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EMOTIONAL REGULATION AND MENTAL HEALTH AMONG AGEING POPULATIONS: PATHWAYS TO HEALTHY AGEING

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ABSTRACT

The aim of the present study is to assess Role of Emotional Regulation and for Mental Health among ageing individuals. For the present study a self-made socio-demographic questionnaire including variables such as age, gender, educational qualification, working status, marital status, area of living was included and to get insights about their present health condition we included variables such as living situation (i.e. whether they are living alone or with their family/caregiver), presence or absence of any disease and the level of independence for doing day to day activities; to assess the emotion regulation we used ERQ(Emotion regulation questionnaire) by Gross and John (2003), and General Health Questionnaire (GHQ-12) by Goldberg and Williamson, 1988. We selected 120 elderly individuals residing in two different localities of the Lucknow city, including equal proportions of both the genders i.e. 60 males and 60 females. After conducting this study, there is signifying negative correlation between ERQ and GHQ was found correlation coefficient (r = 0.112), therefore, we can say that healthy emotional regulation coping strategy affects mental health of elderly.

Keywords: Emotion Regulation, Emotion Regulation in ageing, Healthy Ageing, Mental health, Well-being

1. INTRODUCTION

Aging is defined by a wide range of intricate physiological, psychological, and social changes that influence how a person experiences later years (Baltes & Smith, 2003; Carstensen, 2006). Aging biologically is characterized by a slow reduction in body functioning, such as changes in neurochemistry, hormone regulation, and cellular integrity (Otín et al., 2013). According to Salthouse (2010), these biochemical alterations have a notable effect on cognitive and emotional performance in addition to physical health. According to Erikson (1982) and Moen (2003), psychologically, the elderly frequently experience a variety of life transitions such as retirement, adjustments to family responsibilities, and changes to identity and self-concept. Furthermore, they struggle with existential issues, such as legacy and mortality, which can elicit a variety of emotions (Neugarten & Moore, 1967; Kastenbaum & Costa Jr, 1977). In terms of their social networks,

older individuals could go through losses of friends and relatives as well as changes in their position and role in society (Antonucci, 2001; Lang & Carstensen, 2002). According to Cornwell and Waite (2009) and Fingerman et al. (2004), social shifts may have a significant impact on mental health outcomes and emotional well-being. Aging experiences a variety of barriers that could have a negative effect on their ability to control their emotions and mental wellbeing (Charles & Carstensen, 2010; Kunzmann et al., 2017). These changes are complex and varied. In later life stages, when elderly people face a multitude of demands and challenges, the capacity to regulate emotions properly becomes increasingly important (Gross & John, 2003; Phillips et al., 2008). The adaptive management of emotional experiences, emotions, and reactions is the goal of a broad range of processes collectively referred to as emotional regulation (Gross, 1998). Attentional deployment, expressive suppression, and cognitive reappraisal are among the conscious and automatic processes involved (Gross, 2015). Good emotional regulation abilities allow people to stay psychologically well and deal with life obstacles in a resilient manner (Aldao et al., 2010; Troy et al., 2010). Moreover, emotional regulation affects more general dimensions of quality of life and functioning, going beyond acute psychological effects (Gross & Levenson, 1997; John & Gross, 2004). Strong emotional regulation skills in older individuals make them more capable of adjusting to changing situations, overcoming adversity, and maintaining interpersonal connections (Kunzmann et al., 2014; Shiota & Levenson, 2009). Conversely, emotional regulation deficiencies have been linked to a number of negative effects on mental health, including loneliness, anxiety, and depression (Aldao et al., 2015; Mennin et al., 2007).

One of the core concepts in human psychology is emotional regulation, which refers to the complex range of mechanisms that people use to control and manage their feelings, emotions, and reactions to external and internal stimuli (Gross 2015; Gyurak et al. 2011). These cognitive, behavioural, and physiological mechanisms work in concert to orchestrate these processes, which are all geared toward assisting individuals in controlling their feelings in ways appropriate for the situation and adaptive (Aldao et al. 2010; Gross 2015). Emotional regulation cognitive techniques are intentional and conscious attempts to analyse or interpret emotions in order to change their emotional impact (Ochsner & Gross, 2008; Troy et al., 2010). To lessen unpleasant emotional reactions, people can use cognitive reappraisal strategies to reinterpret a potentially upsetting circumstance from a more positive perspective (Gross, 2015). Emotional experiences and expressions can be changed by a variety of activities and behaviors that comprise the behavioural techniques of emotional control. According to Gross (2015) and Mauss et al. (2007), they can approach or avoid situations, seek social support, exercise, or expressively suppress emotions to control how they show themselves. In physiological techniques of emotional regulation, physiological arousal and reactivity are regulated by means of gradual muscle relaxation, mindfulness meditation, or deep breathing (Gross, 2015; Zautra et al., 2008). By adjusting physiological arousal levels, these methods, which focus on the autonomic nerve system, assist people in controlling their emotional moods (Gross, 2015). The correlation of emotion regulation strategies with several good outcomes in different domains of functioning serves as evidence of their effectiveness. Studies have repeatedly demonstrated that those with higher concentrations of emotional regulation competence tend to be less stressed (Aldao et al., 2010; Gross, 2015); cultivate more satisfying connections with others that are marked by cooperation, empathy, and warmth (Gross & John, 2003; Mauss et al., 2007); and have better mental health and overall well-being (Aldao et al., 2010; Gyurak et al., 2011).

To properly manage their emotional experiences, older persons face substantial obstacles due to the variety of complications that the aging process presents to emotional regulation processes. The ability of an individual to use adaptive emotion regulation processes can be significantly affected by age-related changes in cognitive function, such as reductions in working memory and executive functioning (Brassen et al., 2012; Urry & Gross, 2010). It could worsen for older persons to control their emotions in response to both internal and external stimuli as their cognitive capacities deteriorate with age. Furthermore, major life transitions are something elderly people frequently deal with, and each Everybody has his own emotional needs. For instance, moving into retirement can upset strong identities and habits, which can cause feelings of loss and uncertainty (Wang and Shi 2014). Similarly, experiencing bereavement after a loved one passes away, like loneliness and grief, can put strain on a person's capacity for emotional resilience (Stroebe et al., 2007). Furthermore, because they make it more challenging to participate in fulfilling activities and social contacts, age-related losses in physical health, such as chronic diseases or disabilities, can worsen emotional difficulties (Pinquart & Duberstein, 2007).

Additionally, a complex and reciprocal relationship exists between emotional control and mental well-being in the elderly population. Studies have shown that a key component of older individuals' mental health is their ability to effectively control their emotions (Charles et al., 2016; Ong et al., 2016). Depressive, anxious, and lonely mental health issues are among the many that affect older adults, and a poor capacity for emotional regulation has been linked to these

problems (Aldao et al., 2010; Gross & John, 2003; Hawkley et al., 2008). According to Diehl et al. (2014) and John and Gross (2004), elderly people who struggle to control their emotions may exhibit elevated levels of depressive symptoms due to their inability to cope with stressors and adversity. Similarly, age-related emotional regulation deficiencies have been linked to increased anxiety and social isolation, which exacerbate feelings of social disconnection and loneliness (Hawkley et al., 2008; Mauss et al., 2007). However, people who experience mental health problems may have deficiencies in their capacity to manage their feelings, which could lead to a vicious cycle of emotional distress and psychological discomfort. According to research, emotional regulation problems are frequently present in elderly people suffering from mental illnesses, such as sadness and anxiety (Aldao et al., 2010; Campbell-Sills & Barlow, 2007). For example, elderly individuals who have been diagnosed with depression may face challenges in controlling their negative emotions, as well as increased emotional reactivity to everyday stressors and inconveniences (Peeters et al., 2003; Siegle et al., 2002). Similarly, those who experience anxiety disorders might have trouble avoiding thinking and focusing on past events, which makes it difficult for them to control their emotions and maintain psychological health (Campbell-Sills & Barlow, 2007; Mennin et al., 2002).

Although the importance of emotional regulation for older persons' mental health is becoming increasingly apparent, more empirical studies are needed to fully comprehend this complex relationship. Although earlier studies have highlighted the importance of emotional regulation pertaining to aging, more studies are necessary to clarify the complex processes and pathways by which emotional regulation affects mental health outcomes in the elderly. It is critical to investigate the complexities of emotional regulation and how they affect older people's mental health for several factors. First, knowing the particular cognitive, behavioral, and physiological mechanisms involved in emotional regulation in later life stages will help shed light on the particular difficulties and advantages that older persons encounter when it comes to handling their emotions. Therefore, a more profound understanding is beneficial. developed focused therapies that were adapted to the requirements of older people, improving their resilience and psychological well-being. Furthermore, studying the connection between emotional control and psychological well-being in the elderly has important ramifications for therapeutic and preventive approaches aimed at lowering the risk of mental health issues and encouraging aging in a healthy manner. Researchers and clinicians can create interventions that enable older people to develop adaptive emotion regulation abilities and deal with stressors and life transitions associated with aging by identifying important modifiable characteristics related to emotional regulation. Literature on lifetime development and psychological resilience can gain further advantages from an increased understanding of emotional regulation in the context of aging. Scholars can acquire valuable comprehension of the elements that support healthy aging and enhance happiness in later life by acknowledging the dynamic character of emotional regulation over the lifespan.

This study attempts to close this gap by methodically investigating the relationship between mental health and emotional regulation in aging people. This study aims to clarify the mechanisms underlying emotional regulatory processes in later life and how they affect mental health outcomes using a multidisciplinary strategy that incorporates concepts from psychology, neuroscience, and gerontology. This study attempted to aid in the creation of successful interventions targeted at improving mental health and emotional well-being in aging populations through empirical research and theoretical synthesis.

2. MATERIAL AND METHODS

2.1. SELECTION OF SAMPLE

Multistage random sampling was used to select the respondents. A total of 120 respondents were chosen at random for this study from the cities and rural regions of Lucknow City, of which 60 were male and 60 were female. The respondents were selected from two different locations in Lucknow city: South City and Shaheed Nagar. The sample comprised of 120 respondents.

2.2. DATA COLLECTION

Two tools were utilized, including a self-made sociodemographic questionnaire to assess the demographic profile of the respondents. The ERQ (Emotion Regulation Questionnaire) by Gross, J.J., & John, O.P. 2003, and GHQ-12(General Health Questionnaire) by Goldberg and Williams, 1988.

3. TOOLS AND TECHNIQUES

3.1. THE GENERAL HEALTH QUESTIONNAIRE (GHQ-12)

The General Health Questionnaire (GHQ-12), developed by Goldberg and Williams in 1988, is a brief screening tool designed to detect psychological distress and to assess mental health. It comprises 12 items covering various aspects of well-being such as concentration, sleep patterns, and self-esteem. Respondents specify whether they have experienced specific symptoms over a recent period, with scoring typically binary (0 for absence and 1 for presence). Greater overall scores indicated greater psychological distress. The GHQ-12 is widely used because of its efficiency, reliability, and validity, making it valuable for researchers, clinicians, and policymakers to identify those who might require more assessment or intervention.

3.2. ERQ (EMOTION REGULATION QUESTIONNAIRE)

The ERQ (Emotion Regulation Questionnaire), developed by Gross and John in 2003, assesses individual differences in emotion regulation strategies. It identifies two main strategies:

1) Cognitive Reappraisal: This involves reframing the meaning of a situation to alter emotional responses positively. For example, interpreting a challenging situation in a more positive light.
2) Expressive Suppression: This strategy entails inhibiting outward emotional expressions while still experiencing emotions internally. For instance, hiding feelings of anger during a social interaction.

The ERQ measures the frequency of using these strategies through Likert scale items. It has been widely utilized in psychology research to investigate the effects of emotion regulation on mental interpersonal connections and well-being.

Results and discussions

Table 1- Socio-demographic profile of the respondents

S.NO	Category	Frequency	Percentage
Age			
1	60-65	33	27.5
2	66-70	33	27.5
3	71-75	38	31.7
4	76-80	10	8.3
5	80 and above	6	5
	Total	120	100
Gender			
1	Male	60	50
2	Female	60	50
	total	120	100
Education			
1	High school	33	27.5
2	Intermediate	16	13.3
3	Graduation	6	5.0
4	Post graduation	5	4.2
5	Other	60	50.0
	Total	120	100.0
Maital status			
1	Single	5	4.2
2	Married	75	62.5
3	Divorced	3	2.5
4	Widowed	37	3.8
	Total	120	100.0
Working status			
1	Working	43	35.8
2	Non-working	77	64.2
	Total	120	100.0

Area of living			
1	Rural	83	69.2
2	Urban	37	30.8
	Total	120	100.0

The table provides a breakdown of participants based on various demographic factors. In terms of age, the majority falls within the 71-75 range, comprising 31.7% of the total, followed closely by those aged 60-65 and 66-70, each representing 27.5%. Among the genders, there was an equal distribution, with 50 males and 50 females, making up 100 participants in total. Regarding education, the majority had completed high school (27.5 %), followed by those with other qualifications (50 %). Regarding marital status, 62.5% were married and 64.2% were non-working. Geographically, the majority resided in rural areas, comprising 69.2% of the total sample, with urban dwellers making up the remaining 30.8%. Overall, this table offers a comprehensive snapshot of the demographic composition of the sample population.

Table 2- The health condition of the respondents

S. No	Category	Frequency(n)	Percentage (%)
Living situation			
1	Alone	10	8.3
2	With husband/wife/or partner	70	58.3
3	Without husband/wife/or partner	3	2.5
4	Alone with children	34	28.3
5	Alone with others	3	2.5
	Total	120	100.
Disease			
1	Yes	103	85.3
2	No	17	14.2
	Total	120	100.0
Independence			
1	Yes	111	92.5
2	No	9	7.5
	Total	120	100.0

This table presents data on various aspects of individuals' living situations, health status, and level of independence. In terms of living situation, the majority (58.3 %) resided with their husband, wife, or partner, 28.3% lived alone with children, and 2.5% lived alone with others. A small percentage (2.5 %) lived alone. Regarding health, the overwhelming majority (85.3 %) reported having a disease, whereas 14.2% did not. When it comes to independence, the data show that 92.5% of individuals consider themselves independent, whereas 7.5% do not. This table offers insights into household dynamics, health conditions, and self-perceived independence of the surveyed population.

Table 3 – Correlation between cognitive reappraisal and General Health Questionnaire

Correlations			
		Cognitive Reappraisal	GHQ
Cog Reap	Pearson Correlation	1	.066
	Sig. (2-tailed)		.477
	N	120	120
GHQ	Pearson Correlation	.066	1
	Sig. (2-tailed)	.477	
	N	120	120

Correlation is not significant at both 0.01 & 0.05 level of significance.

The correlation coefficients for both pairs of variables, cognitive reappraisal and "GHQ," are not statistically significant at the 0.05 level (two-tailed), with p-values exceeding 0.05. This implies that there is no significant linear relationship between these two variables. A correlation coefficient of 0.066 indicated a weak positive correlation. This suggests that any change in the scores of one variables (Cognitive Reappraisal or GHQ) is minimally associated with a

corresponding change in the scores of the other variable. The analysis was conducted using a dataset consisting of 120 observations for each variable, ensuring a robust sample size for the analysis.

Table 4 – Correlation between Expressive suppression and General Health Questionnaire

Correlations			
		Expressive suppression	GHQ
Expressive supp	Pearson Correlation	1	.029
	Sig. (2-tailed)		.754
	N	120	120
GHQ	Pearson Correlation	.029	1
	Sig. (2-tailed)	.754	
	N	120	120

Correlation is not significant at both 0.01 & 0.05 level of significance.

The correlation coefficients for both pairs of variables, "Expressive suppression" and "GHQ," are not statistically significant at the 0.05 level (two-tailed), with p-values greater than 0.05. This indicates that there was no significant linear relationship between the two variables. A correlation coefficient of 0.029 suggested an extremely weak positive correlation. This suggests that any modification in the scores of one variables (expressive suppression or GHQ) is almost negligibly associated with a corresponding change in the scores of the other variable. The analysis was conducted on a dataset consisting of 120 observations for each variable, thus providing sufficient data for the analysis.

Table 5 – Correlation between Emotion Regulation Questionnaire and General Health Questionnaire

Correlations			
		ERQ	GHQ
ERQ	Pearson Correlation	1	.112
	Sig. (2-tailed)		.224
	N	120	120
GHQ	Pearson Correlation	.112	1
	Sig. (2-tailed)	.224	
	N	120	120

Correlation is not significant at both 0.01 & 0.05 level of significance.

The correlation coefficients for both pairs of variables, "ERQ" and "GHQ," are not statistically significant at the 0.05 level (two-tailed), with p-values exceeding 0.05. This finding suggests that there is no significant linear relationship between the two variables. A correlation coefficient of 0.112 indicates a very weak positive correlation. This suggests that any modification to the scores of one variable (ERQ or GHQ) is minimally associated with a corresponding change in the scores of the other variable. The analysis was conducted on a dataset consisting of 120 observations for each variable, ensuring a robust sample size for the analysis.

Table 6 – the Correlation Matrix of Socio demographic and Psychological Variables

	Gender	**Age**	**Educational qualification**	**Marital status**	**Area of living**	**Working status**	**Living situation**	**Disease**	**Independence**	**ERQ**	**Cog appr**	**Exp supp**	**GHQ**
Gender	**1**												
Age	**.169**	**1**											
Educational qualification	**.146**	**-.048**	**1**										
Marital status	**.223***	**.241****	**0.74**	**1**									
Area of living	**.090**	**.077**	**.058**	**.071**	**1**								

Working status	**.400****	**.112**	**.014**	**.212***	**.010**	**1**							
Living situation	**.110**	**.274****	**-.080**	**.615****	**.092**	**.050**	**1**						
Disease	**-.072**	**-.218***	**.053**	**-.153**	**-.116**	**-.145**	**-.178**	**1**					
Independence	**-.095**	**.382****	**-.022**	**-.078**	**.015**	**.081**	**-.007**	**0.66**	**1**				
ERQ	**-.096**	**.011**	**-.085-**	**.105**	**.014**	**-.125**	**.053**	**-.128**	**-.341**	**1**			
Cognitive reappraisal	**-.130**	**-.069**	**.092**	**-.047**	**.096**	**-.164**	**-.006**	**-.146**	**-.214***	**.815****	**1**		
Expressive suppression	**-.044**	**-.019**	**-.019**	**.071**	**-.150**	**.028**	**-.012**	**0.36**	**-.176**	**.517****	**.246****	**1**	
GHQ	**.318****	**.519****	**.519****	**.471**	**.104**	**.193***	**.398****	**-.319****	**.098**	**.112**	**.066**	**.029**	**1**

The correlation matrix presents the relationships between the various demographic and psychological variables. Each cell shows the Pearson correlation coefficient between the variables listed on the left and the top of the matrix. Notable positive associations were found among demographic factors. Between age and educational qualification (r = 0.169) and between age and marital status (r = 0.241). Furthermore, marital status showed a noteworthy favourable association with gender (r = 0.223) and working status (r = 0.212). Among psychological variables, a strong negative correlation was evident between disease and independence (r = -0.218), indicating that people who are ill may struggle with independence. Additionally, there is a notable unfavourable relationship between cognitive revaluation and GHQ (r = -0.341), suggesting that those who take part in greater cognitive reappraisal tend to report lower degrees of psychological anguish. Numerous factors showed significant correlations ($p < 0.05$) identified in them. Additionally, there was a moderate to weak positive correlation (r = 0.223*) between marital status, living circumstances, and working status (r = 0.241**). Furthermore, there was a high positive association between working status, living situation, and area of residence (r = 0.615** and 0.400**, respectively), indicating that one's living situation may be influenced by one's employment position. The relationship between independence and educational achievement was moderately favourable (r = 0.382**), suggesting that a higher level of education may be connected to more independence. The General Health Questionnaire (GHQ) measures psychological well-being and the findings show a strong positive correlation. For age (r = 0.519**), educational attainment (r = 0.519**), employment position (r = 0.398**), and housing situation (r = 0.319**). Overall, this matrix offers perceptions of the interrelations among demographic factors and psychological constructs, providing insightful data for the comprehension of various aspects of human behaviour and well-being.

4. SUMMARY

The information presented here presents a comprehensive summary of the study participants and their demographic characteristics. Regarding the different age categories, the majority of participants resided in the 71–75 years age range (31.7%), followed by the nearby age groups of 60–65 and 66–70 years (both 27.5%). The 100 individuals are evenly distributed by gender, with 50 men and 50 women making up the sample. Regarding education, the majority of participants (27.5 %) had finished high school and half had post-secondary degrees. Marital status: 62.5% of married people were married compared to 64.2% of unemployed people. In terms of geography, 69.2% of the people live in rural areas, and the remaining 30.8% live in cities. Participants' living arrangements were further illuminated by the breakdown of their living conditions. The majority (58.3 %) lived with their partners or spouses, suggesting that marriage was prevalent. Furthermore, 2.5% of single people lived alone with others, 28.3% of single people lived alone with children, and an equal number of single people lived alone. Regarding health, a larger percentage (14.2 %) did not report having a disease compared to the overwhelming majority (85.3 %). Regarding independence, 92.5% of the people said they were independent, compared to only 7.5% who said they were not. The correlation analysis demonstrated intricate connections between various psychological and demographic variables. For example, there is very little evidence of a relationship between cognitive reappraisal and GHQ (r = 0.066); similarly, there is very little evidence of a relationship between expressive suppression and GHQ (r = 0.029) or between ERQ and GHQ (r = 0.112). Of particular note is the substantial inverse relationship between cognitive reappraisal and the GHQ (r = -0.341), which implies that individuals who use more cognitive reappraisal strategies tend to report lower levels of psychological distress. An examination of the demographic variables revealed more correlations; age had a positive correlation with both

educational attainment (r = 0.169) and marital status (r = 0.241), suggesting possible associations between these variables. Marital status also had a positive correlation with gender (r = 0.223) and working status (r = 0.212), indicating connections between these demographic categories. Finally, among the psychological variables, there was a noteworthy inverse relationship between disease and independence (r = -0.218), indicating that people with health problems may find it difficult to remain independent. Numerous factors had significant connections ($p < 0.05$) identified in them. Additionally, there is a moderate to weak positive correlation (r = 0.223*) between married status and living circumstances and working status (r = 0.241**). Furthermore, there is a high positive association between working status and both living situation and area of residence (r = 0.615** and 0.400**, respectively), indicating that one's living situation may be influenced by one's employment position. The relationship between independence and educational achievement was moderately favourable (r = 0.382**), suggesting that a higher level of education may be linked to greater independence. The General Health Questionnaire (GHQ) measures psychological well-being, and the findings show a strong positive correlation. for age (r = 0.519**), educational attainment (r = 0.519**), employment position (r = 0.398**), and housing situation (r = 0.319**).

Finally, the pronounced negative association between mental reappraisal and GHQ scores offers a compelling route for additional research and prospective intervention strategies aimed at enhancing psychological well-being, even though certain correlations may be weak and have limited predictive value. These results offer insightful information about the complex relationships between the psychological dimensions of the research population and demographic characteristics.

5. CONCLUSION

Emotion regulation is very important for healthy ageing and mental health. Emotional regulation refers to the method by which people control their emotional encounters, encompassing the level, course, and manifestation of their emotions. A variety of techniques are used in this complex phenomenon to alter an individual's perception of both internal and external inputs. Multiple strategies for regulating emotions have been developed, such as expressive suppression, which involves preventing the outward manifestation of emotions, and cognitive reappraisal, which involves reinterpreting a situation to change its emotional impact. Distraction, awareness, and acceptance are additional strategies. However, these techniques have varying results. and outcomes, and people frequently use a combination of strategies according to the situation and their own preferences. Psychological health, interpersonal connections, and general adaptive functioning depend heavily on emotions. People who use cognitive reappraisal have a positive effect on their mental health, and those who use expressive suppression will negatively affect their mental health. Similarly, in our study, we found a positive correlation between general mental health and ERQ, which signifies mental health and well-being, and healthy emotion regulation is necessary.

There is one notable relationship between health problems and capacity to maintain independence. This negative correlation indicates that as disease severity increases, independence tends to decrease. In other words, individuals experiencing health issues are more likely to encounter challenges in maintaining autonomy or self-reliance. This finding underscores the importance of addressing both physical and psychological well-being to support individuals in maintaining their independence, despite health challenges. The results indicated a noteworthy inverse relationship between cognitive reappraisal and GHQ scores. Specifically, the correlation coefficient (r = -0.341) suggests that, as individuals employ cognitive reappraisal strategies more frequently, they tend to report lower levels of psychological distress, as measured by the GHQ. This finding implies that the ability to reinterpret or reframe challenging situations in a more positive or constructive light may serve as a protective factor against psychological distress. A significant unfavourable correlation between cognitive this matrix analysis explores the intricate connections that exist between psychological concepts and demographic characteristics, providing important new understandings of human behaviour and well-being. The matrix offers a thorough grasp of the elements influencing behaviour and mental health and sheds light on the subtle nuances of human experience by analyzing the exchanges between various demographic data and psychological qualities. For researchers, caregivers, and policymakers seeking to enhance our comprehension of the complex processes influencing people's lives, this analysis is a fundamental resource.

6. STRENGTHS

Healthy emotion regulation and positive coping strategies are essential for a fulfilling life. They provide people with the ability to overcome obstacles with a fortitude and emotional equilibrium. People can improve their mental health, forge strong bonds with others, and flourish in the midst of hardships by learning constructive coping mechanisms and good emotion management. These abilities serve as the cornerstone of resilience, empowering people to overcome setbacks and confidently and optimistically pursue their objectives. Finally, putting healthy emotion control and constructive coping mechanisms first promotes a sense of contentment and fulfilment in life.

7. LIMITATIONS

The present study was conducted using a small sample; therefore, the results are not generalizable. The study was conducted in Lucknow city only, so further exploration is needed to better understand this area of study.

CONFLICT OF INTERESTS

None.

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