

EMOTIONAL INTELLIGENCE, MARITAL STATUS AND MENTAL HEALTH OF ELDERLY PEOPLE

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Abstract: This paper investigates the relationship of emotional intelligence and mental health in elderly people. It will also study the effect of marital status on Emotional Intelligence and the Mental Health among elderly people. The result shows that emotional intelligence is positively correlated with mental health. It also manifests that gender difference exists between E.Q and mental health in elderly males and females. This may be due to power and status in the society. The main cause behind this result is the socialization process of the males and females in the society, to conform to gender stereotypes, to regulate and express their emotions.

Key Words: Emotional Intelligence (EI), Marital Status, Mental Health, Old Age

Introduction: Old age is seen by Manu as a period of gradual disengagement from the fullness of life that was before head. This view appears to go against the western view of active aging of resolving (postponing) old age by countering aging.

According to a survey, it has been estimated that there are 416 million old people around the globe and by 2020; world's 11.9% of population will be over 60 yrs. including India where 7.5% of the total population is above 60yrs (Suresh, 2002). The expected life span has been lengthened in this century largely because of improved nutrition and medical advancement against diseases and health. In the present era of globalization, privatization and liberalization the entire social scenario of the whole world is termed into a global village but the social attitude, value patterns conduct and behavior of the people have been radically changed in the inverse direction. In recent times, modernization and globalization have changed the lifestyle of individuals and attitudes towards elderly. The conditions that give rise to hazards in vocational life, family life and health are usually beyond the individual's control, at the same time adjustment in these areas are very important for the satisfaction and happiness specially in old age. In this age usually older people are often perceived as lonely, hopeless, and sad. Even older adults who report high levels of satisfaction frequently express beliefs that most other older people are not faring well (Guth, Ebner, & Scmiedek, in press; Hummert, Garstka, Shaner, & Strahm, 1994; Röcke & Lachman, 2008). In the last decade, however, research has shown that such negative views are unwarranted. Although many people are, indeed, facing mounting physical ailments, psychological stress, social losses, and increased dependency at the very end of life, most older people are well adjusted emotionally for the bulk of their later years (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000).

Emotional Intelligence: Emotional intelligence (EI) is about internal emotional awareness of

individuals and external management of others emotions. EI predicts life skills such as life satisfaction, problem solving and coping ability (Goleman, 1995). Psychologists believe that high EI people may experience low stress and maintain better mental health. Emotionally intelligent people can effectively manage emotional labor and psychological distress in their life as they better cope with emotional situations (bar-on, 2000). According to Khosla (2006), happiness promotes EI. They found that happy people are found to be higher on their EI than their counter parts.

The health of mind depends on whether one directs his thoughts positively or negatively. If the mind gets negative emotions like anger, hate, jealousy, fear and despair, the repercussions on the body are found to be disastrous. On the other hand, positive emotions such as love, joy, happiness and hope promote the well-being. The important characteristics of mental health that is, personal adequacy, harmonious living and social effectiveness, unfortunately are at the stake for elderly because of the cognitive, fatigue resulting from personal and social/environment stressors such as social scenario, personal habits and marital status of elderly.

Mental Health: Mental health refers to the development, preservation, prevention, treatment and enhancement of total personality in all its varied aspects. It deals with individuals, groups and social institutions as interdependent systems. The mental health can be defined as adjustment of individuals to themselves and the world at large with a maximum of effectiveness, satisfaction, cheerfulness and socially considerate behavior and ability of facing and accepting the realities of life. According to Menninger (1945) "mental health is the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness."

Effect of marital Status on Emotional Intelligence and mental Health: Marital status plays an important role in old age for having good mental health. Caserta (2002) explains that men

benefit from the social support of wife and relying on her for household chores and this assistance protect them from the stresses of life. Support of the spouse in old age act as a buffer against the stress and depression for men. Disclosure of feelings with spouse, independence in decision making and in fulfillment of financial, psychological and social needs may be the reasons for males living with life partners having good mental health than widowers. The widowers may be facing greater difficulty due to subsequent isolation and loneliness after the loss of their wives (Lopata, 1980). Elderly widower's social contacts and supports may be reduces due to their dependency on their wives for maintaining kin and social ties. Thus, without sufficient social support elderly widowers have presumably additional negative consequences in everyday life compared to elderly males living with their wives. Although highly resilient individuals demonstrate greater personal insight by having the ability to judge their own strengths and limitations during difficult times. (Wolin and wolin, 1983). But, when males lose their wives, group oriented attitude, autonomy and integration of personality, which are dimensions of mental health; deteriorate in spite of having high EI. To study this, research was conducted in department of psychology, university of Rajasthan in Jaipur, for understanding the relation between Emotional Intelligence (E.I.), marital status and mental health of elderly. The total sample consisted of 320 elderly persons, ranging from 60 to 80 years of age. Out of 320 elderly people, 80 were elderly males living with life partners, 80 were widowers, 80 were females living with life partners and 80 were widows.

In this investigation, it was found that elderly males living with life partners and widows had positive and significant relation between EI and all the dimensions of mental health viz. Positive self-evaluation, perception of reality, integration of personality, autonomy, and group oriented attitudes and environmental mastery. Whereas elderly females living with life partner and elderly widowers had positive and significant relation between EI and positive self-evaluation, perception of reality and environmental mastery dimensions only. Further, all the four categories of elderly were found to have positive and significant relation between EI and total mental health.

In other words, EI was found positively and significantly related with total mental health as well as positive self-evaluation, perception of reality and environmental mastery amongst all the 4 categories of elderly persons. But, it failed to be significantly related with integration of personality, autonomy and group oriented attitudes amongst widowers and elderly females living with life partners.

Looking the results, it can be said that although EI is helping all the four categories of elderly persons in having better mental health, yet factors other than EI, i.e. environmental factors, personal habits, social scenario and marital status may also be working for maintaining better mental health.

As regard with elderly females living with their husbands, in the present social scenario they are conditioned to be repressive, passive and emotionally as well as financially dependent. They are required to keep their boiling pot of worries, anxieties and frustrations hidden inside themselves for the sake of the benefit of their family and their husbands. They have to bear the negative emotions and ego of their husbands. They do not have much voice in everyday life. The adult role perspective elaborated by Repetti and Crosby (1984) considered the higher level of psychological distress among females, a consequence of their unequal social status, the noxious nature of housewife's role, the lack of multiple outlets for pleasure and inadequate support from their social network. Women bear a bulk of the emotional and physical burden of the marital relationship (Moen, 2001). These may be the reasons for hampered group oriented attitude, autonomy and integration of personality amongst elderly wives, even when having high EI.

On the contrary elderly widows may be functioning at a high level of independence and autonomy and benefitting assistance from others in specific domains. Research on Australian women confirmed this and reported that widow hood is a very difficult negative life event but that after a period of bereavement they found themselves making a shift to a new positive phase of adult life (Feldmen, Byles and Beaumont, 2000). Another reason for elderly widows for having better group oriented attitude and integration of personality may be the tendency of self-disclosure. As research on self-disclosure has shown that females are more willing than man to disclose their distressed feelings to others (Purves and Ervin, 2004). Because suppression of negative emotions are often viewed as a maladaptive regulation strategy. Chronic suppression of emotions is likely to have negative consequences for health and wellbeing. While elderly females living with their husbands do not gets chance for self-disclosure due to male dominating society. Widows may be having more freedom regarding it.

Conclusion: Hence, it can be concluded that separate strategies are needed for promoting mental health of elderly, considering their marital status. Steps for enhancing EI of elderly, on the whole, are very important. Further effort for changes in grassroots itself, at social and personal level are also needed, especially for improvement in mental health

status of elderly widowers and females living with life partners (wives).

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