal relations, which refers to the ability to harmonize with others by considering their preferences and values.
2. Accountability, referring to the importance of taking responsibility for one's actions to avoid high stress levels that can adversely affect mental health.
3. Self-awareness, which involves recognizing one's strengths and weaknesses, as emotional intelligence encompasses self-development.
4. Emotion regulation is the capacity to exercise self-control over emotions, fostering a work environment of psychological comfort.
5. Ethics and empathy, demonstrate ethical behavior without causing harm to any involved parties, coupled with the ability to display empathy.
6. Present-focused attitude, is about the significance of concentrating on the present moment, channeling energy into finding solutions instead of dwelling on concerns.
7. Setting personal boundaries, which refers to establishing personal boundaries to maintain emotional balance.

Overall, a heightened level of emotional intelligence equips individuals to effectively navigate the emotions and reactions of others, as well as their own, while efficiently managing internal resources and gaining greater self-awareness. These skills extend beyond the workplace, contributing significantly to overall life satisfaction and well-being (Melnichuk, 2021).

More than a decade ago, Goleman (1998) emphasized the pivotal role of emotional intelligence in leadership, stating that "Effective leaders share a common trait; a high level of what we now refer to as emotional intelligence" (as cited in Ovans, 2015, p. 2). Over time, emotional intelligence has evolved into an indispensable skillset. Recent research by Landry (2022) underscores the significance of emotional intelligence as a

prime predictor of performance. Landry's study revealed that a remarkable 71 percent of employers now prioritize emotional intelligence over traditional IQ. Employees possessing strong emotional intelligence are better equipped to maintain composure under pressure, resolve conflicts adeptly, and interact empathetically with colleagues and others. Leaders, as the driving force behind an organization, wield immense influence. The absence of emotional intelligence among leaders can have far-reaching repercussions, including decreased employee engagement and a heightened turnover rate, with potential ripple effects on society at large. Landry (2022) concludes by asserting that mastering emotional intelligence paves the way for career advancement and overall life satisfaction. It is important to note that emotional intelligence taps into a distinct aspect of human behavior that is separate from intellectual capabilities. Unlike IQ, emotional intelligence is not tied to an individual's inherent intelligence, as it is a malleable skillset that can be honed through practice (Grant, 2017).

While some individuals may possess a natural aptitude for emotional intelligence, it is possible to develop a high level of emotional intelligence even if one is not inherently inclined towards it. TalentSmart (2022) conducted assessments on emotional intelligence alongside thirty-three other critical employment skills, and their findings reveal that emotional intelligence is the most influential predictor of success, accounting for 58 percent of performance in various job roles.

Emotional intelligence serves as the bedrock for a wide array of crucial skills, permeating nearly every facet of daily interactions. Grant (2017) found that an overwhelming 90 percent of leading performers exhibit high levels of emotional intelligence, while just 20 percent of those at the lower end of the performance spectrum share this trait. Additionally, individuals with heightened emotional intelligence tend to command higher salaries. These findings appear to hold true across industries, job levels, and geographical regions. In conclusion, as Grant (2017) aptly puts it, "We have yet to discover a profession where performance and compensation are not closely linked to emotional intelligence."

2.4 Mental health and employment status

In the United States, individuals facing mental health challenges encounter significantly higher unemployment rates, with their employment rates being 15% lower than those without such concerns (PBS, 2013). This disparity can be attributed, in part, to the

inadequacies within the healthcare system in addressing mental health issues, which are often accompanied by a persistent societal stigma, discouraging individuals from seeking necessary assistance. In contrast to physical health, where a larger proportion of individuals receive appropriate care, only about half of those with severe mental disorders and less than a third with moderate disorders receive treatment (PBS, 2013). Furthermore, job opportunities for individuals with mental health issues are constrained, as employers often struggle to provide the support needed to maintain their employment, and social services lack the resources to prevent unemployment from leading to depression. This misalignment between healthcare and employment systems leaves individuals in need of both mental health support and employment assistance underserved. Healthcare services primarily focus on treating illnesses while neglecting workplace-related challenges, and public employment services concentrate on job placement without considering the necessity of medical treatment. WHO (2022) reported that individuals with severe mental health conditions frequently face exclusion from the job market and, even when employed, encounter workplace inequalities. Furthermore, unemployment itself poses a risk to mental health, as studies have shown that factors such as job insecurity, financial instability, and recent job loss can increase the likelihood of suicide attempts (WHO, 2022).

According to Thorne (2018), there exists a complex and interconnected set of challenges associated with individuals dealing with mental health issues, particularly in relation to employment as explained in Figure 2.1. Research conducted by Thorne (2018) discovered that individuals experiencing mental health problems were eight times more likely to encounter difficulties attending work, three times more likely to experience strained relationships with colleagues, and twice as likely to consider leaving their jobs. Coping with a mental condition significantly increases the challenges of maintaining employment.

Figure 2. 1

Thorne (2018) interpretation of the negative feedback loop in mental health and employment

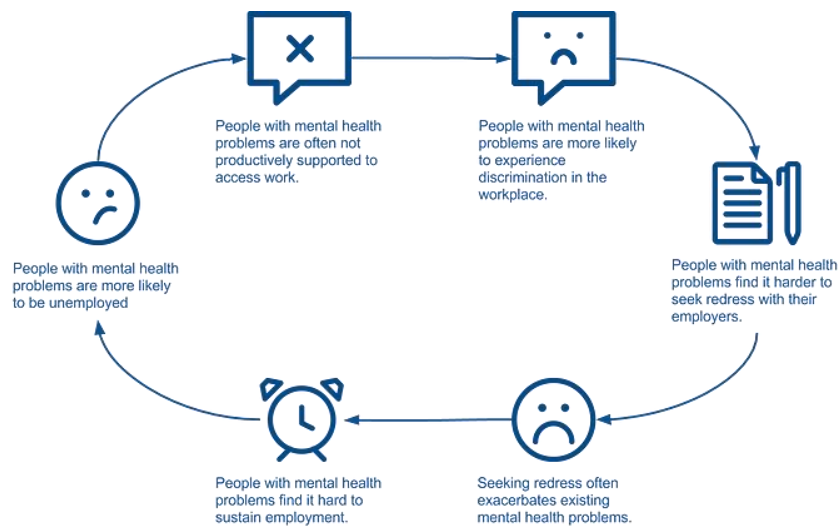


Figure 2.1 illustrates that individuals with mental health issues faced obstacles when seeking new job opportunities. Nearly 80% of employers admitted to finding it moderately or very challenging to support and hire employees dealing with fluctuating health conditions. This ongoing cycle contributes to the disability employment gap, where only 36 percent of working-age individuals with mental health conditions that limit their ability to work are employed, in contrast to 49 percent of disabled individuals in general and 80% of non-disabled individuals without health conditions. This disparity highlights that people with mental health conditions are among the most marginalized groups in the labor market (Thorne, 2018).

Olesen, et al. (2013) reported that mental health issues can both result from and contribute to the risk of unemployment. Therefore, the diminished mental health observed in individuals not engaged in employment can be attributed to a combination of the negative effects of unemployment and pre-existing mental health conditions. While this dual impact was found to be roughly equal for women, the research indicated that among men, the influence of unemployment on subsequent mental health appeared to be less significant compared to the impact of mental health on the risk of future unemployment. Additionally, Nelson and Kim (2011) uncovered that individuals with mental illness face an elevated risk of job termination, encompassing both involuntary and voluntary job loss. This underscores the critical importance of employment within the context of mental health care. Unemployment exacerbates mental health issues,

while security employment can have a positive impact on mental well-being, even for individuals grappling with severe mental illnesses (Drake & Wallach, 2020). An evidence-based intervention known as supported employment has proven effective in assisting most individuals with mental health disabilities to thrive in competitive, integrated workplaces. Unlike many conventional mental health treatments, employment fosters self-reliance and leads to various valuable outcomes, including self-confidence, the respect of others, personal income, improved emotional intelligence and greater community integration (Drake & Wallach, 2020).

According to data from the Namibian Labour Force Survey, there has been a notable surge in unemployment rates within the country (Namibia Statistics Agency, 2018). In Namibia, the repercussions of unemployment have been profound on mental well-being, as the absence of job opportunities and financial instability can trigger feelings of hopelessness, anxiety, and depression. Sheehama (2023, p.3) reported that the “Workers United in Ensuring Productivity for National Economic Growth and Guarding against Unfair Labor Practices in the World of Work”, wrote “It is evident that the welfare of workers plays a pivotal role in achieving socioeconomic justice and ensuring national and global sustainability”. Namibia has experienced fluctuations in its unemployment rate, with an average of 21.04 percent between 1991 and 2021. Projections suggest that it may increase to 22.00 percent by the end of 2022 and hover around 23.00 percent in 2023 (Sheehama, 2023). Sheehama (2023) emphasized that unemployment isn’t merely an economic issue but also a significant social concern. It not only results in reduced to zero income for individuals, leading to severe hardship, but it also gives rise to social problems, including dishonesty, moral decay, and an increase in criminal activities. Furthermore, unemployment has a substantial impact on mental health, contributing to low self-esteem, feelings of insignificance, depression, and a sense of hopelessness. Masanguit (2021) reported that one of the problems in Namibia is the difficulty in acquiring counsellors, or individuals who are willing to listen without negotiating their oath as far as confidentiality and ethics are related. Furthermore Masanguit (2021) highlighted that African cultural beliefs and traditions may also contribute to this phenomenon. Within these cultural contexts, men are often taught from a young age to uphold qualities of toughness, and any deviation from this expectation is perceived as a sign of weakness. It is evident that individuals regularly face various demanding

situations in their daily lives, encompassing social, economic, and personal challenges, which can potentially lead to feelings of depression, stress, and anxiety.

It is widely agreed that employment serves a broader purpose than merely providing a source of income. It bestows a social status, imparts structure to one's day, facilitates social interactions, and instills a sense of purpose or meaning in life. These positive aspects are crucial for psychological development, promoting both subjective and eudaimonic well-being (Ryan & Deci, 2020). Eudaimonic well-being relates to the subjective experiences with the pursuit of human excellence or eudaimonia, encompassing experiences such as self-actualization, personal expressiveness, and vitality (Niemiec, 2014).

Lastly, Ryan and Deci (2020) have documented a negative correlation between unemployment and life satisfaction. This negative relationship tends to be more pronounced in men than in women, and the longer period of unemployment, the more significant its impact becomes. Moreover, the research suggests that the connection between poor well-being and unemployment is bidirectional, implying that individuals can become trapped in a cycle of unemployment and deteriorating mental health.

2.5 Theoretical Framework

This study will utilize the Self-Determination Theory (SDT) as its theoretical framework. SDT, situated within the broader context of positive psychology, serves as a psychological model for comprehending human motivation, emphasizing individuals' capacity to make choices and manage their lives (Ryan & Deci, 2017). SDT encompasses both autonomous and controlled motivation, which play pivotal roles in predicting learning outcomes, performance, overall experiences, and psychological well-being (Duda & Appleton, 2016). According to this theory, certain fundamental needs must be met to foster the psychological well-being and optimal functioning of individuals and communities. In the context of this study, SDT will be employed to explore how social environments and individual differences influence different motivational types, particularly autonomous and controlled motivation. This, in turn, has implications for predicting learning, performance, overall experiences, and psychological well-being. Therefore, the fulfilment of these foundational needs fosters the development of optimal motivational attributes and states, such as autonomous

motivation and intrinsic aspirations, which contribute to psychological well-being and effective engagement with the world.

The Self-Determination Theory (SDT) originated from the work of psychologists Edward Deci and Richard Ryan, who initially presented their ideas in their 1985 book, *“Self-Determination and Intrinsic Motivation in Human Behaviour.”* Their theory posits that individuals are inherently driven by a desire for personal growth and fulfilment (Deci & Ryan, 1985). Emotional intelligence, as highlighted by Goleman (2021), influences how individuals process and handle emotions, varying from person to person. Research has shown that emotional intelligence significantly contributes to an individual’s psychological well-being, impacting both their mental health and life satisfaction.

The central tenet of the Self-Determination Theory underscores the importance of autonomy, competence, and relatedness in achieving full satisfaction and functionality (Deci & Ryan 2012). Relatedness, or the sense of belonging and community involvement, is a critical component of this theory. SDT operates on two primary assumptions: firstly, that humans are inherently inclined towards growth and the pursuit of challenges, and secondly, that autonomous or intrinsic motivation holds significant value, although extrinsic motivations also exert influence on various aspects of an individual’s behaviour (Legault, 2017). When these three fundamental needs specified by SDT are met, individuals are more likely to be motivated, whereas their motivation tends to wane if these needs remain unfulfilled. SDT embraces a set of principles emphasizing that individuals with disabilities who require support from the public mental health system should have the autonomy to define their needs, access meaningful choices, and exercise control over their lives (Head, n.d.).

According to Head (n.d), self-determination is founded on four principles: freedom, authority, support, and responsibility. Freedom encompasses the capacity for individuals to design a life with the necessary assistance and resources. Authority pertains to individuals with mental conditions having the ability to take control of their own lives. Support involves the organization of both formal and informal resources and personnel to aid individuals with mental conditions in living within the community. Lastly, responsibility entails accepting a valued role within one’s community, which may encompass employment, affiliations, spiritual development, caring for others, and being

accountable. Self-determination fundamentally revolves around the concepts of choice and control, advocating for the delegation of decision-making authority to individuals with disabilities. It emphasizes that individuals should not forfeit their autonomy simply because they require support from the public sector. Self-determination, therefore, signifies an individual's capacity to make choices and manage their own life.

Three inherent psychological needs drive people to seek growth and change. In this context, the concept of intrinsic motivation, engaging in activities for the inherent rewards they provide, holds significant importance (Cherry, 2022). Self-determination is a vital concept within psychology, contributing to psychological health and overall well-being. The self-determination theory aims to elucidate how self-determination influences motivation. It posits that individuals are more motivated to act when they believe that their efforts will impact the outcomes. SDT operates on two core assumptions. First, it asserts that the need for personal growth propels behaviour, gaining mastery over challenges and the pursuit of novel experiences as crucial for developing a cohesive sense of self. Second, SDT places particular emphasis on autonomous motivation. While external rewards like money, known as extrinsic motivation, do motivate people at times. SDT primarily focuses on internal sources of motivation, such as desire for knowledge or independence, often referred to as intrinsic motivation (Cherry, 2022).

Self-determined behaviours can be characterized as driven by intrinsic rewards, rooted in enjoyment, interest, or satisfaction, and by a sense of control. In contrast, non-self-determined behaviours are typically motivated by extrinsic rewards, driven by obligation and responsibility, and often accompanied by a feeling of diminished control.

Deci and Ryan (1985) proposed the self-determination theory, which identifies key components necessary for individuals to attain psychological growth. These components include autonomy, competence, and connection or relatedness. Autonomy refers to the need for individuals to have a sense of control over their actions and goals. Competence pertains to the need to acquire skills and master tasks, which, when achieved, motivates individuals to take actions aligned with their goals. Lastly, connection or relatedness is the need for individuals to experience a sense of belonging and attachment to others. Moreover, it is essential to understand that the psychological growth described by the self-determination theory does not occur automatically. While individuals may have

innate inclination for such growth, it necessitates ongoing support. According to Ryan and Deci (1985), the inclination towards being proactive or passive is significantly influenced by the social environment in which individuals are raised, underscoring the importance of social support.

Research indicates that possessing a high level of self-determination can contribute to success in various aspects of life (Cherry, 2022). Self-determination plays a vital role in how individuals perform in different domains. Feeling in control and intrinsically motivated can enhance commitment, passion, interest, and overall life satisfaction. In the self-determination theory, positive emotions and subjective well-being are considered outcomes of need satisfaction rather than direct indicators of mental health. This theory asserts that all forms of mental health and emotional intelligence ultimately stem from and are supported by the satisfaction of psychological needs. Furthermore, the theory makes robust claims about the universal nature of positive motivation across cultures, claims that have been empirically substantiated (Cherry, 2022).

2.6 Conclusion

The limited number of research papers on the correlation between emotional intelligence and mental health in Namibia may be attributed to a shortage of trained mental health practitioners in the country who possess the expertise needed to design and conduct scientific studies in this field. Chipare et al. (2021) stated that to develop culture-specific, reliable, and valid assessment tools for screening and diagnosing mental illnesses and understand emotional intelligence, there is still a need to invest more on research in Namibia. Regarding the knowledge obtained so far, there has been scarce research studies examining the link between various facets of emotional intelligence and mental health in employed and unemployed adults in Namibia. Therefore, it is crucial to emphasize the significance of mental health and emotional intelligence in Namibia's mental health sector, as this can raise awareness about mental health issues and the importance of emotional intelligence in the country.

Despite some progress in offering programs in psychiatric nursing, clinical psychology, and social work, Namibia still faces a shortage of mental health practitioners (Chipare et al., 2021). This research will be utilized to study the degree to which emotional intelligence and mental health status are related to each other of employed and

unemployed adults in Namibia and the extent to which these factors inhibit young adults and Namibia from functioning optimally.

Emotional intelligence and mental health were thoroughly discussed in this chapter. Emotional intelligence was illuminated with its antecedents as well as its dimensions. Mental health was also outlined and reviewed, where depression, anxiety and stress were considered and discussed in detail. Thirdly, the affect that emotional intelligence and mental health has on life satisfaction and success was thoroughly discussed and reasoned. The Self-determination theory was explored, as well as its connection to motivation was outlined. Additionally, the chapter delved into the relationship between emotional intelligence and mental health, within the context of the self-determination theory. In the upcoming chapter, the study's chosen methodology will be presented.

CHAPTER 3

RESEARCH METHODS

3.1 Introduction

In chapter will provide a detailed account of the research design, the selection process for the population, and sample, as well as an extensive discussion on the research instruments, procedure for data collection, methods for data analysis, and the ethical considerations that were employed.

3.2 Research Design

A quantitative approach was utilized; specifically adopting an exploratory cross-sectional research design, to explore the connections between multiple variables. A quantitative approach involves the collection and analysis of numerical data to examine relationships and patterns. It is used to offer a statistical portrayal of phenomena and their attributes, which enables researchers to validate or refute theoretical viewpoints and formulate predictions (McLeod, 2019). Furthermore, it offers insights into the underlying explanations for the observed phenomena.

Quantitative research is regarded as being more scientific and it focuses on specific definitions and the operationalization of concepts and variables (McLeod, 2019). Since the objectives of this study is aimed at casting light on the emotional intelligence and mental health status of employed and unemployed adults, an exploratory cross-sectional research design was deemed appropriate.

3.3 Population

According to “Trading Economics” (2022) the total population of unemployed adults is 364,411 and employed adults is 725,742 in Namibia.

However, the population of this study consists of employed and unemployed young adults, aged between 20 and 35, residing in Windhoek, Namibia. Early adulthood is defined between the ages of 20 to 35 (Armstrong, 2019). Participants’ employment status was determined based on the criteria aligned with the definitions provided by the Namibian Statistics Agency (2017). In accordance with these definitions, individuals who reported being in paid employment or self-employment within the past seven days

were classified as “employed”, while those who indicated their availability for work during the same period were categorized as “unemployed”.

It is important to note that individuals falling within the category of homemakers and full-time students within this age group were excluded from this classification, as they are considered economically inactive, rather than fitting into the categories of “employed” or “unemployed” as outlined by the Namibian Statistics Agency (2017).

3.4 Sample

The sample size for the study was calculated using a 95% confidence level, 5% margin of error, 50% population proportion and a population size of 334,607, thus a sample size of 384 participants is indicated to be appropriate (Calculator.net, 2023). Cautions should be given that response rates are typically well below 100% and therefore researchers should increase the sample size by 40-50% to account for lost questionnaires and uncooperative participants. The study’s sample size comprises 400 participants, selected using two distinct sampling techniques. Specifically, convenience sampling was employed to select the employed participants, due to its simplicity as it allows the researcher to gather large volumes of data as the participants were selected based on their accessibility and availability. Additionally simple random sampling was used to make statistical inferences about the unemployed participants, as it ensures high internal validity, free from errors in classification, reduces bias and increases accuracy of results (Thomas, 2020). In both groups, participants were eligible to participate in the study by meeting the following criteria:

- i. Falling within the age range of 20 to 35 years
- ii. Being formally employed or unemployed in accordance with the provided definitions and,
- iii. Residing in Windhoek, Namibia at the time of data collection

3.4.1 Employed participants

Two hundred employed participants were chosen from ten different organizations including Non-Governmental Organizations (NGOs), Small and Medium Enterprises (SMEs) as well as organizations in the private and public sector. Twenty participants were chosen from each organization located in Windhoek using convenience sampling.

Selections were made from organizations most accessible and convenient for the researcher.

3.4.2 Unemployed participants

The two hundred unemployed adult participants were chosen via a simple random sampling process from the Ministry of Labour, Industrial Relations, and Employment Creation's unemployed registry. This approach ensures that each potential participant had an equal opportunity to be included in the sample.

3.5 Research Instruments

The study made use of two standardized self-report measures and one self-prepared, non-standardized demographic questionnaire. The research instruments were accompanied by a participant information letter and an informed consent letter (see Annex 2).

3.5.1 Demographic questionnaire

Contain questions about date, age, gender, occupation, marital status, and city in which the participant is located (see Annex 3).

3.5.2 Emotional Maturity Scale (EMS):

Emotional Intelligence is commonly assessed using the Emotional Maturity Scale (EMS) (see Annex 3), a tool developed by Singh and Bhargava (1993). The EMS comprises 48 items, categorized into five sub-scales: emotional instability, emotional regression, social maladjustment, personality disintegration and lack of independence. Each subscale is comprised of ten questions; however, lack of independence is comprised of only eight questions. This instrument was designed for use with both adolescents and adults. During the assessment, participants are asked to evaluate their experiences over the past week by providing responses to various statements. They use a 5-point severity/frequency scale to rate their reactions to each statement, with options ranging from 'Never' (1) to 'Very Much' (5). The maximum score range for EMS would be 240 and the minimum score range would be 48. A higher overall score on the EMS indicates lower emotional intelligence, while a lower score suggests greater emotional intelligence. See figure 3.1 for detailed interpretation of scores. Emotional intelligence will be depicted with the abbreviation EI.

Figure 3.1

Interpretation of EMS scores

Low EI	Average EI	High EI
162 - 240	81 - 161	1 – 80

A study which investigated the validity and reliability of EMS conducted by Ishfaq and Kamal (2019), found the test-retest reliability coefficient scores to be 0.75 and the internal consistency ranged from 0.42 – 0.86. Therefore, according to the findings of this study the EMS is a valid and reliable instrument to study the variables of this study. EMS has previously been used in the Namibian context.

3.5.3 Depression, Anxiety and Stress Scale (DASS-21)

To assess mental health the Depression, Anxiety and Stress Scale – 21 Items (DASS-21) (see Annex 4). DASS-21 is a condensed version of DASS-42 developed by Lovibond and Lovibond (1995). This self-report instrument measures the severity of various symptoms associated with depression, anxiety, and stress. The DASS-21 comprises 21 items, and participants are required to indicate the presence of symptoms they experienced during the past week. Respondents use 4-point severity/frequency scales to rate the extent of their experiences, with scores ranging from 0 (indicating the symptom did not apply at all over the last week) to 3 (indicating it applied to them very frequently or most of the time over the past week). The primary purpose of the DASS is to gauge the severity of core symptoms related to depression, anxiety, and stress.

Each item is categorized under one of the following scales: D (Depression), A (Anxiety) or S (Stress). Each subscale is comprised of seven questions. The questions for depression include 3, 5, 10, 13, 16, 17, and 21. The questions for anxiety include 2, 4, 7, 9, 15, 19, and 20. Lastly, the questions for stress include 1, 6, 8, 11, 12, 14, and 18. To calculate scores for each scale (D, A and S), you sum the scores of the identified items. However, since the DASS-21 is a shortened version of the DASS-42, the final score of each item group should be multiplied by two (x2). See figure 3.2 for a detailed interpretation of scores.

Figure 3.2

Interpreting DASS-21 scores

	Depression	Anxiety	Stress
Mild	0-13	0-9	0-19
Moderate	14-20	10-14	19-25
Severe	21-28+	15-20+	26-34+

A study investigating the validity and reliability of DASS-21 reported high convergent validity coefficient (-0.47 and -0.66), and internal consistency coefficient scores of 0.76 and 0.90, respectively (Le, et.al., 2017). These results affirm the validity and reliability of the DASS-21 as a suitable instrument for studying the variables in this research. It is worth noting that the DASS-21 has been previously utilized in the Namibian context.

3.6 Procedure

Once ethical clearance was granted by the University of Namibia's Research and Ethics Committee (see Annex 1) and permission was granted by the Ministry of Labour, Industrial Relations, and Employment Creation the researcher divided the research population into two procedure categories. In both cases the researcher was present to lead and guide the process.

3.6.1 Employed participants

The researcher conveniently selected several organizations, which were contacted telephonically to enquire about their curiosity in participating in the study and to schedule an appointment. The organizations were contacted telephonically as it was deemed the most efficient way to get in contact with the correct people to schedule an appointment. The researcher got in contact with the HR officer of each organization, however some organizations preferred the researcher to meet with either a manager or the CEO directly. Once an appointment was scheduled, the organizations were approached during lunch hours, during which the goal of the research was clarified, and the interested individuals were provided with the questionnaires. The interested participants were also provided with a consent form describing their rights as

participants and further details regarding the study and the researcher. Once the consent forms were signed, the researcher then provided further information regarding the questionnaires, and answered any of the uncertainties from the participants. The researcher then requested the interested participants to complete the questionnaires at their own convenience. The researcher scheduled an appointment for the next day for the collection of the questionnaires. If any of the participants experienced psychological discomfort during the completion of the questionnaires they were debriefed by the researcher and put in contact with Lifeline/Childline. The completion of the questionnaires took approximately 10 to 15 minutes. Upon collection of the questionnaires, the researcher expressed gratitude to all participants and their contributions. The researcher used the same procedure with different organizations.

3.6.2 Unemployed participants

The researcher sought official authorization from the Ministry of Labour, Industrial Relations, and Employment Creation by submitting a formal request letter to gain access to their database of unemployed individuals. Subsequently, the researcher was granted verbal permission to access the roster of currently registered unemployed individuals who met the study's essential requirements (aged between 20 and 35, unemployed, and residing in Windhoek). Following this, the researcher randomly selected a sample from this roster and initiated contact.

The selected individuals were contacted telephonically, and the researcher explained the study and its purpose as well as answer any questions from these individuals. Once they showed interest, an appointment was scheduled at the interested individuals' convenience, either individually or as a group. The location for appointments with the participants was at an office that was made available to the researcher to use during data collection in Windhoek, CBD. Participants received an information letter containing all their rights and they each completed a consent form. The participants received the questionnaires to complete, which took approximately 10 to 15 minutes. Once the questionnaires were completed, the researcher acknowledged and thanked the participants for their contributions and collected the remaining questionnaires for data analysis. Some of the participants were unable to meet in person, thus a link to an online questionnaire was sent to them either through email or SMS. The online link contained a consent form describing all their rights and further information regarding the research

and the researcher. Once consent was given, the link then proceeded to the questionnaires they could complete. The online questionnaire completion took approximately 10 minutes. If any of the participants experienced psychological discomfort during the completion of the questionnaires, they were debriefed by the researcher telephonically and put in contact with Lifeline/Childline.

3.7 Data Analysis

The Statistical Package for the Social Sciences (SPSS), Version 29.0 was used for data analysis. To categorize the participants, demographic factors such as age, gender, marital status, region, and employment status were employed. Given the exploratory nature of this study, SPSS was utilized for descriptive statistical analysis to obtain results. Correlations were calculated to verify the relationship between emotional intelligence and mental health status of employed and unemployed adults in Windhoek, Namibia. Pearson's Correlation Coefficients were used to assess the relationship between emotional intelligence and mental health. Mean and standard deviation calculations were performed to provide a concise summary of the differences between each observation and the mean value. Additionally, an Analysis of Variance (ANOVA) was conducted to assess whether there existed a significant difference in the means for mental health status and emotional intelligence for employed and unemployed adults.

3.8 Research Ethics

The researcher acquired ethical approval from the University of Namibia's Research and Ethics Committee (see Annex 1). Following this, authorization was sought, and verbal permission was obtained from the Ministry of Labour, Industrial Relations, and Employment Creation to access their database of unemployed adults in Windhoek for the purpose of selecting the unemployed sample. It is essential to note that all data provided by the Ministry of Labour, Industrial Relations and Employment Creation were exclusively utilized for this study and handled with strict confidentiality measures.

Since human participants were involved in this research, precautions were taken to safeguard their rights. All participants received clear information regarding the study's nature, importance, and objectives (see Annex 2). Additionally, they were explicitly informed that their involvement was entirely voluntary, and that no compensation would be provided. Thus, the sample selected had to give their consent about participating in

the research (see Annex 2). The researcher protected the following aspects of participants. **Anonymity** in which participants will have the right to remain anonymous throughout the study, whereby the participants were not asked to provide any personal information like their names, surnames, or identification information. **Confidentiality** entails the trust between the researcher and participants that the researcher will keep the information secure, with the principle of anonymity applied throughout. **Beneficence** in which the researcher ensured the welfare of the research participants. **Justice** was a core value exercised throughout; whereby fair procedures were applied during the selection of participants, the data collection procedures, and the storage of collected data of the research study. **Refuse and withdrawal** ensured that participants have the right to refuse to participate or to withdraw at any time if they felt uncomfortable. Psychological distress might result from the nature of the questions asked, thus freedom from exploitation will be implemented by not exploiting the participant's vulnerabilities. However, arrangements for debriefing were made available when any psychological discomfort did arise, with the help of Lifeline/Childline (see Annex 2). Thorough explanations were provided to the participants about their right not to answer specific questions if they didn't want to disclose that information. Data collected during the study is stored in a safe and secure environment such as a safe with a lock at the researchers' residents, which only the researcher has access to and will be appropriately destroyed after a period of three years, approximately in the year 2027. The dissemination of results will be done through social media, newspaper articles and a scholarly publication for a wide range audience to view. Before informing the media about the research findings, consent should be received from the participants of the research study.

3.9 Chapter Summary

In this chapter, the focus was on outlining the steps taken to conduct the study. It also delved into the selected research design and how it aligned with the study's goals. The chapter specified the target population, explained the sampling methods employed, and provided a comprehensive description of the research instruments used. Furthermore, it offered an in-depth explanation of the data analysis methods used and discussed the ethical considerations associated with the study.

CHAPTER 4

RESULTS

4.1 Introduction

In this chapter, the researcher will present the results of this study. Additionally, inferential statistics used will be explored to gauge the relationship among variables and descriptive statistics employed to analyze demographic variables, as well as to compute the means. It is worth noting that all the research instruments utilized in the study demonstrated strong reliability scores.

4.2 Demographic Variables

Before conducting an in-depth data analysis, preliminary assessments were carried out to examine the fundamental distributions based on the study's participants' personal biographical profiles. A descriptive methodology was employed to portray the characteristics of the study's demographic variables (See Table 4.1 below).

Table 4. 1

Personal Biographical Profile of Participants

Variable	Levels	F	Valid %
Age	20 – 24	105	26.3
	25 – 29	143	35.8
	30 – 35	152	38
Gender	Male	191	47.8
	Female	209	52.3
Marital Status	Single	207	51.7
	In a Relationship	130	32.5
	Married	51	12.8
	Divorced	12	3
Employment Status	Employed	201	50.2
	Unemployed	199	49.8

N=400

Table 4.1 depicts the personal biographical profile of the study participants. The majority of the participants (38%, $n = 152$) were aged between 30 and 35, while participants aged between 25 and 29 comprised 35.8% of the sample ($n = 143$) and lastly participants aged between 20 and 24 comprised 26.3% of the sample ($n = 105$). Most participants (52.3%, $n = 209$) were female participants, while male participants comprised 47.8% of the

sample (n = 191). The percentage distribution by marital status indicates that a bulk of the participants (51.7%, n = 207) were single, while 32.5% (n = 130) were in a relationship. Fifty-one participants (12.8%) were married and 12 (3.0%) were divorced. Lastly, Table 4.1 shows the distribution of participants in relation to the participant's employment status. Most of the participants (50.2%, n = 201) were employed, while 199 (48.9%) were unemployed. The sample consists of 400 participants.

4.3 Internal Consistency

Two data collection instruments were utilized: the Emotional Maturity Scale (EMS) and the Depression, Anxiety and Stress Scale (DASS-21). To assess the reliability of these instruments, Cronbach's alpha coefficient was employed, which measures the degree of interrelatedness among a group of items. As per Howard (n.d.), a widely accepted benchmark for Cronbach's alpha is a value of 0.70 or higher. In general, a Cronbach's alpha exceeding 0.70 is considered good, 0.80 or above is better, and 0.90 or above is excellent.

Table 4.2 displays the internal consistency results for the Emotional Maturity Scale.

Table 4. 2

Emotional Maturity Scale Reliability Coefficients

Main Theoretical Variables	Valid N	Items Used	Cronbach's alpha
Emotional Maturity	400	48	0.86
1. Emotional Instability	400	10	0.70
2. Emotional Regression	400	10	0.77
3. Social Maladjustment	400	10	0.68
4. Personality Disintegration	400	10	0.65
5. Lack of Independence	400	8	0.42

The Cronbach's alpha coefficients indicate strong reliability across all research variables and constructs, with a score of 0.86, signifying very high reliability. However, Cronbach's alpha does come with some limitations, scores that have a low number of items associated with them tend to have lower reliability. As the subscale, lack of independence, only has 8 items, its Cronbach's alpha score is 0.42. Many methodologies recommend a minimum of 0.65 thus both the subscales, social maladjustment and personality disintegration are deemed acceptable.

Table 4.3 illustrates the internal consistency assessment for the Depression, Anxiety, and Stress Scale-21.

Table 4. 3

Depression, Anxiety, and Stress Scale-21 Reliability Coefficients

Main Theoretical Variables	Valid N	Items Used	Cronbach's alpha
DASS-21	400	21	0.91
1. Depression	400	7	0.85
2. Anxiety	400	7	0.76
3. Stress	400	7	0.78

The Cronbach’s alpha coefficients demonstrate strong reliability across all research variables and constructs, with a noteworthy score of 0.91, indicating outstanding reliability.

4.4 Emotional Maturity Scale

The total distribution of employed and unemployed participants in relation to their levels of emotional intelligence is depicted in Table 4.4 below.

Table 4. 4

Levels of Emotional Intelligence

Level	Employed	Unemployed	Total
Low Emotional Intelligence	1	15	16
Moderate Emotional Intelligence	193	173	366
High Emotional Intelligence	7	11	18
Total	201	199	400

Based on the findings the majority (n = 193) employed and (n = 173) unemployed participants have moderate emotional intelligence, as they scored between 81 – 161 on the Emotional Maturity Scale (see Figure 3.1). Low emotional intelligence is regarded as a score between 162 -240, therefore based on the findings (n = 15) unemployed participants have low emotional intelligence, while (n = 1) employed participant has low emotional intelligence. Lastly (n = 11) unemployed participants (n = 11) and employed (n = 7) scored between 0 – 80 indicating a high emotional intelligence.

Table 4.5 illustrates how the Emotional Maturity Scale responses are distributed among participants who are employed.

Table 4. 5

Level of Emotional Intelligence among Employed Participants

Level	Emotional Instability	Emotional Regression	Social Maladjustment	Personality Disintegration	Lack of Independence
Low Emotional Intelligence	80	131	33	140	73
Moderate Emotional Intelligence	119	68	168	61	127
High Emotional Intelligence	2	2	0	0	1
Total	201	201	201	201	201

Most of the participants (n = 168) experience moderate emotional intelligence based on social maladjustment, while (n = 140) participants experience low emotional intelligence based on personality disintegration. For both emotional instability (n = 2) and emotional regression (n = 2) participants experience high emotional intelligence.

Table 4.6 illustrates how the Emotional Maturity Scale responses are distributed among participants who are unemployed.

Table 4. 6*Level of Emotional Intelligence among Unemployed Participants*

Level	Emotional Instability	Emotional Regression	Social Maladjustment	Personality Disintegration	Lack of Independence
Low Emotional Intelligence	90	115	19	117	56
Moderate Emotional Intelligence	108	84	178	82	142
High Emotional Intelligence	1	0	2	0	1
Total	199	199	199	199	199

The majority of participants (n = 178) experience moderate emotional intelligence based on social maladjustment, while (n = 142) participants experience moderate emotional intelligence based on lack of independence. For emotional regression (n = 115) and personality disintegration (n = 117), participants experience low emotional intelligence. Furthermore, (n = 2) participants experience high emotional intelligence regarding social maladjustment.

4.5 Depression, Anxiety, and Stress Scale-21

Table 4.7 shows the total distribution of employed and unemployed participants in relation to their responses on the DASS-21.

Table 4. 7*Levels of Depression, Anxiety, and Stress Scale-21*

Level	Employed	Unemployed	Total
Mild	116	92	208
Moderate	70	92	162
Severe	15	15	30
Total	201	199	400

Based on the findings the majority of employed participants (n = 116) scored mild on the DASS-21, in comparison to unemployed participants (n = 92). Based on the findings

both employed participants (n = 15) and unemployed participants (n = 15) scored high on the DASS-21 indicating severe depression, anxiety, and stress. Lastly, fewer employed participants (n = 70) scored an average score on the DASS-21 indicating moderate depression, anxiety, and stress, as compared to unemployed participants (n = 92). (see Figure 3.2 for interpretation of DASS-21 scores).

Table 4.8 shows the distribution of employed and unemployed participants in relation to their responses on the DASS-21.

Table 4. 8

Level of Depression, Anxiety, and Stress among Employed Participant and Unemployed Participants

Level	Depression		Anxiety		Stress	
	Employed	Unemployed	Employed	Unemployed	Employed	Unemployed
Mild	114	88	71	71	116	100
Moderate	52	60	46	40	51	59
Severe	35	51	84	88	34	40
Total	201	199	201	199	201	199

Most of the employed participants experienced mild stress (n = 116), as well as experienced mild depression (n = 114). Furthermore, eighty-four employed participants experienced severe anxiety (n = 84). While most of the unemployed participants experienced mild stress (n = 100) and fewer unemployed participants experienced mild depression (n = 88). Furthermore, eighty-eight unemployed participants experienced severe anxiety (n = 88).

4.6 One-Way Analysis of Variance (ANOVA)

In this study, the one-way analysis of variance (ANOVA) was employed to assess whether there exist statistically significant variations in the means among three or more distinct groups. The aim was to investigate if different levels of age, gender, marital status, and employment status have a measurable effect on the dependent variables of the study, namely emotional intelligence as well as depression, anxiety, and stress.

4.6.1 ANOVA for Emotional Intelligence and Variables

A one-way analysis of variance (ANOVA) was conducted to compare age and gender with regards to emotional intelligence. The results of the one-way ANOVA indicated that there was no statistically significant difference in emotional intelligence for both age and gender. The findings indicated that there was no statistical difference among at least two age groups $F(2, 397) = 0.58, p = 0.56$. The results of the one-way ANOVA also indicated that there was no statistically significant difference in emotional intelligence and gender $F(1, 398) = 1.39, p = 0.24$.

SPSS produces the following descriptive statistics in Table 4.9 below, which shows the mean and standard deviation of emotional intelligence in each of the four marital groups.

Table 4. 9

Descriptive Statistics for Emotional Intelligence and Marital Status

Marital Status	95% Confidence Interval for Mean							
	N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound	Min	Max
Single	207	1.96	0.28	0.02	1.92	2.00	1	3
In a relationship	130	2.00	0.25	0.02	1.96	2.04	1	3
Married	51	2.00	0.35	0.05	1.90	2.10		
Divorced	12	2.25	0.45	0.13	1.96	2.54		
Total	400	1.99	0.29	0.01	1.96	2.02	1	3

A one-way analysis of variance (ANOVA) was conducted to compare marital status with regards to emotional intelligence. See Table 4.10 below.

Table 4. 10*ANOVA for Emotional Intelligence and Marital Status*

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.99	3	0.33	4.12	0.01
Within Groups	31.94	396	0.08		
Total	32.94	399			

The results of the one-way ANOVA indicated that there was a statistically significant difference in emotional intelligence and marital status $F(3, 396) = 4.12, p = 0.01$. However, these findings were not considered significant due to the number difference among the four marital groups. See Table 4.9 above.

Table 4.11 illustrates the one-way analysis of variance (ANOVA) that was conducted to compare employment status with regards to emotional intelligence.

Table 4. 11*ANOVA for Emotional Intelligence and Employment Status*

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	0.30	1	0.30	3.67	0.05
Within Groups	32.64	398	0.08		
Total	32.94	399			

The results of the one-way ANOVA indicated that there was a statistically significant difference in emotional intelligence among at least two groups $F(1, 398) = 3.67, p = 0.05$. Therefore, these findings suggest that there is a significant difference in emotional intelligence ($p = [0.05]$), based on employment status.

4.6.2 ANOVA for Depression, Anxiety, and Stress on Variables

A one-way analysis of variance (ANOVA) was conducted to compare age, gender, and marital status on depression, anxiety, and stress. The results from the one-way ANOVA indicated that there were no statistically significant differences in depression, anxiety, and stress among age, gender, and marital status. The findings suggest that there is no significant comparison between age and depression ($p = [0.67]$), age and anxiety ($p =$

[0.97]), and age and stress ($p = [0.87]$). Similarly, the one-way ANOVA did not reveal any statistically significant differences in gender and depression ($p = [0.44]$), gender and anxiety ($p = [0.22]$), and gender and stress ($p = [0.45]$). Lastly, the findings suggest that there is no significant comparison between marital status and depression ($p = [0.81]$), marital status and anxiety ($p = [0.10]$), and similarly marital status and stress ($p = [0.29]$).

Table 4.12 illustrates the one-way analysis of variance (ANOVA) conducted to assess the influence of employment status on depression, anxiety, and stress.

Table 4. 12

ANOVA for Depression, Anxiety, and Stress on Employment Status

		Sum of Squares	df	Mean Square	F	Sig.
Depression	Between Groups	3.31	1	3.31	5.31	0.02
	Within Groups	248.28	398	0.63		
	Total	251.60	399			
Anxiety	Between Groups	0.21	1	0.21	0.27	0.61
	Within Groups	310.69	398	0.79		
	Total	310.90	399			
Stress	Between Groups	0.75	1	0.75	1.26	0.26
	Within Groups	236.84	398	0.60		
	Total	237.60	399			

The results from the one-way ANOVA indicated that there were statistically significant differences in depression among at least two age groups $F(1, 398) = 5.31, p = 0.02$. Therefore, these findings suggest that there is a significant association between employment status and depression ($p = [0.02]$). However, the one-way ANOVA did not reveal any statistically significant differences in anxiety between at least two groups $F(1, 398) = 0.29, p = 0.61$, indicating no significant relationship between employment status and anxiety. Additionally, the one-way ANOVA showed that there were also no statistically significant differences in stress between at least two groups $F(1, 398) = 1.26, p = 0.26$, indicating no significant link between employment status and stress.

4.7 Inferential analysis: Correlation analysis

Additionally, it was imperative to investigate whether a linear connection existed in the data, which would assist in assessing the extent of the relationship between two

variables. To accomplish this, a parametric Pearson’s correlation coefficient (one-tailed test) was employed. The Pearson’s correlation coefficient is employed to quantify the statistical association between two continuous variables, specifically, emotional intelligence and depression, anxiety, and stress.

Table 4.13 shows the correlation that applies to emotional intelligence and depression.

Table 4. 13

Pearson’s Correlation Coefficients (r) and Significance Probabilities (p) for Relations of Emotional Intelligence and Depression.

		Emotional Intelligence	Depression
Emotional Intelligence	Pearson Correlation		1
	Sig. (2-tailed)		0.16*
	N	400	
Depression	Pearson Correlation	0.16*	1
	Sig. (2-tailed)	0.02	
	N	400	400

*. Correlation is significant at the 0.05 level (2-tailed).

The findings reveal that the linear relationship between emotional intelligence and depression was a weak positive correlation ($r = 0.16$). Based on the findings there is a significant relationship between emotional intelligence and depression ($p = 0.02$).

Table 4.14 below shows the correlation between emotional intelligence and anxiety.

Table 4. 14

Pearson's Correlation Coefficients (r) and Significance Probabilities (p) for Relations of Emotional Intelligence and Anxiety.

		Emotional Intelligence	Anxiety
Emotional Intelligence	Pearson Correlation	1	0.08
	Sig. (2-tailed)		0.09
	N	400	400
Anxiety	Pearson Correlation	0.08	1
	Sig. (2-tailed)	0.09	
	N	400	400

The findings reveal that for the linear relationship between emotional intelligence and anxiety, there is a weak relationship ($r = 0.08$), however there is no significant relationship between emotional intelligence and anxiety ($p = 0.09$).

Table 4.15 shows the correlation between emotional intelligence and stress.

Table 4. 15

Pearson's Correlation Coefficients (r) and Significance Probabilities (p) for Relations of Emotional Intelligence and Stress

		Emotional Intelligence	Stress
Emotional Intelligence	Pearson Correlation	1	0.14**
	Sig. (2-tailed)		0.01
	N	400	400
Stress	Pearson Correlation	0.14**	1
	Sig. (2-tailed)	0.01	
	N	400	400

** . Correlation is significant at the 0.01 level (2-tailed).

The findings reveal that for the linear relationship between emotional intelligence and stress, there is a weak positive relationship ($r = 0.14$). Based on the findings there is a significant relationship between emotional intelligence and stress ($p = 0.01$).

4.8 Chapter Summary

The preceding report has presented the outcomes derived from the present study. In the subsequent chapter, the researcher will discuss the implications that can be drawn from these findings in relation to previous research.

CHAPTER 5

DISCUSSION

5.1 Introduction

This chapter will provide an in-detail discussion of the results specified in the previous chapter within the context of existing literature. While there is a scarcity of substantial research on the correlation between emotional intelligence and mental health in Namibia, the available studies offer valuable insights into this subject. Additionally, this section intends to assess and establish connections between the present findings and their potential underpinnings. These connections include the relationship between emotional intelligence and the mental health of both employed and unemployed adults in Windhoek, Namibia.

5.2 The Relationship between Emotional Intelligence and Mental Health

Several studies exploring the connection between emotional intelligence and mental health in young adults have reported a significant positive relationship. For instance, Shabani et al., (2010) found a noteworthy association between emotional intelligence and scores on mental health scales. Moreover, Sanchez-Nunez et al., (2020), discovered that emotional intelligence could predict mental health, with this predictor variable accounting for approximately 37.7% of variance in mental health. Additionally, Ruckmani and Balachandra (2015) identified a substantial link between emotional intelligence, emotion management, and mental health problems in early adulthood. These findings collectively suggest that early adulthood is a critical phase that necessitates the development of emotional regulation skills.

The current study provides similar results, indicating a significant correlation between emotional intelligence and depression, as well as emotional intelligence and stress. However, the study did not find a statistically significant association between emotional intelligence and anxiety. Therefore, it may be deduced that mental health could be predicted by emotional intelligence and vice versa, however, how they are related may vary across different populations worldwide. A study by Solovey et al. (1995) has conducted to examine the association between emotional intelligence, anxiety, depression, and mental, social, and physical health in university students. It has been

seen that high emotional intelligence was negatively and significantly related to high anxiety, depression, and to low levels of role emotional, social functioning, and mental health. Furthermore, a meta-analysis study found that higher emotional intelligence is associated with better health (Schutte, et al., 2007). As found in the current study, emotional intelligence has a weighted average association with mental health. The findings provide a basis for research aimed at determining the casual relationship between emotional intelligence and mental health. Other studies have also shown the same results that emotional intelligence has been reliably linked to better mental health (David & Humphrey, 2012).

5.3 Emotional Intelligence of Employed and Unemployed Adults

This study concentrated on examining disparities in emotional intelligence and mental health between employed and unemployed adults, as these groups represent a significant segment of the workforce in the country. This demographic is crucial from an economic standpoint, with particular emphasis on early adulthood since these individuals are considered the future leaders. The findings revealed that employed individuals had a lower prevalence of high emotional intelligence compared to their unemployed counterparts. Furthermore, the findings revealed that unemployed individuals experience a higher incidence of low emotional intelligence than employed participants. These results are like those described in chapter two. Over the years emotional intelligence has evolved into a vital skill. Landry (2022) highlighted emotional intelligence as the leading indicator of performance, asserting that 71% of employers prioritize emotional intelligence over IQ. She noted that individuals with strong emotional intelligence tend to remain composed in high-pressure situations, adeptly address conflicts, and display empathy when interacting with colleagues and others.

Limited research exists on the connection between emotional intelligence among employed and unemployed adults. Nevertheless, TalentSmart (2022) has emphasized that emotional intelligence serves as a dominant predictor of performance, elucidating that it accounts for a substantial 58% of success across various job roles. Grant (2017) observed that 90% of top performers exhibit high emotional intelligence, whereas 20% of low performers share this trait, aligning with the current study's findings. Another finding was that individuals with elevated emotional intelligence tend to have higher salaries.

The lower prevalence of high emotional intelligence reported by employed participants of this study appears to be more comprehensible when considering the challenges, they face. The employed demographic frequently shoulders significant responsibilities, as they are relied upon not only by the economically inactive members of the country but also by those who are currently unemployed but part of the workforce (Syron et al., 2021). Moreover, O'Neill (2023) reported that the past two years have witnessed a notably higher unemployment rate compared to previous years, with the current rate standing at 20.85%. Another explanation for a higher unemployment rate can also be due to the aftereffects of COVID-19. The slowdown in the economy caused widespread job losses and in the second quarter of the pandemic retrenchments started to take place as companies started to fold (Nandago, 2021). The Namibian economy is still in recovering following the pandemic. This unemployment rate further raised the dependency upon the employed population. Furthermore, one can reasonably infer that the employed individuals are confronted with stressors tied to their occupations, including work-related pressures, challenging supervisors or colleagues, and demanding work settings. Consequently, it becomes comprehensible why they might exhibit a lower occurrence of high emotional intelligence, given the ongoing challenges and pressures they face. However, the employed sample of the study reported a higher prevalence of moderate emotional intelligence than the unemployed population of the study.

The findings revealed by the current study indicate a significant relationship between emotional intelligence and employment status. The current study deduced that employed participants have a higher prevalence of moderate to high emotional intelligence than unemployed participants.

5.4 Mental Health of Employed and Unemployed Adults

Previous studies have found that the healthcare system in Namibia is inadequately equipped to effectively address mental health issues, largely due to the stigma associated with mental illnesses. Consequently, many individuals often do not access the necessary services they require. Kapuka (2023, p.1) stated, "Only a mentally fit nation can be productive and contribute as well as participate in civic responsibilities." Unlike physical health conditions, merely about 50% of those with severe mental disorders and less than one-third of those with moderate disorders receive appropriate treatments. It was also reported by PBS (2013) that job opportunities are constrained because employers struggle to provide the necessary support to retain employees with mental

health concerns, while social services fall short in preventing unemployment from leading to depression. The alignment between employment and healthcare systems appears to be lacking.

Thorne (2018) found that individuals suffering with a mental health condition were eight times more likely to face challenges in attending work, three times more prone to experiencing deteriorating relationships with coworkers, and twice as likely to contemplate quitting their job. Suffering from a mental condition makes it harder to stay employed. Based on the findings of the current study, it may be deduced that mental health does have an impact on staying employed and finding employment, as both employed participants experience severe depression, anxiety, and stress, as well as unemployed participants.

Based on these findings, the prevalence of a low mental health status is higher for unemployed adults than employed adults. However, a significant relationship was found between depression and employment status. Furthermore, no significant relationship was found between stress, anxiety, and employment status. The current study deduced that employed participants have a lower prevalence of moderate to severe mental health status than unemployed participants.

5.5 Chapter Summary

The results of this study yield several possible conclusions, and they also align with certain earlier findings and theoretical frameworks. The following chapter will delve into future recommendations and summarize the conclusions drawn.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

In this chapter, the researcher will offer an overview and draw conclusions about the connections between emotional intelligence and mental health of both employed and unemployed adults in Windhoek, Namibia. It further conveys limitations and recommendations for future research, concluding with the significance of these findings.

6.2 Limitations

The study was carried out during the timeframe of July to September 2023. As this time frame is nearing the middle of a calendar year, it's possible that numerous participants are experiencing emotional fatigue, which could have influenced their responses. They might not be expressing their overall feelings but rather their current perceptions of their situation, whether they are employed or unemployed, due to this potential burnout or emotional exhaustion. Some participants might also still be experiencing some of the aftereffects of the COVID-19 pandemic. This also ties into a challenge encountered during the data collection phase, as certain participants felt uncomfortable responding to queries about their mental health. This added complexity to the data collection process.

6.3 Recommendations

The lack of emotional intelligence and poor mental health may weaken the psychosocial performance of both employed and unemployed adults, particularly when they struggle to manage the demands of daily life. There exists a significant relationship between emotional intelligence and mental health. Emotional intelligence and mental health are influencing each other. That is, emotional intelligence affects and promotes mental health, and vice versa, good mental health enhances emotional intelligence as an individual learns to understand, express, regulate and monitor his/her relationships. Consequently, this study puts forth the following recommendation to address these challenges and enhance the mental well-being and overall functioning of the Namibian population.

6.3.1 Education and Awareness

Raising awareness and educating our society is the starting point to enhancing mental well-being and emotional intelligence. Currently, Namibian secondary school systems lack educational content in developmental psychology that addresses the challenges individuals may encounter during the different stages of adulthood, which are integral to their development. During the data collection process, it became evident that most of the participants do not know what emotional intelligence is, and the key role it plays in overall success, life satisfaction, and psychological functioning. Adolescents are uneducated and unprepared for the day-to-day challenges they may face when they enter adulthood, which may lead to early adults becoming overwhelmed and begin to question their purpose in life, which can have a huge bearing on their overall functioning and success in life. Hence, it is proposed that integrating developmental psychology education into secondary-level life skills programs could better equip our future leaders as they transition into adulthood. Furthermore, it is advisable to incorporate both developmental psychology and life skills into the first-year curricula of universities. Tertiary education should encompass not only career-related skills but also raise awareness and cultivate abilities to address the daily challenges and social interactions individuals encounter.

In Namibia, mental illness is increasingly regarded as a health concern entwined with social issues. Notably, the rise in suicides underscores the need for expanded mental health services (Kapuka, 2023). Therefore, the promotion of mental well-being from a young age becomes fundamental in preventing mental health issues. Educating children and adolescents about emotional well-being, stress management, and resilience-building is essential in preparing them for the challenges they may encounter in adulthood. Furthermore, integrating mental health into school curricula, training educators and parents to recognize signs of distress, and fostering open communication are essential steps towards fostering an emotionally healthy generation. Therefore, social skills and life skills, related to emotional intelligence and mental health programs can also be implemented in both private and public job sectors to ensure our societies overall well-being, which will lead Namibia into a prosperous country, in line with Vision 2030.

6.3.2 Social Support

The current study has clarified the exceptional life challenges of employed and unemployed adults. It is, therefore, advisable to establish additional wellness programs within both companies and the broader society. These programs should cater to the needs of both employed and unemployed individuals, aiding them in dealing with the challenges they encounter in their daily lives. Importantly, these programs should adopt a preventative rather than a curative approach to mitigate the adverse consequences of emotional intelligence deficits and a lack of awareness regarding mental health conditions on individuals, their work and home environments, productivity, and overall functioning. One effective strategy is to integrate psychoeducation on mental health and emotional intelligence into the ongoing development requirements of companies or existing employment programs. This approach can encompass teaching healthy coping mechanisms, recognizing early signs of distress, imparting life skills, and offering access to support groups and helplines as part of initial procedures. Through these efforts, all Namibian citizens would receive education and heightened awareness on these critical topics.

The current study emphasized the vulnerability of both employed and unemployed adults to experiencing significant distress in life, due to lack of emotional intelligence and development of mental health illnesses. Hence, it is also advisable for companies, employment agencies, ministries, and the healthcare sector to prioritize these factors when implementing any of the interventions. This study focused on early adulthood (ages 20 to 35), which are the leaders of the future, thus particular focus should be placed on this group. Similar initiatives should also be implemented within employment agencies and the Ministry of Labour, Industrial Relations, and Employment Creation in Namibia. These programs aim to provide support to the unemployed population as they navigate the challenges of daily life, particularly in the context of unemployment. This could assist the unemployed population to find employment and to better cope with day-to-day functioning. A sound mental state enhances resilience and boosts productivity, thereby contributing positively to society.

It has also been revealed that females experience more mental health conditions than men, however suicide rates are higher amongst males. Hence, it is crucial to promote and normalize the utilization of mental health services within the community, with a

particular focus on addressing the associated stigma, especially in Namibia. Namibia should continue to engage in advocacy and awareness campaigns aimed at eliminating stigma and misunderstanding. By giving precedence to mental health, Namibia has the potential to transform into a flourishing society characterized by compassion, empathy and understanding, allowing Namibia to thrive.

6.3.3 Future Research

The coping mechanisms of adults are unspecified at present. Therefore, it is advised that future research investigates these unknown elements, which could provide further knowledge for developing valuable coping strategies that could be implemented at secondary, and tertiary education levels, as well as public and private employment sectors.

Due to the lack of awareness in Namibia, a longitudinal study based on emotional intelligence could be beneficial for both employed and unemployed adults, as well as young adults at secondary and tertiary education levels. This could provide imperative information on the importance of implementing emotional intelligence development programs, which could be beneficial at an individual and societal level.

Future research could focus on the whole of Namibia, by exploring the relationship between emotional intelligence and mental health of both rural and urban areas which could provide clear information on where help is most needed, to ensure the well-being and optimal functioning of Namibia as a whole.

Lastly, it is proposed that future research assess existing wellness programs in Namibia, to establish how awareness of mental health and emotional intelligence may be optimal for these programs.

6.4 Conclusion

The quantitative approach for the study was to explore the relationship between emotional intelligence and mental health, specifically concentrating on distinctions between employed and unemployed adults in Windhoek, Namibia. Additionally, the research explored gender differences in reporting these experiences and their associations, although it did not reveal any significant relationships between gender and age differences. Data was gathered using the Emotional Maturity Scale (EMS) and

Depression, Anxiety, and Stress Scale (DASS-21) to assess the impact of emotional intelligence and mental health on employment status.

Mental health issues were prevalent during early adulthood, with a higher incidence reported among the unemployed group compared to the employed group. This could be ascribed to the effects of not finding employment, thus experiencing immense pressure to function during day-to-day activities. The stigma attached to mental health in the Namibian context also plays a vital role. Additionally, it was found that most unemployed participants experienced moderate to low emotional intelligence, as compared to employed participants. This could be accredited to the proposition that individuals facing mental well-being challenges tend to exhibit notably lower levels of emotional intelligence compared to the general population. Additionally, there may be a lack of awareness regarding the significance of emotional intelligence and what it encompasses. Furthermore, although there is scarce knowledge on the relevance of emotional intelligence and mental health in relation to employment status, the results obtained indicate that the importance of emotional intelligence and mental health is noteworthy and has a significant impact for individuals and the community.

6.5 Chapter Summary

Worthy findings have been provided by this study regarding the emotional intelligence and mental health of employed and unemployed adults, as well as future recommendations. The recommendations may aid in the early detection of a mental health condition, as well as early preparation to improve one's emotional intelligence, which benefits both the individual and society. Future research may specify ways of coping with mental health conditions and raise awareness of the vital importance mental health and emotional intelligence play, which may lead to personal growth rather than the development of mental illnesses. In conclusion, the study was able to draw beneficial knowledge of mental health and emotional intelligence.

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APPENDIX

ANNEXURE 1: ETHICAL CLEARANCE CERTIFICATE



ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SAHS28/23

Date: 23/03/2023

This Ethical Clearance Certificate is issued by the University of Namibia Decentralized Ethics Committee (DEC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the School of Allied Health Sciences Decentralized Ethics Committee.

Title of Project: Relationship between emotional intelligence and mental health of employed and unemployed adults in Windhoek, Namibia

Principal Researcher: Monya Louw

Student Number: 201702701

Centre for Research Services

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the ethics committee
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee
4. The ethics committee retains the right to:
 - i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
 - ii) Request for an ethical compliance report at any point during the course of the research.

The ethics committee wishes you the best in your research.

Dr T.W. Shumba (Chairperson, Ethics Committee)

Prof. Davis Mumbengegwi (Head, Multidisciplinary Research)

ANNEXURE 2: INFORMED CONSENT

UREC Annex 5F: Informed Consent for Quantitative Studies

INFORMED CONSENT FORM



Informed Consent for employed and unemployed adults (age 20-35) in selected companies and from the Ministry of Labour, Industrial Relations and Employment Creation registry of unemployed persons in Windhoek, Namibia, who are invited to participate in research titled "RELATIONSHIPS BETWEEN EMOTIONAL INTELLIGENCE AND MENTAL HEALTH OF EMPLOYED AND UNEMPLOYED ADULTS IN WINDHOEK, NAMIBIA"

Name of Principal Investigator:	Monya Louw
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This Informed Consent Form has two parts:

- **Information Sheet (this section, to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form.

PART I: INFORMATION SHEET

Introduction

I am Monya Louw, pursuing a master's degree in clinical psychology at the University of Namibia. I am researching the **RELATIONSHIPS BETWEEN EMOTIONAL INTELLIGENCE AND MENTAL HEALTH OF EMPLOYED AND UNEMPLOYED ADULTS IN WINDHOEK, NAMIBIA**. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please feel free to contact me or my supervisor for further queries and explanations.

Purpose of the Research

Different effective components of emotional intelligence and mental health could play an important role in how successful people are in life. The ability to use awareness of emotions to manage behavior and relationships with others is a precondition of emotional intelligence needed to live a successful life, as it equips individuals to improve the overall productivity and economy of the nation. Furthermore, awareness of mental health eliminates stigma for people with mental health problems, assisting them in living a more fulfilling life. This attention can result in profound changes to the lack of emotional intelligence and mental health awareness, which will lead to improvement in policy, research, and service development in Namibia.

Type of Research Intervention

This research will involve your participation in completing two self-administered questionnaires that will take about 15-20 minutes.

Participant Selection

You are being invited to take part in this research because your status falls in the employed or unemployed category between the ages of 20 to 35. We feel that your knowledge and experience as an employed or unemployed adult in the area of emotional intelligence and mental health can contribute much to our understanding of the relationship between these variables.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your job or any work-related evaluations. You may change your mind later and stop participating even if you agreed earlier.

Procedures

We are asking you to help us learn more about the relationships between emotional intelligence and mental health among employed and unemployed adults.

Employed participants: If you accept to participate, you will be asked to complete two hardcopy questionnaires that will be provided by the researcher through your management department and can be returned to the management department of your company as well. The researcher will collect the questionnaires thereafter. The questionnaires should be completed between July and September 2023 in your own leisure time and at a place of your choosing.

Unemployed participants: If you accept to participate, you will be asked to join a scheduled meeting with the researcher, where you will be asked to complete two hardcopy questionnaires as provided by the researcher.

If you do not wish to answer any of the questions included in the questionnaire, you may skip them and move on to the next question. This does however bring about the possibility that your questionnaire will be disregarded as invalid when too many questions are skipped. Some of the questions could be perceived as sensitive or a potential cause of embarrassment. However, your information will be processed in a confidential manner, whereby your name is not included on the forms, only a number will identify you, and no one else except the researcher and the supervisor will have access to your questionnaire.

Duration

The research will take place somewhere between July and September 2023. During this time you will be asked to fill in two questionnaires on one occasion only, which will take about 15-20 minutes to complete.

Risks

We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any questions if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in this research. Know that debriefing or psychological services can be made available if you feel there is a need for that. In case of any psychological discomfort, please contact: Lifeline/Childline - 061 226 889.

Benefits

There will be no direct benefit to you, but your participation is likely to help us find out more about the relationships between emotional intelligence and mental health. Such knowledge will be used to improve awareness of the importance of emotional intelligence and mental health for the success of one's life and in turn produce a more prosperous Namibia as indicated in Vision 2030.

Reimbursements

You will not be provided any incentive to take part in the research.

Confidentiality

The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is, and we will lock that information up with a lock and key for a maximum of 3 years. Thereafter your information will be discarded. It will not be shared with or given to anyone except with your permission, or as required by the law.

Sharing the Results

None of your answers will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from the research will be used for the completion of the Master's thesis on the relationship between emotional intelligence and mental health. The results will possibly also be published in a newspaper article or media publications, and scholarly publications to share the gained knowledge on this topic with other researchers inside and outside of Namibia.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so, and choosing to participate will not affect your job or job-related evaluations in any way. You may stop participating at any time that you wish without your job being affected or facing other consequences of any sort.

Ethical considerations

Beneficence, whereby the welfare of the research participants will be applied throughout and will be the focus of this research study.

Justice will be a core value exercised throughout; whereby fair procedures will be applied during the selection of participants, the data collection procedures, and the storage of collected data of the research study.

Who to Contact

If you have any questions or concerns about the research, please feel free to contact the principal investigator or the supervisor:

(Principal investigator) Ms. Monya Louw +264 (0)81 208 7977 monya.louw@gmail.com	(Supervisor) Prof. Poonam Dhaka +264 (0)61 206 3800 pdhaka@unam.na
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This research has been reviewed and approved by the relevant Ethics Review Committee at the University of Namibia, which is a committee whose task is to make sure that research participants are protected from harm. The committee reports to the University's Centre for Research Services. If you wish to contact this Centre, please call +264 61 206 4673 or send an e-mail to research@unam.na.

PART II: CERTIFICATE OF CONSENT

I have been invited to participate in research that will seek to explore the relationship between emotional intelligence and mental health. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

.....
Name of Participant (print) Signature of Participant

.....
Date (day/month/year)

Statement by the Researcher/Person taking Consent

I have accurately presented the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. The participant will be asked to complete two questionnaires that will take about 15-20 minutes to complete.
2. Employed participants: Hardcopy questionnaires will be provided by the researcher and distributed between July and September 2023 by the management department of the company. The questionnaires will be completed in the participant’s own leisure time and at a place of the participant's choosing. When done, participants will be asked to hand in their questionnaire to the management department of their company. The researcher will collect the papers from there.
3. Unemployed participants: Hardcopy questionnaires will be provided by the researcher on meeting dates between July 2023 and September 2023 for the participants to complete and hand in back to the researcher.
5. If the participant does not wish to participate, he/she is free to do so, without this affecting his/her job or job-related evaluation or any other consequences.
6. Any information that is obtained in connection with this study and that can be linked to the participant will be kept confidential. Information will only be disclosed with permission of the participant or as required by law.
7. No information that the participant reveals will be shared with anyone outside of the research team.
8. All the collected data will be kept in a secure place that can be locked and will be discarded after a period of three years.

I confirm that the participant was allowed to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

.....
Name of Researcher/Person taking Consent (print)

.....
Signature

.....
Date (day/month/year)

ANNEXURE 3: EMOTIONAL INTELLIGENCE
QUESTIONNAIRE

EMOTIONAL MATURITY SCALE

Below are given forty-eight statements about yourself. Read each question carefully and put a tick mark in any one of the five alternate response modes to indicate your level of agreement with the particular content of the statements. Your responses will be kept confidential and anonymous.

Background Information: (please tick)

Age: 20 – 24 25 – 29 30 – 35

Gender: Male Female

Region: Khomas region Other If other, please specify:

Marital Status: Single In a relationship Married Divorced

Employment status: Working Non-working

The rating scale is as follows:

(VM) very much

(M) much

(UD) undecided

(P) probably

(N) never

1.		Emotional Instability	VM	M	UD	P	N
	1.1	Are you involved in any mental pressure?					
	1.2	Do you get worried about the future?					
	1.3	Do you give up on any work before reaching what you want to achieve?					
	1.4	Do you take the help of others to complete your personal work?					

	1.5	Is there any difference between your wishes and your goals?					
	1.6	Do you feel that you are short-tempered?					
	1.7	Do you feel that you are very stubborn?					
	1.8	Do you feel jealous of other people?					
	1.9	Do you get wild due to anger?					
	1.10	Do you get lost when you are thinking and daydreaming?					
2.		Emotional Regression	VM	M	UD	P	N
	2.1	If you fail to achieve your goal, do you feel that you are a failure?					
	2.2	Do you feel distressed and do not have peace of mind?					
	2.3	Do you tease others?					
	2.4	Do you blame others for your mistakes?					
	2.5	When your ideas differ from others, do you quarrel with them?					
	2.6	Do you feel that you are tired emotionally?					
	2.7	Is your behavior more violent than your friends' and others' behavior?					
	2.8	Do you get lost in the world of thought?					
	2.9	Do you feel that you are selfish?					
	2.10	Do you feel that you are unhappy with yourself?					
3.		Social Maladjustment	VM	M	UD	P	N

	3.1	Do you have an uncomfortable relationship with your classmates and friends?					
	3.2	Do you hate others?					
	3.3	Do you appreciate yourself?					
	3.4	Do you avoid joining in social groups and meetings?					
	3.5	Do you spend a lot of your time for yourself?					
	3.6	Do you lie?					
	3.7	Do you deceive others?					
	3.8	Do you like to be alone a lot?					
	3.9	Are you proud of who you are (nature)?					
	3.10	Do you blame others?					
4.		Personality Disintegration	VM	M	UD	P	N
	4.1	Though you know some work, do you pretend as if you do not know it?					
	4.2	Even if you do not know some work, do you pretend as if you know it?					
	4.3	When you know that you are wrong, instead of accepting it, do you try to show that you are right?					
	4.4	Do you suffer from any kind of fear?					
	4.5	Do you lose your emotional stability (balance)?					
	4.6	Do you steal anything?					
	4.7	Do you satisfy freely your desire without disturbing the principle of right and wrong?					

	4.8	Are you hopeless about life?					
	4.9	Do you have a weak desire (self-will)?					
	4.10	Are you tolerant of the opinions of others?					
5.		Lack of Independence	VM	M	UD	P	N
	5.1	Do people think of you as an independent person?					
	5.2	Do people have different opinions from your views?					
	5.3	Would you like to be a follower?					
	5.4	Do you have different opinions with the opinions of your group?					
	5.5	Do people think of you as a careless person?					
	5.6	Do you show interest in others' work?					
	5.7	Do people doubt to take your help in any work?					
	5.8	Do you give more importance to your work than others' work?					

ANNEXURE 4: MENTAL HEALTH QUESTIONNAIRE

DASS-21 Questionnaire

Please read each statement and circle a number 0, 1, 2, or 3 that indicates how much the statement applied to you over the PAST SEVEN DAYS. There are no right or wrong answers. Do not spend too much time on any statement.

Background Information: (please tick)

Age: 20 – 24 25 – 29 30 – 35

Gender: Male Female

Region: Khomas region Other If other, please specify: _____

Marital Status: Single In a relationship Married Divorced

Employment Status: Working Non-working

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some extent, or some of the time
- 2 Applied to me to a great amount of extent or a good part of the time
- 3 Applied to me very much, or most of the time

1. I found it hard to wind down	0	1	2	3
2. I was aware of the dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feelings at all	0	1	2	3
4. I experienced difficulties in breathing (e.g., breathing fast, gasping for air)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to over-react to situations	0	1	2	3
7. I experienced trembling (e.g., in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3

10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3
12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3
16. I was unable to become enthusiastic about anything	0	1	2	3
17. I felt that I was not worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any reason	0	1	2	3
21. I felt that life was meaningless	0	1	2	3