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Research Paper

Role of Emotional Regulation and Life Satisfaction for Mental Health and Well-being among Ageing Individuals

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ABSTRACT

The aim of the present study id to assess Role of Emotional Regulation and Life Satisfaction for Mental Health and Well-being 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), SWLS (Satisfaction With Life Scale by Denier et al., 1985 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, we found that there is negative relationship between ERQ and LS with correlation coefficients' negative sign (-0.273), there is very weak positive correlation between ERQ and GHQ with correlation coefficient of 0.112, and there is a strong negative correlation between LS AND GHQ with the negative sign of the correlation coefficient (-0.452).

Keywords: *Emotion Regulation, Role of ER in ageing, Life Satisfaction, Healthy Ageing, Mental health, Well-being*

As the global population continues to age, understanding the factors influencing mental health and well-being among older adults becomes increasingly imperative (World Health Organization, 2015). Aging is often accompanied by various psychosocial changes, including alterations in emotional regulation processes and fluctuations in life satisfaction levels (Carstensen et al., 2011). These factors intertwine intricately and play pivotal roles in shaping the mental health trajectory of aging individuals (Charles & Carstensen, 2010). Consequently, exploring the dynamic interplay between emotional regulation, life satisfaction, and mental well-being is essential for fostering targeted

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interventions and promoting healthy aging (Steptoe et al., 2015). Emotional regulation pertains to the complex processes that people utilize to control their feelings, reactions, and reactions to both internal and external stimuli. While ineffective emotional regulation techniques can lead to psychological discomfort and a decline in wellbeing, effective solutions help people deal with life's obstacles in an appropriate manner. Due to a variety of age-related changes, including deteriorations in social support systems and cognitive function, older persons may experience challenges controlling their emotions as they age. Consequently, improving our knowledge of effective aging requires examining how emotional regulation mechanisms change as people age and their consequences for mental health outcomes. According to Diener, Suh, Lucas, and Smith (1999), life satisfaction is a crucial factor influencing overall well-being, encompassing individuals' mental evaluations of their life circumstances and fulfilment of needs across various domains.

Additionally, Herzog, Franks, Markus, and Holmberg (1998) suggest that variables such as retirement, health status, and social interactions can significantly impact older individuals' perceptions of life satisfaction. Studies by Pavot and Diener (1993) and Steptoe, Deaton, and Stone (2015) have demonstrated the positive association between elevated life satisfaction and improved mental health outcomes, emphasizing its role in enhancing resilience to stressors during later life stages. Therefore, understanding the intricate relationships between life satisfaction, emotional regulation, and mental health outcomes among the elderly population is crucial for informing targeted interventions aimed at enhancing quality of life in this age group (Pinquart & Sörensen, 2000).

In this study, we seek to explore the relationship between life satisfaction and emotional regulation techniques and the prediction of mental health outcomes in older adults. Our goal is to understand the complex relationships between these dimensions and how they together affect mental health by using a comprehensive approach that includes both subjective and objective measures. By means of extensive evaluations and extended analyses, our goal is to make a valuable contribution to the expanding collection of studies on mental health and aging, promoting therapies based on empirical data and customized to meet the specific requirements of senior citizens. Finally, our effort emphasizes how critical it is to address life satisfaction and emotional regulation processes in order to support the best possible mental health and wellbeing as we age.

Emotion regulation, a fundamental aspect of psychological functioning, refers to an individual's ability to manage and respond to emotional experiences effectively (Gross, 2015). It encompasses a diverse range of cognitive and behavioural strategies employed to modulate emotions, including reappraisal, suppression, and distraction (Aldao et al., 2010). These strategies are frequently employed, often unconsciously, to cope with the myriad of challenges encountered in daily life (Gross, 2015). As elucidated by Rolston and Richardson (2017), emotion regulation serves as a crucial mechanism for navigating the complexities of human emotion, enabling individuals to adapt and respond constructively to various situational demands. In their study, they highlighted the importance of healthy coping strategies in managing stress, such as engaging in physical activity like walking. Such activities not only mitigate the intensity of emotional experiences but also facilitate a deeper understanding of the underlying triggers (Rolston & Richardson, 2017). Furthermore, research has underscored the significance of differentiating between healthy and unhealthy coping mechanisms. Healthy strategies, such as problem-solving and seeking social support, have been associated with better psychological adjustment and well-being (Skinner &

Zimmer 2007). Conversely, maladaptive strategies, such as avoidance and rumination, have been linked to heightened distress and psychopathology (Aldao et al., 2010).

Life satisfaction is the evaluation of a person's quality of life (Veenhoven, 1996). It is assessed in terms of mood, relationship satisfaction, achieved goals, self-concepts, and self-perceived ability to cope with life. Life satisfaction involves a favourable attitude towards one's life— rather than an assessment of current feelings. Life satisfaction has been measured in relation to economic standing, degree of education, experiences, residence, and other factors. Hsieh et al. (2018)., Gilman and Huebner, (2003)., Ernst Kossek and Ozeki, C. (1998). Life satisfaction is a key part of subjective well-being. Many factors influence subjective well-being and life satisfaction. Socio-demographic factors include gender, age, marital status, income, and education. Psychosocial factors include health and illness, functional ability, activity level, and social relationships. Fernández-Ballesteros et al. (2001).

LS is one of a person's primary psychological requirements. LS reality affects how a person develops their personality and lifestyle. Researchers have consistently focused on LS as an important aspect of developing a positive attitude towards their environment (Feldman, 2019). LS is consistent throughout life and does not decrease with age, despite what most of the population thinks. Aging elderly is a period of proficiency and maturity as well as a chance to enhance life and increase life satisfaction. For the first time, the number of people 65 and older surpassed that of children under five in 2018 (Tal & Kerret, 2020). Challenges emerge for both individuals and society as a whole due to population aging and the rise in the elderly population. Concerns about biopsychological well-being, healthy economic growth, and the financial concerns of the aged and elderly are a few examples of these problems. Additionally, they draw attention to how diverse civilizations must provide care for this people. The most important issue Highlights: Active aging is the primary cause of this rise in the elderly (Ramia & Voicu, 2020).

With global trends in population aging, many nations are developing and implementing healthy aging policies to promote quality as well as years of healthy life (World Health Organization, 2015). To broaden the evidence base for such policy development, a review of the literature was conducted to summarize the existing evidence regarding the behavioural determinants of healthy aging (Smith et al., 2020). Such research is needed so that the efficacy of modes of intervention can be better understood. The outcome of “healthy” or “successful” aging was selected for this review since this nomenclature dominates the literature describing a global measure of multidimensional functioning at the positive end of the health continuum in older age (Rowe & Kahn, 1997). Understanding the factors and interventions that contribute to healthy aging is essential for informing policies and practices aimed at promoting well-being and quality of life among older adults. Studies published between 1985 and 2003 that reported statistical associations between baseline determinants and healthy aging outcome were identified from a systematic search of medical, psychological, sociological, and gerontological databases. Eight studies satisfied the search criteria. Modifiable risk factors among the behavioural determinants included smoking status, physical activity level, body mass index, diet, alcohol use, and health practices. On the basis of these findings, effective healthy aging policies need to enhance opportunities across the life span for modification of lifestyle risk factors. Efforts to standardize concepts and terminology will facilitate further research activity in this important area (Peel et al., 2005).

MATERIAL AND METHODS

Selection of Sample

For selecting the respondents multistage random sampling was utilized. For the present study 120 respondents were randomly selected from both Rural and Urban areas of Lucknow city, out of which 60 were male and 60 were female. The respondents for the study were chosen from two different locations of Lucknow city i.e. South City and Shaheed Nagar. The sample consists of 120 respondents.

Data Collection

Three tools were utilized, including a self-made socio demographic questionnaire for assessing demographic profile of the respondents. The ERQ () by Gross, J.J., & John, O.P. 2003, SWLS () by Diener et al., 1985 and GHQ-12() by Goldberg and Williams, 1988.

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 assess mental health. It comprises 12 items covering various aspects of well-being, such as concentration, sleep patterns, and self-esteem. Respondents indicate whether they have experienced specific symptoms over a recent period, with scoring typically binary (0 for absence, 1 for presence). Higher total scores suggest greater psychological distress. The GHQ-12 is widely used due to its efficiency, reliability, and validity, making it valuable for researchers, clinicians, and policymakers in identifying individuals who may require further evaluation or intervention.

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 explore the impact of emotion regulation on mental health and interpersonal relationships.

3.Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS), developed by Diener et al. in 1985, is a widely used questionnaire comprising five items designed to measure subjective well-being or life satisfaction. Respondents rate their agreement with each item on a 7-point Likert scale. The SWLS is renowned for its brevity, simplicity, and reliability, making it a popular tool in psychological research. It has consistently shown positive correlations with indicators of psychological well-being and negative correlations with measures of psychological distress, contributing significantly to the understanding and measurement of life satisfaction.

RESULTS AND DISCUSSIONS

Table 1: Showing 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 Post	6	5.0
4	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 is an equal distribution, with 50 males and 50 females, making up 100 participants in total. Education-wise, the majority have completed high school, making up 27.5%, followed by those with other qualifications at 50%. Regarding marital status, the highest percentage is married individuals at 62.5%, while in terms of working status, 64.2% are non-working. Geographically, the majority reside in rural areas, comprising 69.2% of the total sample, with urban dwellers making up the remaining 30.8%. Overall, the table offers a comprehensive snapshot of the demographic composition of the sample population.

Table 2: Showing the health-related condition of the respondents

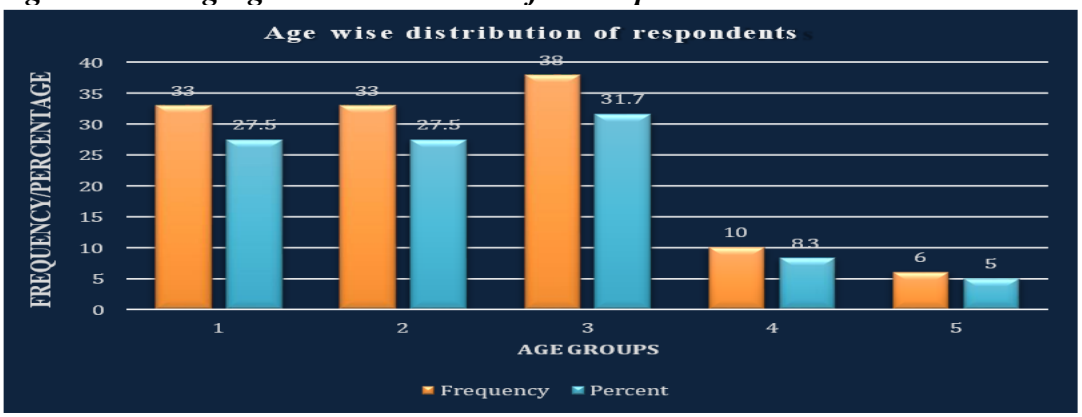
S. No	Category	Frequency(n)	Percentage (%)
Living situation			
1	Alone	10	8.3
2	With husband/wife/or partner	70	58.3
3	Without husband/wife/or partner	3	2.5
4	Alone with children	34	28.3
5	Alone with others	3	2.5
	Total	120	100.
Disease			
1	Yes	103	85.3
2	No	17	14.2
	Total	120	100.0
Independence			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

The table presents data on various aspects of individuals' living situations, health status, and level of independence. In terms of living situation, the majority, at 58.3%, reside with their husband, wife, or partner, while 28.3% live alone with children, and 2.5% live alone with others. A small percentage, 2.5%, live entirely alone. Concerning health, the overwhelming majority, 85.3%, report having a disease, while 14.2% do not. When it comes to independence, the data shows that 92.5% of individuals consider themselves independent, while 7.5% do not. This table offers insights into the household dynamics, health conditions, and self-perceived independence of the surveyed population.

Table 3- Showing Age wise distribution of the respondents

Age groups	Frequency(n)	Percent (%)
60-65	33	27.5
66-70	33	27.5
71-75	38	31.7
76-80	10	8.3
81 and above	6	5
Total	120	100

Fig 1: - Showing Age wise distribution of the respondents

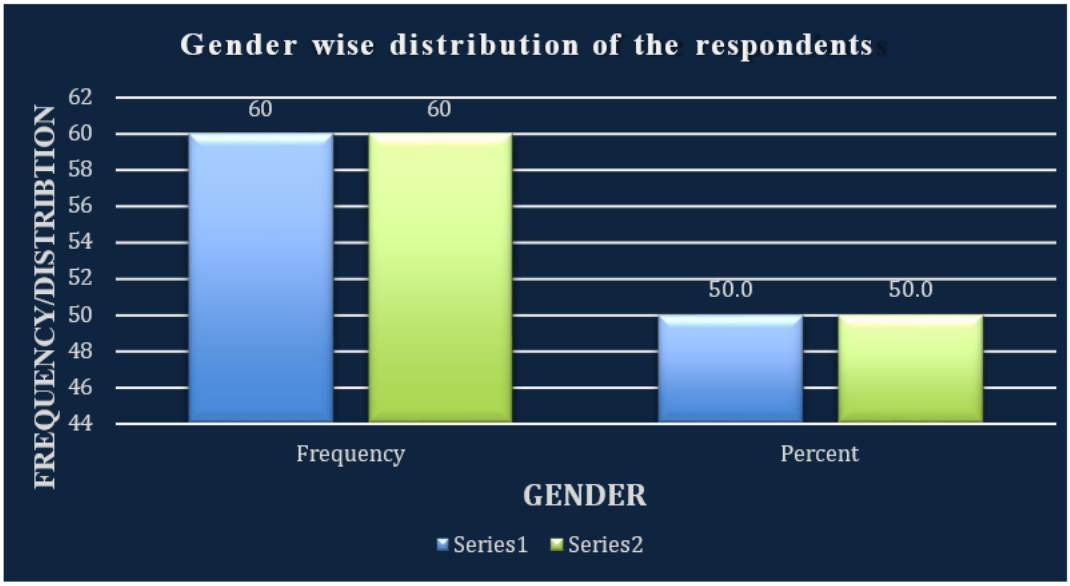


The distribution of age groups in the data reveals that individuals aged 60-65 and 66-70 each constitute 27.5% of the sample, followed by those aged 71-75, comprising 31.7%. A smaller proportion falls within the 76-80 range, accounting for 8.3%, while only 5% are aged 81 and above. In total, 120 participants are included in the dataset, with each age category contributing to a comprehensive overview of the population's demographics.

Table 4- Showing Gender wise distribution of the respondents

Gender	Frequency	Percent
Male	60	50.0
Female	60	50.0
Total	120	100.0

Fig 2: - Showing gender wise distribution of the respondents

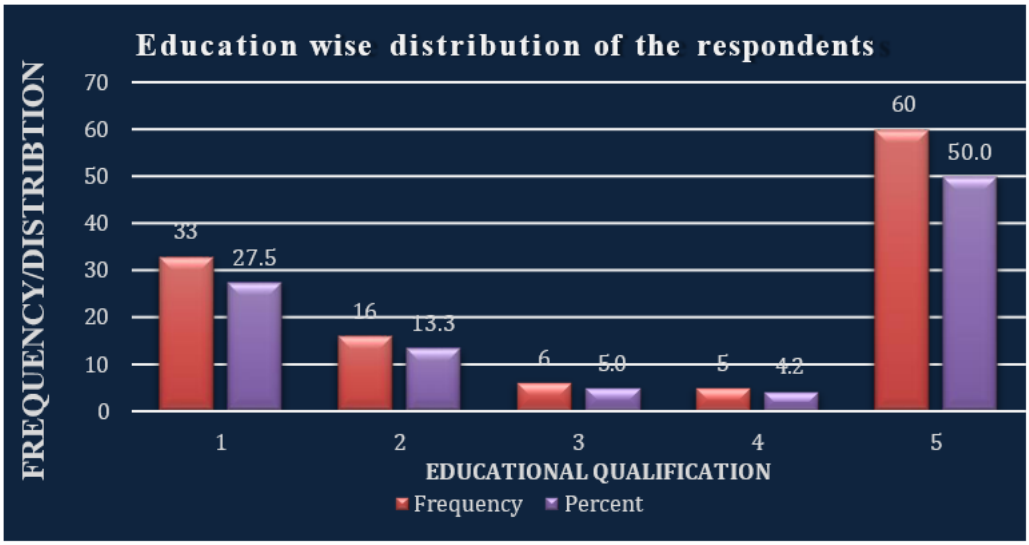


This table presents data on the distribution of gender within a sample population. The sample size consists of 120 individuals, evenly split between male and female respondents, with 60 individuals (50.0%) identifying as male and another 60 individuals (50.0%) identifying as female. The table provides a clear breakdown of the gender composition of the sample, highlighting an equal representation of both male and female participants.

Table 5- Showing Education wise distribution of the respondents

Educational qualification	Frequency	Percent
High school	33	27.5
Intermediate	16	13.3
Graduate	6	5.0
Post graduate	5	4.2
Others	60	50.0
Total	120	100.0

Fig 3: - Showing education wise distribution of the respondents

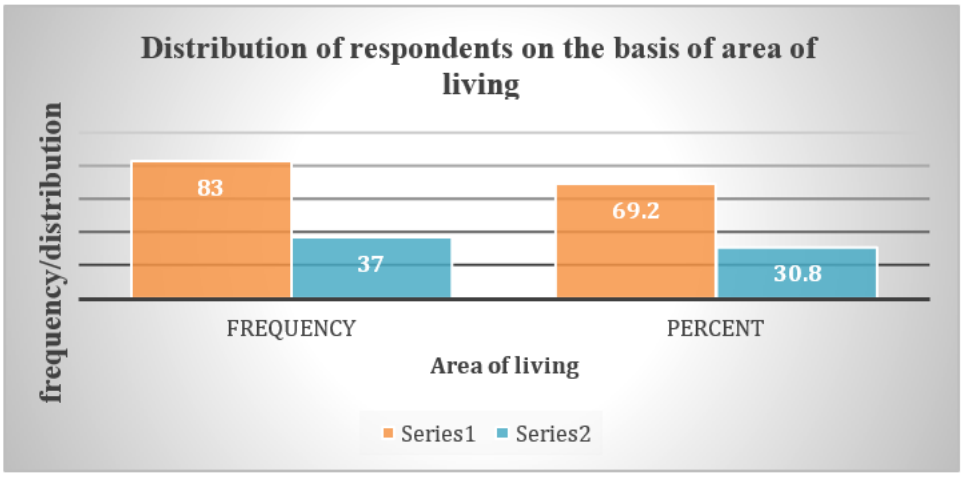


This table provides a breakdown of educational qualifications within a sample population. Out of a total of 120 individuals surveyed, the majority, comprising 50%, fall into the "Others" category, indicating a diverse range of educational backgrounds beyond the specified options. High school education is the most prevalent, with 33 respondents, accounting for 27.5% of the sample. Intermediate education follows with 16 respondents, constituting 13.3% of the sample. Graduate and postgraduate qualifications are less common, with 6 (5.0%) and 5 (4.2%) respondents respectively. This table offers insights into the distribution of educational qualifications within the surveyed population, highlighting the diversity of educational backgrounds represented.

Table 6- Showing Distribution of respondents on the basis of area of living

Area of living	Frequency	Percent
Rural	83	69.2
Urban	37	30.8
Total	120	100.0

Fig 4 - Showing Distribution of respondents on the basis of area of living

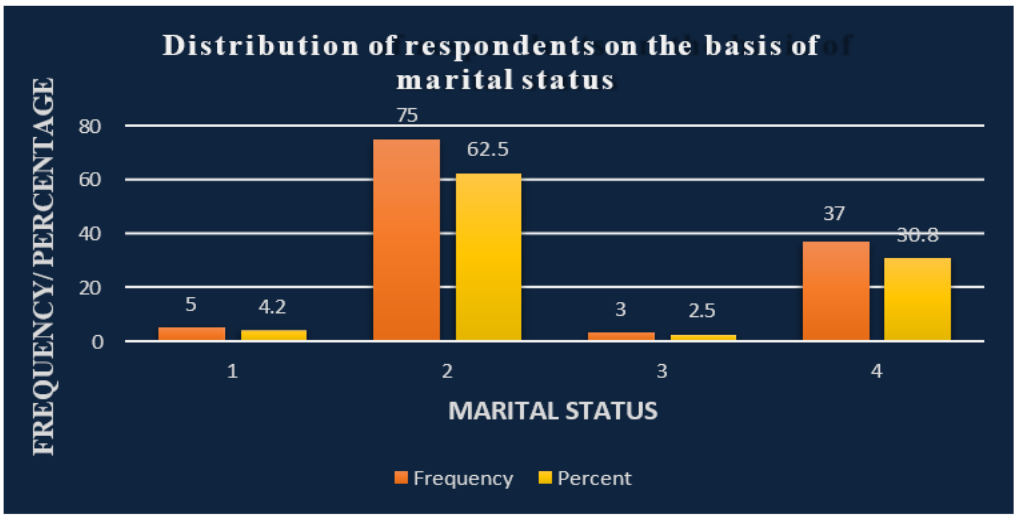


This table presents data on the distribution of participants based on their area of living. Out of the total sample size of 120 individuals, 83 (69.2%) reside in rural areas, while 37 (30.8%) live in urban areas. This breakdown offers insights into the demographic composition of the study population, highlighting the prevalence of rural residency among the respondents. Such information is valuable for understanding the contextual factors that may influence various aspects of behaviour, health outcomes, and quality of life among individuals from different living environments.

Table 7- Showing Distribution of respondents on the basis of marital status

Marital status	Frequency	Percent
Single	5	4.2
Married	75	62.5
Divorced	3	2.5
Widowed	37	30.8
Total	120	100.0

Fig 5 - Showing Distribution of respondents on the basis of marital status

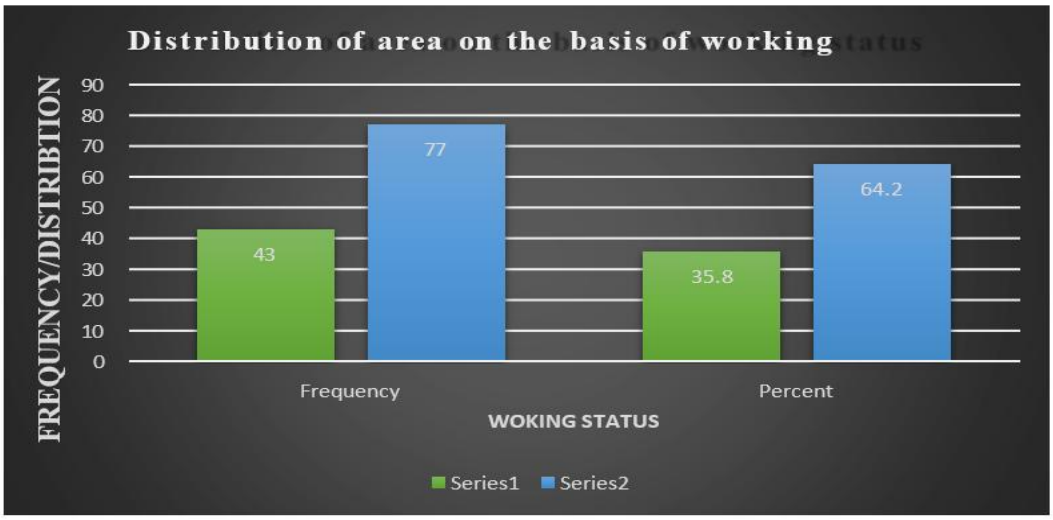


This table provides a breakdown of the marital status of the participants, indicating both the frequency and percentage distribution within the sample of 120 individuals. The majority of respondents were married, comprising 75 individuals or 62.5% of the total sample. Following married individuals, the next most common marital status was widowed, with 37 individuals accounting for 30.8% of the sample. A small proportion of participants reported being single (5 individuals or 4.2%), while an even smaller number indicated being divorced (3 individuals or 2.5%). This table offers valuable insights into the marital composition of the surveyed population, highlighting the diversity of marital statuses represented within the sample.

Table 8- Distribution of respondents on the basis of working status

Working status	Frequency	Percent
Working	43	35.8
Non -working	77	64.2
Total	120	100.0

Fig 6 - Showing Distribution of respondents on the basis of working status

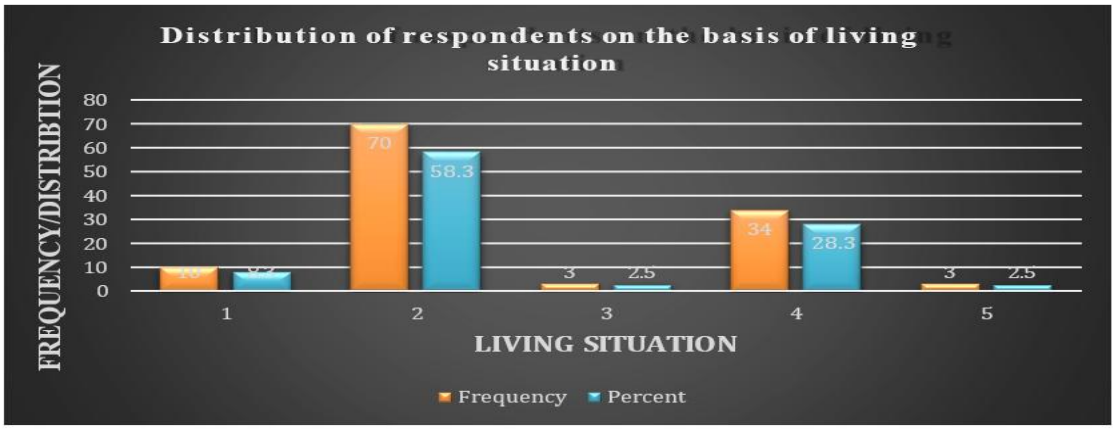


This table presents data on the frequency and percentage distribution of individuals based on their working status. Among the total sample size of 120 individuals, 43 (35.8%) are currently employed or in a working status, while the majority, comprising 77 individuals (64.2%), are classified as non-working, indicating they are not currently employed. This breakdown provides insights into the composition of the surveyed population in terms of their employment status. It offers a snapshot of the proportion of individuals who are actively engaged in the workforce versus those who are not, contributing to a better understanding of the demographic characteristics of the sample.

Table 9- Showing Distribution of respondents on the basis of Living situation

Living situation	Frequency	Percent
Alone	10	8.3
With husband/wife/or partner	70	58.3
Without husband/wife/or partner	3	2.5
Alone with children	34	28.3
Alone with others	3	2.5
Total	120	100.0

Fig 7 - Showing Distribution of respondents on the basis of Living situation

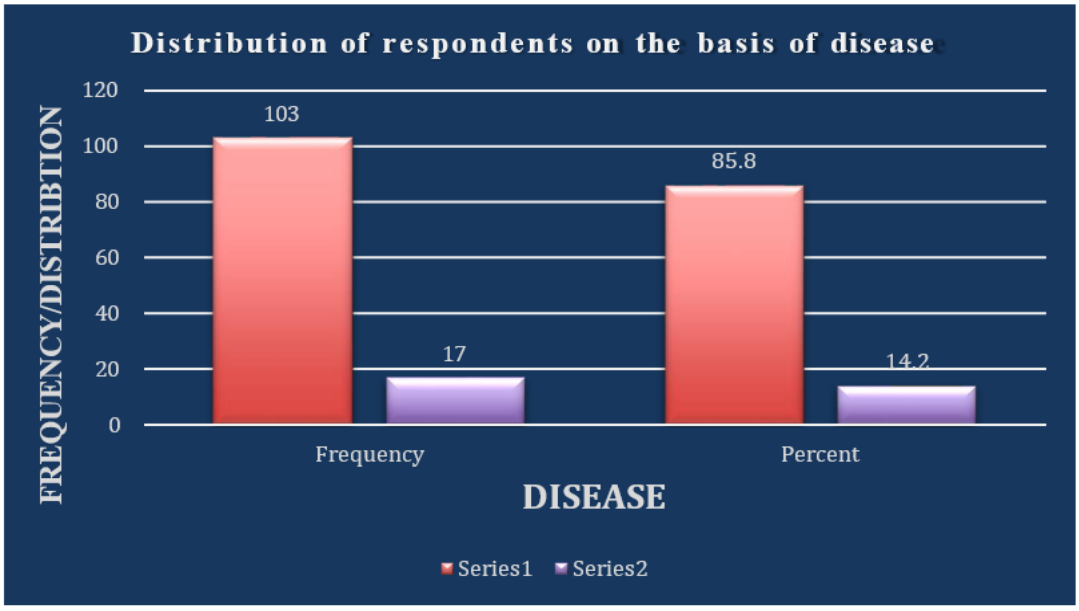


The table depicts the distribution of living situations among a sample of 120 individuals. The majority, constituting 58.3%, reside with their husband, wife, or partner. Following closely, 28.3% live alone with children, reflecting a significant portion of the sample. A smaller percentage, 8.3%, live entirely alone, while only 2.5% share their living space with others without a spouse or partner present. Similarly, another 2.5% reside alone with individuals other than children. This breakdown offers insights into the diverse household compositions within the surveyed population, ranging from single occupancy to family units and shared living arrangements.

Table 10- Showing Distribution of respondents on the basis of presence or absence of any disease/ illness.

Disease	Frequency	Percent
Yes	103	85.8
No	17	14.2
Total	120	100.0

Fig 8 - Showing Distribution of respondents on the basis of presence or absence of any disease/illness.

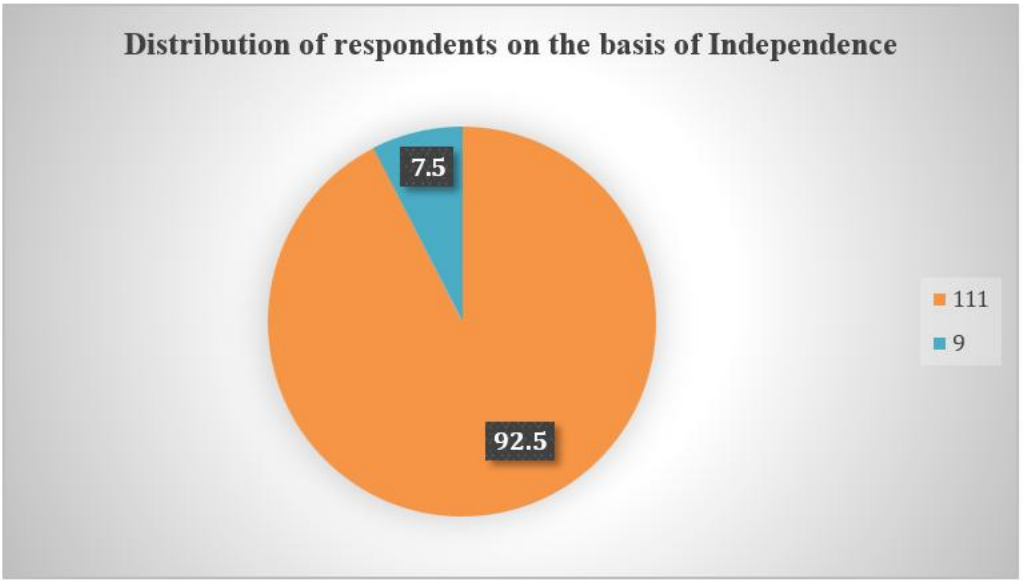


This table provides an overview of the frequency and percentage distribution of a particular disease within a sample population. Out of a total sample size of 120 individuals, 103 (85.8%) reported experiencing the disease ("Yes" category), while 17 (14.2%) indicated they did not have the disease ("No" category). This presentation of data offers a clear understanding of the prevalence of the disease within the surveyed population, highlighting the significant proportion of individuals affected by it.

Table 11- Showing Distribution of respondents on the basis of Independen

Independence	Frequency	Percent
Yes	111	92.5
No	9	7.5
Total	120	100.0

Fig 9 - Showing Distribution of respondents on the basis of Independence



This table presents data on the frequency and percentage distribution of responses regarding independence. Of the total sample size of 120 individuals, 111 (92.5%) responded affirmatively that they possess independence, while 9 (7.5%) responded negatively. This table provides a clear breakdown of the distribution of responses, highlighting the predominant presence of independence among the surveyed population.

Table 12- Correlation between cognitive reappraisal and life satisfaction

Correlations

		Cognitive reappraisal	**LS**
Cog Reap	Pearson Correlation	1	-.180*
	Sig. (2-tailed)		.050
	N	120	120
LS	Pearson Correlation	-.180*	1
	Sig. (2-tailed)	.050	
	N	120	120

** Correlation is significant at the 0.05 level of significance.*

Both correlations between cognitive reappraisal and "LS" are found to be statistically significant at the 0.05 level (2-tailed). The negative sign of the correlation coefficient (-0.180) indicates a weak negative relationship between the two variables. This suggests that as scores on one variable (Cognitive reappraisal) tend to increase, scores on the other variable (LS) tend to decrease slightly, and vice versa. The sample size for both correlations is 120, ensuring a robust analysis.

Table 13 - Showing Correlation between Expressive suppression and life satisfaction

Correlations

		Expressive suppression	**LS**
Expressive suppression	Pearson Correlation	1	-.207*
	Sig. (2-tailed)		.023
	N	120	120
LS	Pearson Correlation	-.207*	1
	Sig. (2-tailed)	.023	
	N	120	120

**Correlation is significant at the 0.05 level of significance.*

The correlation coefficients between "Expressive suppression" and "LS" are statistically significant at the 0.05 level (2-tailed), indicating a meaningful relationship between the two variables. The negative sign of the correlation coefficient (-0.207) suggests a moderate negative association between the variables. This implies that as scores on one variable (Expressive suppression) increase, scores on the other variable (LS) tend to decrease moderately, and vice versa. The analysis was conducted on a sample size of 120, ensuring the reliability of the results.

Table 14 – Showing Correlation between Emotion Regulation Questionnaire and life satisfaction

Correlations

		ERQ	**LS**
ERQ	Pearson Correlation	1	-.273**
	Sig. (2-tailed)		.003
	N	120	120
LS	Pearson Correlation	-.273**	1
	Sig. (2-tailed)	.003	
	N	120	120

***Correlation is significant at both 0.01 & 0.05 level of significance.*

The statistical significance of the correlation coefficients between "ERQ" and "LS" at the 0.01 level (two-tailed) suggests a strong connection between the two variables. The correlation coefficient's negative sign (-0.273) indicates a moderately negative relationship between them. It can be inferred that a moderate decline in LS scores occurs when ERQ scores rise, signifying improved skills in specific emotion management techniques, and vice versa. A sample size of 120 was analysed to ensure the reliability of the results.

Table 15 – Showing 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 the two variables. The correlation coefficient of 0.066 indicates a very weak positive correlation. It suggests that any change in scores of one variables (Cognitive Reappraisal or GHQ) is minimally associated with a corresponding change in 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 16 – Showing 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 is no significant linear relationship between the two variables. The correlation coefficient of 0.029 suggests an extremely weak positive correlation. This implies that any change in scores of one variables (Expressive suppression or GHQ) is almost negligibly associated with a corresponding change in scores of the other variable. The analysis was conducted on a dataset consisting of 120 observations for each variable, providing sufficient data for the analysis.

Table 17 – Showing 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 suggests that there is no significant linear relationship between the two variables. The correlation coefficient of 0.112 indicates a very weak positive correlation. It implies that any change in scores of one variables (ERQ or GHQ) is minimally associated with a corresponding change in 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 18 – Showing Correlation between Life Satisfaction and General Health Questionnaire

Correlations

		LS	GHQ
LS	Pearson Correlation	1	-.452**
	Sig. (2-tailed)		.000
	N	120	120
GHQ	Pearson Correlation	-.452**	1
	Sig. (2-tailed)	.000	
	N	120	120

***Correlation is significant at both 0.01 & 0.05 level of significance.*

The correlation coefficients between "LS" and "GHQ" are highly statistically significant at the 0.01 level (two-tailed), with p-values less than 0.01. This indicates a strong negative correlation between the two variables. The negative sign of the correlation coefficient (-0.452) suggests a significant inverse relationship between the two variables. In other words, as scores on one variable (LS or GHQ) increase, scores on the other variable tend to decrease notably, and vice versa. The analysis was conducted on a dataset comprising 120 observations for each variable, ensuring a robust sample size for the analysis.

Table 19 – Showing the Correlation Matrix of Sociodemographic and Psychological Variables

	Gende r	Age	Educational qualification	Marital status	Area of living	Working status	Living situation	Disease	Independence	ERQ	Cog appr	Exp supp	LS	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**		
LS	**-.016**	**-.377****	**-.377****	**-.174**	**.092**	**-.034**	**-.153**	**.149**	**-.082**	**-.273****	**-.180***	**-207***	**1**	
GHQ	**.318****	**.519****	**.519****	**.471**	**.104**	**.193***	**.398****	**-.319****	**.098**	**.112**	**.066**	**.029**	**-.452****	**1**

The correlation matrix presents relationships between various demographic and psychological variables. Each cell shows the Pearson correlation coefficient between the variables listed on the left and top of the matrix. Among the demographic factors, significant positive correlations are observed between age and educational qualification (r = 0.169), as well as between age and marital status (r = 0.241). Furthermore, marital status shows a significant positive correlation with gender (r = 0.223) and working status (r = 0.212). Among psychological variables, a strong negative correlation is evident between disease and independence (r = -0.218), indicating that those with health issues may struggle with

independence. Additionally, there is a notable negative correlation between cognitive reappraisal and GHQ (r = -0.341), suggesting that individuals who engage in more cognitive reappraisal tend to report lower levels of psychological distress. Overall, this matrix offers insights into the interrelations among demographic factors and psychological constructs, providing valuable information for understanding various aspects of human behaviour and well-being.

SUMMARY

The breakdown of demographic factors unveils a predominant presence of individuals aged between 60 to 75 years old. Specifically, the largest portion falls within the 71-75 age bracket, comprising 31.7% of the total respondents, closely followed by those aged 60-65 and 66-70, each representing 27.5%. This distribution indicates a significant representation of older adults within the sample. Gender-wise, there is an equal distribution, with 50% males and 50% females, ensuring a balanced gender representation. Regarding educational attainment, the data illustrates that a substantial number of participants have completed high school (27.5%), while another sizable portion possesses qualifications beyond high school (50%). This suggests a varied educational background within the surveyed population. Marital status data reveals that the majority of participants are married (62.5%), reflecting the prevalence of marital relationships within the sample. Additionally, a notable majority of respondents are nonworking (64.2%), possibly indicating retirement or other factors affecting employment status. Geographically, the majority reside in rural areas (69.2%), with urban dwellers constituting the remaining 30.8%, providing insights into the distribution of participants across different residential settings. Analysis of living situations among the surveyed population showcases diverse household compositions. A significant proportion (58.3%) of respondents reside with their spouse, underscoring common partnered living arrangements. Additionally, 28.3% live alone with children, indicating the presence of single-parent households within the sample. Moreover, a smaller percentage (8.3%) live entirely alone, possibly comprising single individuals or those living independently. Health-wise, the overwhelming majority of participants (85.3%) report having a disease, suggesting a high prevalence of health issues within the surveyed population. Despite health challenges, most individuals (92.5%) consider themselves independent in their daily activities, reflecting a sense of self-sufficiency and autonomy. The data reveals nuanced relationships between psychological variables. A weak negative correlation is observed between cognitive reappraisal and life satisfaction (-0.180), implying that higher levels of cognitive reappraisal may be associated with slightly lower life satisfaction, and vice versa. Similarly, expressive suppression exhibits a moderate negative correlation with life satisfaction (-0.207), indicating that increased levels of expressive suppression are linked to decreased life satisfaction. Furthermore, a moderately negative correlation is found between ERQ and life satisfaction (-0.273), suggesting that enhanced emotion regulation skills may correspond to higher life satisfaction levels. Notably, a strong negative correlation is identified between life satisfaction and GHQ (-0.452), indicating that heightened levels of psychological distress are correlated with reduced life satisfaction. Significant correlations between demographic factors and psychological constructs are evident. Positive correlations are observed between age and educational qualification (r = 0.169), age and marital status (r = 0.241), as well as marital status and gender (r = 0.223) and working status (r = 0.212). Conversely, negative correlations are noted between disease and independence (r = -0.218), as well as cognitive reappraisal and GHQ (r = -0.341), shedding light on potential associations between demographic factors and psychological well-being. These findings collectively offer a comprehensive understanding of the characteristics, living situations, health status, and

psychological dynamics within the surveyed population, providing valuable insights for further research and intervention strategies.

CONCLUSION

The results indicate that within the demographic factors analysed, there are notable positive correlations with age. Firstly, there is a positive correlation (r = 0.169) between age and educational qualification. This suggests that as age increases, so does the level of educational attainment. In other words, older individuals tend to have higher levels of education compared to younger individuals within the sample. Secondly, there is a stronger positive correlation (r= 0.241) between age and marital status. This implies that as individuals grow older, they are more likely to be married or in a committed relationship. It suggests a trend where older individuals are more inclined towards being married compared to younger individuals in the study group. There is a significant positive correlation between marital status and both gender and working status. Specifically, the correlation coefficient (r) between marital status and gender is 0.223, suggesting a moderately positive relationship. Similarly, the correlation coefficient between marital status and working status is 0.212, indicating another moderately positive association. These findings imply that as marital status changes, there tends to be a corresponding change in both gender and working status, albeit not necessarily in a perfectly linear manner. There is a notable relationship between health problems and the ability to maintain independence. The negative correlation coefficient of -0.218 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 their 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 indicate a significant negative correlation 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 implies that the ability to reinterpret or reframe challenging situations in a more positive or constructive light may serve as a protective factor against experiencing psychological distress. The findings of this matrix analysis explore the complex relationships that exist between psychological concepts and demographic characteristics, providing important new understandings of human behaviour and wellbeing. The matrix offers a thorough grasp of the elements influencing behaviour and mental health and throws light on the subtle nuances of the human experience by analyzing the interactions between various demographic data and psychological qualities. For scholars, politicians, and practitioners looking to improve our understanding of the complex processes influencing people's lives, this analysis is a fundamental resource.

Limitations

The present study was conducted on a small sample therefore it is not much generalizable. the study was conducted at Lucknow. city only so we need to explore further to understand this area of study better.

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Conflict of Interest

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