

Social Intelligence, Life Satisfaction and Depressive Symptoms among Adult Women

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ABSTRACT

Most of the problems in our lives occur due to our failure in maintaining social relations. From family to nations, sound relationships are basis of harmony. Our well-being is directly dependent upon how well we are able to get along with others. In present study an attempt was made to examine the relationship of this ability i.e. social intelligence with positive and negative well-being. In positive well-being, Life satisfaction was assessed and in negative wellbeing depressive symptoms were assessed. Participants comprised of 50 adult women students. Social intelligence was measured by using Tromso Social Intelligence Scale, Depressive Symptoms was measured by CES-D Scale and Life Satisfaction was assessed through Satisfaction with Life Scale. After analyzing data a significant positive correlation was found between Satisfaction with Life and Social Intelligence ($r = .46$, sig. 0.01) and significant negative correlation was found between Social Intelligence and Satisfaction with Life ($r = -.36^{**}$, sig. 0.01). Thus it can be said on the basis of results that social intelligence plays a role in determining well-being.

Keywords: *Social Intelligence, Depressive Symptoms, Life Satisfaction.*

From dusk to dawn, we come across numerous situations where we don't require scholastic or mechanical aptitude but ability to get along with other people. As Howard Gardner argues, "The capacity to know oneself and to know others is an inalienable part of the human condition as is the capacity to know objects or sounds, and it deserves to be investigated no less than these other "less charged" forms". This capacity has been termed as social intelligence. Thorndike was the person who proposed the concept of social intelligence and defined it as the ability to understand and manage men and women, boys and girls, to act wisely in human relations. Guilford considered social intelligence as belonging to behavioural domain and comprising of 30 abilities. Albrecht proposed five key dimensions of social intelligence called S.P.A.C.E. The initial of S.P.A.C.E. formula is described clearly as follows: S stands for "situational awareness", which is

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defined as “the ability to read situation and to interpret behaviours of people in those situation” P stands for “presence”, which is described as “the way you affect individuals or groups of people through your physical appearance.” A stands for “authenticity”, which refers to the extent of honesty and sincerity a person has with himself and others in any situation, C stands for “clarity”, which is defined as “ability to express thoughts, opinions, ideas, and intentions clearly.” E stands for “empathy”, which is defined as “the ability to create a sense of connectedness with others (Albrecht, 2004; 2006). This ability of social intelligence has been shown to have strong links with wellbeing at individual and social level. Social intelligence has been found to have positive association with psychological health (Hooda et al. 2009).

Well-being has been assessed in numerous ways such as happiness, satisfaction with life, etc. Besides there are many approaches to address well-being. It can be seen as subjective or an objective construct; as positive or negative. In positive well-being constructs such as life satisfaction is often assessed and in negative wellbeing, constructs like depressive symptoms are measured.

Life Satisfaction

Life satisfaction is a measure of positive well-being. It is a cognitive assessment of an underlying state thought to be relatively consistent and influenced by social factors (Ellison et al. 1989). Life satisfaction is an important construct in positive psychology (Gilman and Huebner 2003). Measures of LS are sensitive to the entire spectrum of functioning, and thus, provide indicators of both well-being and psychopathology. For more than three decades, life satisfaction has been among the key indicators of Well-being used to assess the welfare of societies (Zapf 1984). Veenhoven defines life satisfaction as “the degree to which an individual judges the overall quality of his life as a whole favorable. Life satisfaction is a holistic view, encompassing the overall life span of an individual and is not a specific aspect (Bowling, 1997). Life satisfaction refers to the attitudes that individuals have about their past, present as well as future, in relation to psychological wellbeing (Chadha and Van Willigen, 1995).

Depressive Symptomatology:

Depressive Symptomatology is a measure of negative well-being. It is grouping of symptoms that help in the diagnosis of depression. This was defined as a mood of sadness consisting of feelings of hopelessness and helplessness (Robinson, 1989). Depression is more than usual sadness that fails to recover within a reasonable length of time.

The term ‘depression’ can variably be defined as an affect, mood state, a disorder or syndrome, or a specific entity. In its more subtle form, depression is a momentary feeling of sadness or despondency, most often related to a perceived loss or sense of helplessness about a particular event. A depressed ‘affect’ usually occurs in response to a specific situation and is best defined as a relatively transient state of feeling depressed or sad.

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A depression 'condition' (be it a disorder, syndrome or specific disease entity) is generally distinguished by a longer duration, by more or greater number of clinical features and by distant social impairment. In its clinical state, major depression (APA, 2000) represents a debilitating syndrome which lasts for a minimum of two weeks; although in many instances the length of depression is much longer. The symptoms of major depression have been more or less set in the psychiatric literature since the early 1970s, when Research Diagnostic Criteria (Feighner et al., 1972) were originally developed. In the third revision of the DSM, the symptoms were slightly modified. The current list of symptoms for diagnosing depression include sadness (or irritability), loss of interest, changes in appetite, disturbed sleep, psychomotor agitation, fatigue, feelings of guilt & self blame, decreased ability to concentrate and suicidal tendencies.

Objectives

1. To assess social intelligence, life satisfaction and depressive symptoms in adult women.
2. To assess the relationship between social intelligence and life satisfaction in adult women.
3. To assess the relationship between social intelligence and depressive symptoms in adult women.

METHODOLOGY

Participants

Fifty adult female students were approached from Aligarh Muslim University. The age range of participants was 20-26 years.

Instruments

1. **Tromso Social Intelligence Scale** (Silvera et al. 2001): It is a self-report instrument including 21 items. The TSIS measures intelligence on the base of three different subscales:

(i) **Social Information Processing (SIP)**: This subscale measures the ability of understanding verbal or nonverbal messages regarding human relations, empathizing and reading hidden messages as well as explicit messages

(ii) **Social Skills (SS)**: This subscale measures the basic communication skills such as active listening, acting boldly, establishing, maintaining, and breaking up a relationship.

(iii) **Social Awareness (SA)**: This subscale measures the ability of active behaving in accordance with the situation, place, and time.

Each of the subscales comprises of 7 items. A 7-point Likert-type scale form was prepared for the items included in the scale. The minimum and maximum scores in the items are 1 and 7 respectively. By Silvera et al. (2001), cronbach alpha internal consistency coefficients for social information processing, social skills and social awareness were found to be .81, .86 and .79 respectively.

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2. **Satisfaction with Life Scale** (Diener, Emmons, Larsen, & Griffin, 1985): It comprises of five items and participant is required to indicate his/her level of agreement on a seven point scale ranging from strongly disagree to strongly agree. Responses are summed to yield an overall score of life satisfaction. Research demonstrates acceptable psychometric properties for the SWLS; the Cronbach alpha of the SWLS was found to be 0.76 (Radhakrishnan & Chan, 1997).

3. **Centre for Epidemiologic Studies Short Depression Scale (CES-D 10)**: It is a self report measure of current depressive symptomatology. It comprises of 10 items. For each item, participant is required to indicate how often he/she felt during the past week. Possible scores range from 0 to 60. Higher scores indicate more severe symptoms.

Statistical Analysis

Correlation analysis was used to analyze data.

RESULTS AND DISCUSSION

After analyzing the data using SPSS, following results were obtained.

Descriptive

Table 1.1

VARIABLES	N	Mean	Std. Deviation
SINTOTAL	50	95.2800	13.23
SWLTOTAL	50	22.3600	5.7
DSTOTAL	50	11.2000	5.8
SIP	50	36.8600	5.8
SA	50	26.7600	6.4
SS	50	31.6600	7.5

In this table mean and standard deviations of the said variables are given.

Correlations

Table 1.2

VARIABLES	SWLTOTAL	DSTOTAL
SITOTAL	.46**	-.36**
SIP	.42**	-.20
SA	.14	-.36*
SS	.36**	-.18

In above tables **SINTOTAL** represents Social Intelligence, **SWLTOTAL** represents Satisfaction with Life, **DSTOTAL** represents Depressive Symptoms. **SIP**, **SA** and **SS** represent the three dimensions of Social Intelligence namely Social Information Processing, Social Awareness and Social Skills respectively.

As can be seen in table 1.2, there is a significant positive correlation between Satisfaction with Life and Social Intelligence ($r = .46$, sig. 0.01). It means that as Social Intelligence decreases Satisfaction with Life decreases as well and as Social Intelligence increases, Satisfaction with

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Life increases as well. It can be also seen from the table that there is a significant negative correlation between Social Intelligence and Satisfaction with Life ($r=-.36^{**}$, sig. 0.01). This means that as Social Intelligence increases, Depressive symptoms decrease and as social Intelligence decreases, Depressive Symptoms increase.

Among the dimensions of Social Intelligence, Social Information Processing and Social Skills correlate significantly & positively with Satisfaction with life. Besides, all the three dimensions of Social Intelligence namely Social Information Processing, Social Awareness & Social Skills show significant negative correlation with Depressive Symptoms.

DISCUSSION

Satisfaction with life is directly linked to social intelligence as can be seen in results. In other words it can be said that socially intelligent people have satisfaction in their lives. Thus, the results of present study are in congruence with the results of studies conducted by Hooda, et al., Honarmand, et al. etc. Being social animals, humans can live in harmony and achieve global wellbeing by virtue of social intelligence. As negative correlation was found between social intelligence and depressive symptoms it can be said that socially intelligent persons are able to enjoy the fruits of support from family and friends thereby reducing the chances to fall prey to depression. Social intelligence has been regarded as the individual's fund of knowledge about the social world. In this way it can be said that the virtue of social intelligence is crucial for developing relations with the society. So the people possessing more of this virtue live more satisfying and depression free life.

LIMITATIONS

The present study was carried away with small sample of women from a single institute. In future researches participants from varied institutions can be approached. As present study included females only, future researchers can make comparative studies by including male participants as well.

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