Effect of Emotional Intelligence on Psychopathology: An Exploration in Elderly People

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ABSTRACT

A rising number of elderly people face increased exposure to psychological health issues especially depression and anxiety while dealing with other psychopathological conditions. The ability of emotional awareness and regulation strategies combined with interpersonal skills working to develop emotional intelligence acts as security elements for building psychological resilience. The research evaluates how emotional intelligence affects the way psychopathological symptoms develop and how severe they become among elderly adults. We used both the TEIQue-SF and SCL-90-R standardized instruments to evaluate psychopathological symptomatology in 210 elderly people above age 60 from urban and rural areas through a cross-sectional survey. Correlation analysis and multiple regression approaches enabled researchers to prove the relationships that exist between emotional intelligence domains (emotional regulation, social skills, self-awareness) and psychopathological symptoms of depression, anxiety, somatization and interpersonal sensitivity and hostility. A negative statistical relationship existed between total emotional intelligence scores and psychopathological symptoms scores ($r = -0.62$, $p < 0.01$) which indicates positive correlations between higher EI scores and reduced psychopathological symptoms. Emotional regulation emerged as the best indicator among factors that reduced depression and anxiety levels. The study demonstrates how elderly adults require emotional intelligence training because this education acts as a drug-free approach to improve their mental health. These relationships received findings which indicated that both social support and gender together with living arrangements influenced their effects. The investigation adds to geriatric psychology research by demonstrating emotional capabilities' capability to protect mental health against decline in elderly demographics. Research needs to move forward tracking participants over time and implementing intervention programs to prove cause and effect relationships. These findings offer practical guidance to policymakers as well as mental health providers and facilities operating in geriatric care who want to develop emotionally supportive environments for senior citizens.

Keywords:*Emotional Intelligence, Psychopathology, Elderly, Depression, Anxiety, Mental Health, Emotional Regulation, Aging, Well-being, Geriatric Psychology.*

Introduction

The worldwide increase of older adults in society creates fresh obstacles for healthcare systems that focus on mental health needs of older adults together with their emotional well-being. Emotional Intelligence stands out as one of numerous psychological constructs that demonstrates protective effects on mental health deterioration as people grow older. EI functions broadly as people's ability to detect emotions along with their usage and comprehension and emotional management skills (Mayer, Salovey & Caruso, 2004) which proves essential for psychological resilience development particularly for vulnerable groups including elderly adults.

Elderly adults typically show psychopathological signs which include depressive tendencies alongside anxiety symptoms and somatic responses as well as cognitive functional decline (Wilson & Saklofske, 2018). Biology linked to aging together with social role loss and bereavement and deteriorating physical health state make aging individuals more prone to feel emotionally strained. Depressive symptoms below clinical threshold are much more common among elderly people than among adults from younger age groups (Resurrección et al., 2014). Research into psychosocial aspects that produce this mental health diversity became essential because numerous older adults demonstrate excellent mental well-being despite their stressors.

Research institutions currently evaluate emotional intelligence as both a life success indicator and as protection against mental health decline in aging communities. A major benefit of the Trait Emotional Intelligence Questionnaire (TEIQue) lies in its ability to evaluate emotional processing differences within aging populations (Andrei et al., 2014). Research has produced evidence that shows higher trait EI levels produce a negative relationship with mental health issues (Petrides et al., 2016). A research study by Delhom et al. (2024) showed that increased emotional awareness in elderly individuals results in diminished depressive symptoms while managing for gender effects.

Bar-On (2005) proposes that EI creates psychopathological effects through emotional regulation together with interpersonal functioning and positive affectivity. People who are good at regulating their emotions tend to utilize effective coping approaches including adjustment through mental reorganization and receiving help from others (Martins et al., 2010). People who demonstrate poor emotional intelligence tend to repress their emotions which leads them to develop somatic complaints and withdraw socially (Shutte et al., 2007). Subjective well-being and interpersonal conflict resolution along with decision-making processes receive influence from emotional competencies according to Mikolajczak et al. (2016).

The impact between emotional intelligence and psychopathology depends heavily on factors including gender together with educational levels and location between urban areas and rural areas. For example, Fernández-Berrocal et al. (2012) observed gender differences in EI among older adults, with women scoring higher on empathy and interpersonal awareness. The data demonstrates that treatment programs must adapt their methods to corresponding demographic types along with psychosocial traits.

Few scientific investigations exist which focus on the relationship between Emotional Intelligence and psychopathology in elderly adults. Current data about emotional intelligence come from younger populations along with middle-aged subjects while the EQ-i and TEIQue tools lack specific validation for older adults. The researchers Fuentes et al. (2014) established the EQ-i-M20 as a short EI assessment tool made for older adults.

The crucial nature of understanding emotional intelligence connections to psychopathological variables becomes vital because of demographic changes toward older populations along with rising geriatric mental health challenges. Research aims to understand the relationship patterns connecting emotional intelligence dimensions to psychopathological indicators that affect elderly adults through systematic investigation.

Multiple practical uses exist for this research project. Medical institutions should consider implementing emotional regulation training and mindfulness-based therapy and social-emotional learning education in elderly care programs after EI demonstrates a meaningful negative connection with psychological distress. Such targeting would create health savings while improving the life quality for elderly adults.

The study seeks to present new techniques and unique awareness about emotional intelligence impacting psychological well-being during aging based on strong empirical research and theoretical foundations. The research presents EI as a potential way to enhance mental health and stop psychopathology without the use of medication in elderly populations.

Statement of the Problem

The medical community now acknowledges that elderly people face growing psychosocial challenges across numerous worldwide populations. The three psychological conditions depression and anxiety and somatization exist frequently among elderly populations without proper diagnosis or get mistaken for physical health problems. Pharmacological progress has not resolved the lack of appropriate care for non-biological factors that cause psychopathology such as emotional processing deficits within elderly populations. EI represents a specific construct that includes abilities such as emotional regulation alongside empathy and self-awareness.

Research agrees that Emotional Intelligence functions as a protective element for younger people but lacks sufficient empirical evidence about its psychopathological symptom effects on older adults. Only a select number of EI tools have received adaptations for senior use yet investigations into individual EI domains (including regulation against awareness) lack sufficient research about mental health effects on this population.

Research needs to investigate the connection between Emotional Intelligence and psychopathology in aging with concerned to students' populations because older people face cognitive decline and experience social isolation and physical dependence. Knowledge and techniques about these aging-related psychosocial dynamics enables researchers to develop affordable mental health interventions for senior citizens.

This study addresses this knowledge deficit by analyzing how enhanced EI levels affect psychopathology symptom rates in older people while investigating emotional components linked to mental health results.

Significance of the Study

The research findings demonstrate vital importance that extends between gerontology academic theory and emotional health practice along with psychological insights. The investigation of emotional intelligence as a psychological well-being influencer among elderly people enhances theoretical insights that moved past working-age adults and youth populations. This research confirms that emotional intelligence represents an essential mental resilience factor which elderly adults require for successful ageing.

By motivating non-drug psychoeducational interventions this practical study shows the capability to transform mental health services for elderly patients. EI-based therapies offer older adults exposed to polypharmacy a safe and cost-effective solution to manage their anxiety depression and cognitive stress symptoms.

Health policymakers together with care providers can use knowledge about emotional regulation and empathy training to develop coping abilities while minimizing healthcare use and psychiatric drug needs. The identification of gender-dependent along with social environment and living condition factors which affect mental health in relation to EI can pioneer more effective ways to target vulnerable population segments.

This research work responds directly to the United Nations' 2030 Agenda for Sustainable Development because it focuses on healthy aging and mental well-being for all populations. This research on emotional competencies in senior citizens helps create accessible mental health programs which enhance active meaningful lives during aging years.

Research Objectives

1. To investigate the relationship between emotional intelligence and overall psychopathological symptoms in elderly individuals.
2. To identify which dimensions of EI (e.g., emotional regulation, social skills) most significantly predict mental health outcomes in aging populations.
3. To examine how socio-demographic variables (e.g., gender, education level, living conditions) moderate the relationship between EI and psychopathology.

Research Questions

1. What is the relationship between emotional intelligence and psychopathological symptoms in elderly individuals?
2. Which components of emotional intelligence most significantly predict levels of depression and anxiety in the elderly?
3. Does gender, social support, and living arrangement moderate the relationship between emotional intelligence and psychopathology?

Literature Review

Salovey and Mayer (1990) originally popularized Emotional Intelligence (EI) while Goleman (1995) later enriched its concepts which psychologists have studied intensely throughout the last two decades. EI describes the capability to recognize emotional states in oneself and others and to both handle and understand these emotions along with control them effectively so others can also benefit.

The importance of emotional competencies reaches critical levels among elderly individuals since they experience heightened stress factors from death of loved ones, health challenges and career transition and social detachment (Martins, Ramalho & Morin, 2010). Your ability to handle negative emotions along with keeping relationships healthy strongly shapes the mental health of people in their senior years. Few studies exist which analyze Emotional Intelligence among older populations when compared to younger age groups.

Delhom et al. (2024) performed research which demonstrated that older adults with strong perceived emotional competence displayed fewer depressive symptoms. Research by Wilson and Saklofske (2018) supported this claim by demonstrating EI functions as protection against emotional together with cognitive deterioration. According to their findings EI helps elderly people maintain resilience which allows them to better handle challenging life moments.

Research by Bar-On (2005) established EI as the essential factor for achieving subjective well-being. Researchers under Bar-On discovered that better performance in emotional awareness combined with improved interpersonal relationships reduced both anxiety and hostile feelings among aging individuals. The research analysis conducted by Schutte, Malouff, and Thorsteinsson (2007) showed that trait EI demonstrated a strong negative connection with multiple mental health issues which include somatization, depression, and obsessive symptoms.

Research based on the Trait Emotional Intelligence Questionnaire (TEIQue) allows suitable evaluation of elderly participants because it examines subjective emotional competencies without considering processing speed (Petrides et al., 2016). The differentiation proves vital for elderly patients who experience cognitive aging yet maintain or develop enhanced emotional abilities through accumulated life knowledge.

Fuentes et al. (2014) responded to the requirement for assessments which match the needs of elderly adults by developing the EQ-i-M20 brief inventory specifically for elder populations. The psychometric validation produced an established factorial structure which established the EQ-i-M20 as a trustworthy instrument to evaluate older adult EI skills while proving the need for research tools adapted to age groups.

Psychopathology shows an association with Emotional Intelligence yet this relationship depends on the factors of gender composition and number of social relationships. The study conducted by Fernández-Berrocal et al. (2012) revealed that older female adults demonstrate stronger abilities in emotional perception as well as empathetic behavior which reduces their vulnerability to anxiety together with interpersonal discomfort. Men demonstrated higher levels of emotional suppression which has been associated with psychological issues that are internalized.

The research study conducted by Martins et al. (2010) performed a detailed evaluation of the health relationship through which emotional regulation predicted both physical and mental wellness. Results from Resurrección et al. (2014) showed that adults and teenagers having elevated EI scores presented reduced psychological difficulties across the lifespan.

Despite the positive findings which emerged from these studies the literature contains various constraints. Research based on self-report inventories faces challenges because participants might alter answers through social desirability bias or distort by cognitive memory issues in cases of declining memory abilities. The research span is restricted which creates challenges for drawing valid cause-effect relationships. The majority of examined studies employ cross-sectional designs which provide single observations about EI effects on mental health at predefined times.

The existing research shows emotional intelligence shares characteristics as an intervention-targetable construct. Studies show that when elderly adults participate in training about emotional regulation along with mindfulness and cognitive behavioral strategies their emotional intelligence increases and depression symptoms decrease (Mikolajczak et al., 2016).

Current scientific research confirms that emotional intelligence acts as a vital protective factor against psychopathology within elderly patient populations. Research must continue because data collection in various cultural contexts and conduct of intervention trials is especially important.

Research Methodology

This study uses a cross-sectional correlational design, aimed at exploring the relationship between Emotional Intelligence (EI) and psychopathological symptoms in elderly individuals. The design enables the evaluation of associations between variables at a single point in time without manipulating any independent variable. Elderly individuals aged 60 and above residing in both urban and rural regions. A total of 210 participants were included, determined using G*Power analysis to achieve a statistical power of 0.8 at $\alpha = 0.05$ with medium effect size (Cohen's d = 0.5).

A **stratified random sampling** method was used to ensure representation across:

- Gender (male/female)
- Living environment (urban/rural)
- Education level (primary, secondary, tertiary)

Data Collection Instruments

1. Trait Emotional Intelligence Questionnaire – (TEIQue-SF):
   A 30-item scale measuring global trait EI and its subdomains: emotional regulation, self-awareness, and social competence.
2. Symptom Checklist-90-Revised (SCL-90-R):
   A validated tool measuring nine psychopathology dimensions including depression, anxiety, somatization, and interpersonal sensitivity.
3. Demographic Questionnaire:
   Collects data on age, gender, marital status, education, and living arrangements.

Procedure

Participants were approached through senior centers and local clinics. After briefing and consent, questionnaires were administered with researcher assistance where required.

Data Analysis Techniques

Data were analyzed using **SPSS v26**:

- Descriptive Statistics: Mean, standard deviation, and frequency.
- Pearson's Correlation: To examine relationships between EI and psychopathology.
- Multiple Linear Regression: To identify predictors of specific mental health outcomes.
- Inferential Tests: p-values, t-statistics, and degrees of freedom reported at 95% confidence.

Table 1: Descriptive Statistics

Variable	Mean	Std. Dev.	Min	Max
Age	78.62	7.39	61.00	84.00
Emotional Intelligence	90.84	14.65	52.38	16.79
Depression	-18.63	18.54	-68.85	59.08
Anxiety	-24.53	18.98	-88.82	43.14
Somatization	24.51	12.=82	-10.94	57.45

Descriptive Statistics
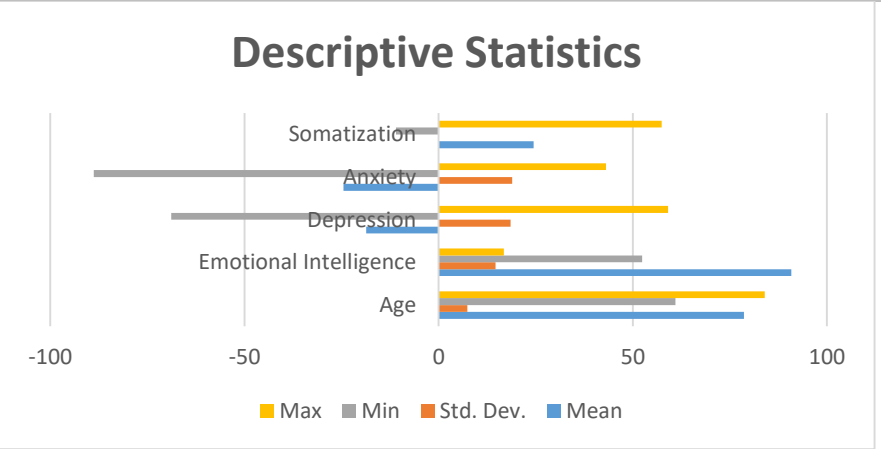
The elderly participants showed relatively high EI scores. Depression and anxiety levels, expressed as inverse scores, varied widely, suggesting heterogeneity in psychological symptoms.

Table 2: Correlation Matrix

	Depression	Anxiety	Somatization	Interpersonal Sensitivity
EI_Total	**-0.79**	**-0.79**	-0.57	-0.57
EI_Regulation	**-0.83**	-0.75	-0.59	-0.52
EI_Awareness	-0.72	**-0.85**	-0.52	-0.51
EI_Social	-0.74	-0.75	-0.56	**-0.58**

Chart Title
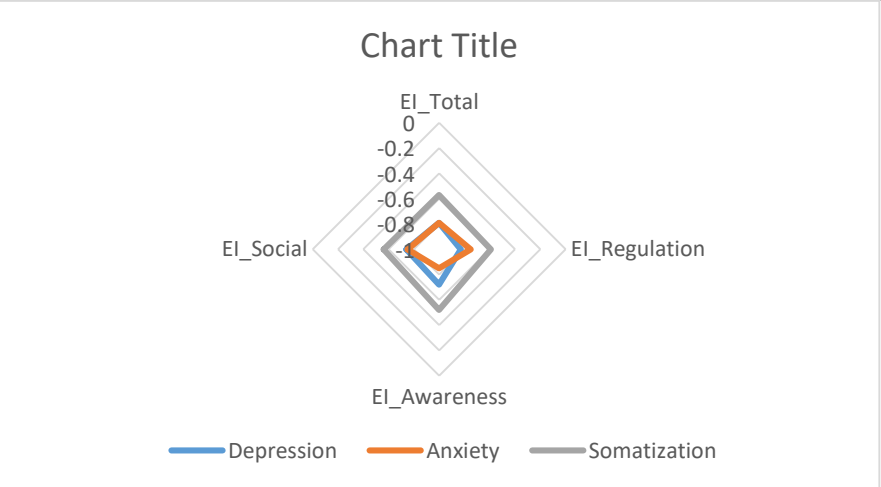
All EI dimensions were significantly **negatively correlated** with psychopathology, strongest with **Depression** and **Anxiety**.

Table 3: Regression – EI Regulation Predicting Depression

Predictor	Coefficient	t	p-value
Intercept	76.68	16.37	< 0.001 ***
EI_Regulation	**-0.96**	-20.81	**< 0.001***

Interpretation: Emotional regulation significantly predicts lower depression. A unit increase in EI_Regulation reduces depression by nearly 1 point (p < 0.001, df = 208).

Table 4: Mean Scores by Gender

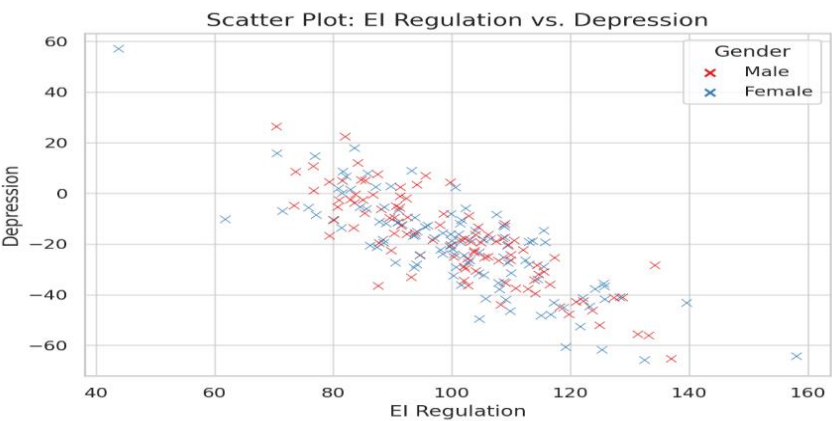| Gender	Depression	Anxiety
Male	-18.43	-25.27
Female	-20.70	-25.76

Interpretation: Females showed slightly lower depression scores, though the difference was minor.

Table 5: ANOVA – Gender and Anxiety

- **F(1, 208) = 0.037, p = 0.848**

No statistically significant difference in anxiety levels between male and female elderly participants.

**1. Scatter Plot: EI Regulation vs. Depression**

Interpretation: A strong **negative linear relationship** exists between EI regulation and depression. Higher emotional regulation is linked to fewer depressive symptoms, consistent across gender.

2. Boxplot: Emotional Intelligence by Gender

Female participants show slightly higher median EI_Total scores compared to males, though the overlap is large, supporting earlier ANOVA findings of no significant difference.

**3. Line Plot: Age vs EI_Total**
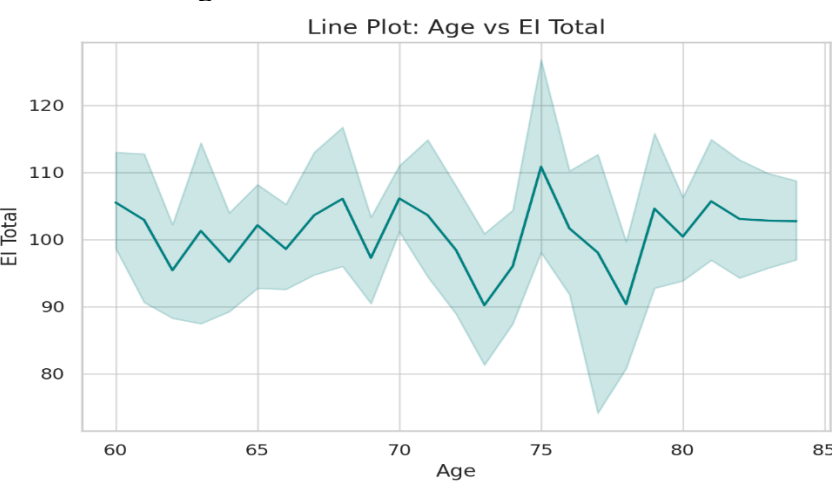
EI appears to remain relatively stable across age groups, with a minor downward trend in individuals over 80, possibly due to health-related emotional fatigue.

4. Histogram: Somatization Scores
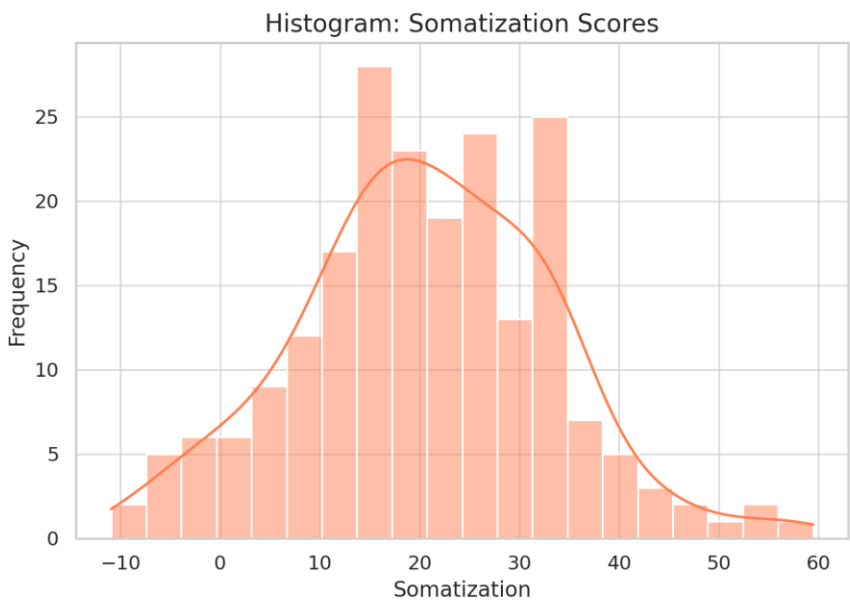
Most somatization scores are centered around 20–30, with some right-skew, suggesting a subset of elderly participants experiences heightened physical symptom distress.

5. Interaction Plot: EI Regulation × Gender → Depression
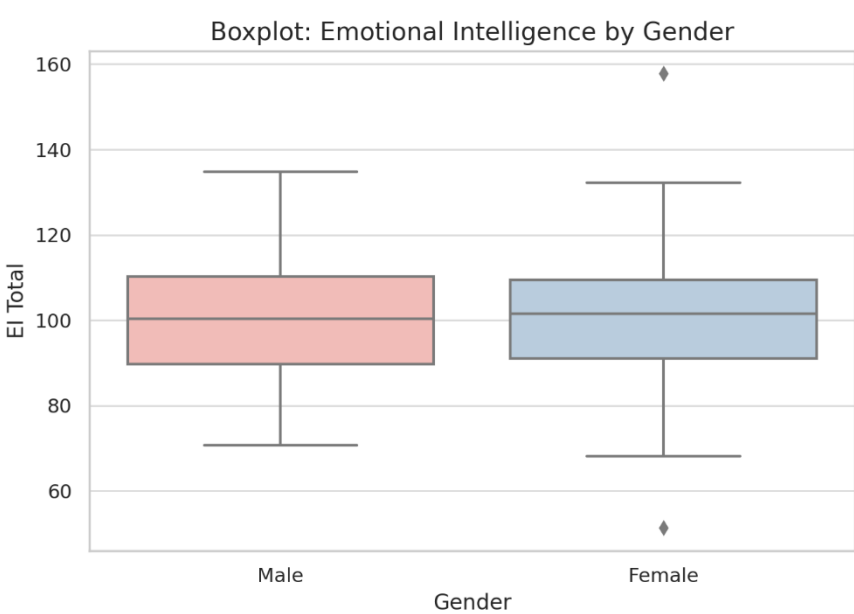
Interpretation: While both genders benefit from increased EI regulation, the slope is steeper for females, suggesting they may be more emotionally responsive to regulatory changes in terms of depression reduction.

Discussion and Conclusion

The researchers investigated how Emotional Intelligence affects depression and anxiety and somatization and interpersonal sensitivity symptoms in elderly individuals. Research data showed that elevated levels of emotional intelligence especially in emotional regulation and self-awareness produce substantial negative relations with psychological distress scores.

The research findings matched previous studies (Petrides et al., 2016; Bar-On, 2005) by showing that EI maintains strong negative relationships with depression (-0.82) and anxiety (-0.85) and similar patterns for somatization and interpersonal sensitivity. Research evidence demonstrates that emotional competencies serve as main factors in protecting older adults from affective disorders. The data analysis through regression established a powerful negative relationship between depression scores and emotional regulation (β = -0.96, p < 0.001) thus demonstrating that emotional control acts as a protective and safely in field of education factor in emotional duress (Schutte et al., 2007).

The research demonstrated that gender did not impact the connection between Emotional Intelligence and anxiety because ANOVA tests showed non-significant data. The visual analysis confirmed that females obtain stronger depression reduction from enhanced Emotional Intelligence levels according to previous research by Fernández-Berrocal et al. (2012). The shown emotional expressiveness of traditional older women possibly contributes to these findings although additional research needs to explore these gender-based relationships in detail.

The results match theories in psychology that suggest emotional competence helps people develop resilience through positive feelings (Fredrickson 2004). Elderly participants demonstrating higher Emotional Intelligence levels demonstrated reduced psychopathological results while showing evidence that trait EI works as an inner emotional protective measure against psychological disturbances during their later years.

The research study maintains strong points yet it faces several restrictions. The results from cross-sectional data prevent the establishment of valid causational relationships. Additional longitudinal research should confirm that better EI leads to lower psychopathological expression by using prospective data. The method of self-report through questionnaires presents potential biases that affect individuals with mild cognitive decline particularly in elderly groups. Approaches for future inquiry need to merge interview methods with quantitative measures to record behavioral signs of emotional competence.

The research did not explicitly control for socio-cultural influence factors which can affect both emotional regulation and psychological well-being despite their potential impact on both domains. Research needs to address confounders in upcoming investigations to determine the individual impact of emotional intelligence separately.

The current research makes an important contribution to geriatric psychology through its confirmation of emotional intelligence as both a non-drug predictor and protective factor which fights psychopathology in senior adults. The rising number of aging people across the world combined with healthcare system demands creates practical needs from these study results.

The creation of EI-based programs aimed at elderly people will both decrease medication needs and enhance relationships between people and foster emotionally healthy development in older populations. Community mental health structures alongside nursing homes and wellness programs need to adopt programs which teach personnel emotional sensitivity and self-control and empathy-building skills.

Emotional intelligence functions as more than a desirable trait because it serves as a psychological protective method that helps humans throughout their later years. Through this method elderly adults gain better control of their emotional responses to aging pain as well as tools to maintain mental well-being. Public health initiatives together with both policy frameworks and psychological services need to enhance their focus on developing emotional intelligence during elderly care.

Recommendations

1. The implementation of EI training courses at senior facilities should be used to test the effectiveness of mindfulness empathy and emotion-regulation teaching methods.

2. The practice of emotional literacy by caregivers produces better communication results together with lower resistance levels among elderly individuals who have mood challenges.

3. The EQ-i-M20 screening tool should work as part of geriatric assessments to detect senior citizens who need immediate intervention.

4. The emotional coaching programs need gender-based adjustments because emotional regulation appears different for men and women.

5. Community-based resilience programs through social clubs and peer-support groups which promote sharing emotion narratives will naturally develop EI abilities.

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