

Emotional -Focused Coping Styles in relation to Stress, Emotional Intelligence and Mental Health among Aged

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ABSTRACT

An attempt was made in the present investigation to study the impact of stress, emotional intelligence and mental health on emotional-focused coping styles in a sample of 400 aged men and women in the age group of 60-70 years, living in rural areas of A.P. Data were collected by using Daily Stress Inventory (Brantley and Jones, 1989), Emotional Intelligence Scale (Nutan Kumar and Usha Ram, 1999), Mental Health Inventory (Jagadish and Srivastava, 1983) and Coping Styles scale (Kumar and Sreenivas, 1998). A 2x2x2 factorial design was employed. ANOVA was used to analyze the data. The findings of the study revealed that stress and emotional intelligence have significant influence on emotional-focused coping styles.

Keywords: *Emotional-Focused, Coping Styles, Stress, Emotional Intelligence, Mental Health*

The scientific study of aging and aged is comparatively of recent origin. The interest in the field of Gerontology is growing very rapidly not only in the developed countries of the world but also in the developing countries, particularly in India, where the aging population is in the frontline. The first pre-requisite for a happy and productive old age is good health.

All human beings age and become old if they live long enough. Old age beset with various kinds of problems-health, psychological and economic, in a social-familial setting. These problems are interdependent and interactive in nature (Ramamurti, 1970). As one ages the physiological systems become increasingly less efficient and less resistant to diseases. Consequently, the individual undergoes sufferings, disease and disability with accompanying helplessness and frustration produce stress.

Added to the problems of a physically wearing out systems are social and psychological consequences of aging. Retirement and reduced income, the social stigma associated with old age, abundant. Leisure without suitable avenues for occupation of time and social interaction are only some of the more important factors that add to the experience of stress in old age (Kumar, 1988).

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A number of studies on stress in old age have been reported in the literature (Selye, 1970; Kohn, 1963; Nordlief, 1975; Neugarten, 1964; Dovenmuhle et al., 1961). Comparatively few studies on the aged have been carried out in India (Ramamuti, 1970; Anatharamaiah, 1979; Ushasree, 1992; Paramjeet Kaur, 1992; Vijay Kumar, 1991; Jamuna, 1984; Kumar, 2004, 2005, 2008, 2009).

Coping generally refers to a cognitive and behavioral response to negative external events (Billings & Moos, 1981). Coping experts have different opinions on how coping responses are determined. Lazarus and his associates (Lazarus & Launier, 1978; Folkman, 1982) conceptualize coping as a relational process between the person and the environment. The emphasis on the process leads to the approach of coping as a state-dependent or situation-specific response. Those in favor of this view devalue individual differences by presenting that an individual utilizes various coping mechanisms rather than a consistent mechanism (Folkman & Lazarus, 1980; Pearlin & Schooler, 1978).

The other approach is called disposition-based coping. Dispositional coping assumes that people employ relatively stable coping strategies across different stressful encounters (Carver et al., 1989; McCrae & Costa, 1986; Endler et al., 1994). McCrae and Costa (1986) argued the reason why individual differences had small impacts on coping in the earlier studies is attributable to the lack of the systematic approach and the selective use of personality dimensions by coping researchers for their particular research.

Psychologists studying adaptation have focused their attention on the process of handling both everyday life stress and major life crises and transitions (Allsop, 1968). Recently, there are few studies reporting that people use somewhat different coping styles to overcome different types of stresses. Folkman and Lazarus (1980) compared contexts of work, health and family and found that problem-focused coping was used more in work, while emotion-focused coping was employed to deal with health stress.

In a third world country like India the lives of many persons are mostly hand to mouth which only adds fuel to fire in the accentuation of the normal problems of old age. Also, Indian culture being different from that of the western world, several cultural factors may influence the choice and use of coping styles while encountered by stresses in old age. However, there are any investigation on the impact of stress, emotional intelligence and mental health on emotional focused coping styles among the Indian rural elderly; it was decided to carry out an investigation. In view of the above, the present study was planned with the following objective.

- To find out the impact of stress, Emotional intelligence and Mental Health on Emotional focused coping styles.

Hypotheses

In order to realize the objective of the study the following hypotheses were formulated.

1. Stress would significantly influence the use of emotional-focused coping styles.
2. Emotional intelligence would significantly influence the use of emotional- focused coping styles.
3. Mental health would significantly influence the use of emotional-focused coping styles

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METHOOD

Sample

Sample of the study consisted of 400 aged men and women in the age group of 60-70 years, living in rural areas of A.P. Technique of simple randomization was employed for the selection of the subjects and the details of the sample are given in table-1

Table —I Distribution of the Sample

	High Stress		Low Stress		Total
	H.E.I	L.E.I	H.E I.	L.E.I	
H.M.H	50	50	50	50	200
L.M.H	50	50	50	50	200
Total	100	100	100	100	400

H.E.I = High Emotional intelligence L.E.I = Low Emotional intelligence H.M.H=High Mental Health and L.M.H= Low Mental Health

Tools

Each subject in the sample was administered the following Scales and inventories.

1. Daily stress inventory (Brantley and Jones,1989)
2. Emotional intelligence scale (Nutan Kumar and Usha Ram ,1999)
3. Mental Health Inventory (Jagadish and Srivastava, 1983)
4. Coping styles Scale (Kumar and sreenivas, 1998)

Instructions pertaining to all these instruments were given in Telugu, the mother tongue of the subjects and the responses were noted by the investigator. In order to verify the information pertaining to the subject, the knowledgeable persons like school teachers, elderly persons of the villages were contacted. A test- retest correlation on 30 individuals with an interval of 15 days was found to be 0.84 for stresses, 0.79 for emotional intelligence, 0.82 for mental health and 0.80 for coping styles.

RESULTS AND DISCUSSION

Table — I Means and SDs of Emotional- Focused coping styles Scores for eight groups.

		High Stress (H.S)		Low Stress(LS)	
		H.E.I	L.E.I	H.E.I	L.E.I
High Mental Health-(HMH)	Mean	21.58	25.88	16.65	23.34
	SD	6.72	6.80	5.48	6.67
Low Mental Health-(LMH)	Mean	21.44	25.98	16.68	23.44
	SD	6.28	6.70	5.48	6.58

Means of the groups variable Vise

H.S = 23.69, H.E.I = 19.09, H.M.H = 21.87, L.S = 20.01, L.E.I = 24.61, L.M.H = 21.88

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A close observation of table I show that subjects with high stress, low emotional intelligence and low mental health have obtained the mean score of 25.98 indicating that the subjects used emotional focused coping styles more frequently compared with the other groups. Subjects with low stress, high emotional intelligence and high mental health have obtained the score of 16.65 indicating that rural aged used emotional focused coping styles less frequently compared to others groups.

In terms of Stress, rural aged with high stress (M=23.69) have used emotional focused coping styles more frequently than the group with low stress (M=20.01). In terms of emotional intelligence, aged with low emotional intelligence (M=24.61) have used emotional focused coping styles more frequently than the subjects with high emotional intelligence (M= 19.09). In terms of mental health, subjects with high mental health have scored low (M=21.87) on emotional focused coping styles compared to low mental health group (M= 21.88).

To find out the influence of stress, emotional intelligence and mental health on the emotional focused coping styles, the data were further subjected to three way analysis of variance and the data are presented in table II.

Table - II: Summary of ANOVA for Emotional- Focused coping styles.

Source of Variance	Sum of Squares	df	MSS	F
(A) Stress	1357.92	1	1357.92	32.63**
(B) Emotional Intelligence	3041.52	1	3041.52	72.09**
(C) Mental Health	0.12	1	0.12	0.003 @
(A x B)	131.10	1	131.10	3.15@
(A x C)	0.122	1	0.122	0.003@
(B x C)	0.12	1	0.12	0.003@
(AxBxC)	0.12	1	0.12	0.003@
Within	16311.26	392	41.61	
Total	20842.29	399		

Note: ** - Significant beyond 0.01 levels

@ - Not significant

Hypothesis-1 stated that stress would significantly influence emotional focused coping styles. The 'F' value of 32.63 is significant at 0.01 levels. As the 'F' value is significant the hypothesis which predicted significant impact of stress on emotional focused coping styles is accepted as warranted by the results. Rural aged with high stress have used emotional focused coping styles (M=23.69) more frequently than the subjects with low stress (M=20.01).

Individual's coping with the stressful situations generally depends on the nature, intensity and sources of stress, experience of various ways of solving problems that served them best in the part and personality dispositions of the individuals along with its culturally imposed characteristics. It could be seen from the table 2 that rural aged resolved their stressful situations by affective regulation-by postponing, trying not to be bothered by conflicting feelings, tolerating ambiguity, accepting the situation as it is, deciding nothing can be done

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submitting to fate verbal expressions, crying, smoking and engaging impulsive action out predominantly when the intensity of stress is high.

Lack of knowledge of effective coping styles like logical analysis, problem solving action, illiteracy, lack of resources and social support, habits and personality dispositions might have made the rural aged to use emotional focused coping styles more frequently when the intensity of stress is high. In accordance with the findings of Folkman and Lazarus (1980), Weisman and Worden (1976), Hackett and Cassem (1974), subjects of the present study also reacted using emotional focused coping styles predominantly when the stress levels are severe.

The hypothesis-2 stated that emotional Intelligence would significantly influence emotional focused coping styles. The obtained 'F' value of 72.09 is significant beyond 0.01 levels implying that emotional Intelligence of the subjects has significant influence on emotional focused coping styles.

The reason is that individuals with high emotional intelligence succeeds better by using effective coping styles like logical analysis, problem solving action, seeking advice and information etc. They recognize, understand and manage their emotions and emotions of others. More over they can re-evaluate the problem and transform knowledge and skills to over come the stresses by using emotional focused coping styles very less frequently. In the present investigation also, rural aged with low emotional intelligence used emotional focused coping styles more frequently than the aged with high emotional intelligence. Better maturity to think, higher sociability, self — assertion, and better interpersonal understanding might have made the rural aged with high emotional intelligence to use emotional focused coping styles less frequently compared to the group with low emotional intelligence. So only there is significant impact of emotional intelligence on emotional focused coping styles. As the 'F' value is significant the Hypothesis 2, which stated that emotional Intelligence would significantly influence emotional focused coping styles is accepted as warranted by the results.

The hypothesis-3 stated that mental health would significantly influence emotional focused coping styles. The obtained 'F' value of 0.03 is not significant. As the 'F' value is not significant the Hypothesis-3, which predicted, mental health would significantly influence emotional focused coping styles is not accepted.

Rural aged with low mental health ($M=21.88$) and high mental health ($M=21.87$) have used emotional focused coping styles with same frequency. The reason is that there are no set of norms to show that only a particular coping style should be used to over come a particular stressful problem. People may use any style depending on the habit, personality and the resources they have.

The manner in which the aged people cope generally depends on the knowledge of various ways of solving problems. It also depends upon the habit of coping which individual has developed over the years and reinforced. These habits could again depend on the opportunities available to them and their general intellectual caliber at the time of coping. So only, there is no significant impact of mental health on emotional focused coping styles among the rural aged.

CONCLUSIONS

In summary, the present investigation reveals that stress and emotional intelligence have significant influence on emotional focused coping styles. Rural folk with high stress and low emotional intelligence have been using emotional focused coping styles more frequently.

IMPLICATIONS

The present investigation has brought out the impact of stress and emotional intelligence on emotional focused coping styles. The present finding implies that rural aged with high stress and low emotional intelligence has been using emotional focused coping styles more frequently. Lack of education, lack of exposure and guidance might have left the rural folk unaware of several other resources of coping and effective coping styles. Not merely because of these reasons, but owing to illiteracy and ignorance majority of the elderly not aware of stress management techniques and the importance of emotional intelligence for happy living.

There appears to be urgent need for sort of counseling for the rural aged that would be meaningful and helpful in overcoming their stresses and to improve emotional intelligence. Psychologists, Social workers and N.G.Os need to extend their expertise to the services of the rural aged by giving training programmes .They need to have information on what are the better ways of coping to over come their stresses and strains.

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Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

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