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Exploring the relationship of emotional intelligence with mental health status in polish unemployed persons – differences between men and women

Abstract: *This study investigates the relationship between EI and the state of mental health of unemployed persons. Gender differences were also identified in terms of mental health and its correlation with EI. A sample of 160 Polish unemployed persons aged 35 to 45 years filled in self-descriptive measures of EI and mental health.*

Significant gender differences were found – unemployed women were characterised by a greater intensity of mental health disorders than unemployed men. EI was negatively correlated with mental health disorders, but the correlations were few and weaker than expected. However, when unemployed persons with a low, average and high EI were compared, it turned out that participants with a low EI were characterised by a significantly worse condition of mental health than participants with a average or high EI.

Key words: *Emotional intelligence, mental health, gender differences, unemployment*

Background

Unemployment is a significant problem of both socio-economic and individual nature, which is present in many countries around the globe. Experts have identified unemployment as one of the major stressors in an individual's life (c.f. Blustein, Kozan & Connors-Kellgren, 2011; Thoits, 2010). If the timeframe exceeds 6 months, its negative consequences intensify and become chronic (c.f. Muhanty, 2010; Wanberg, 2012). Some of them include decreased family stability and increased conflicts, relationship disengagement or dissolution (Doiron & Mendolia, 2011; Mendolia, 2014; Song et al., 2011), as well as low self-esteem and identity issues, which cause greater psychological dependence on others (Audhoe et al., 2010; Garrett-Peters, 2009; Winefield et al., 1991) and a higher likelihood of aggressive and pathological behaviors (Baron, 2008; Goldman-Mellor, Saxton & Catalano, 2010). A number of studies have shown that unemployed persons experience deficits in mental well-being, such as exacerbated depression (Pelzer, Schaffrath, & Vernaleken, 2014; Schmitz, 2010; Wahlbeck & McDaid, 2012), a tendency to succumb to various forms of addiction, and susceptibility to suicide attempts and self-destructive behaviors (Classen & Dunn, 2012; Partha et al., 2011; Paul & Moser, 2006).

Although the negative mental consequences of unemployment have been investigated relatively thoroughly, it has also been noted that they vary considerably between individuals as some fare better than others (c.f. Artazcoz et al., 2004; Catalano et al., 2011; Goldman-Mellor, Saxton & Catalano, 2010; McKee-Ryan et al., 2005; Schmitz, 2010; Wanberg, 2012). Nevertheless, most studies have focused on the adverse impact of unemployment rather than on exploring individual differences in adaptation and coping.

Unemployment is typically accompanied by frustration and numerous negative emotional experiences. Jobless persons may lose their sense of security, feel wronged and lonely, and experience anger, sadness, sorrow, and a sense of guilt (Partha et al., 2011; Paul & Moser, 2006, Schmitz, 2010). Hence, appropriate emotion regulation and the effective use of emotions is of paramount importance in coping with this situation. The psychological quality that determines coping with emotions is emotional intelligence (EI), which has been variously defined in the psychological literature. Terminological and theoretical disputes notwithstanding, the present work is based on the model of Mayer and Salovey (Mayer, Salovey & Caruso, 2004), who defined EI as a collection of emotional abilities that determine coping with emotions, including: 1) the ability to perceive, process, and express emotions; 2) the ability to

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use emotions to facilitate thought processes; 3) the ability to understand emotions and their sources; and 4) the ability to manage and reflectively regulate emotions. As all of these abilities concern both one's own and other people's emotions, it seems appropriate to discuss interpersonal and intrapersonal EI. These components were also taken into account in the current study.

Previous research has confirmed a positive association between EI and adaptation in the broad sense of the term. Emotional abilities have been demonstrated to correlate with life satisfaction (Extremera & Fernandez-Berrocal, 2005; Petrides, 2010), appropriate social functioning (Brackett et al., 2006; Matczak & Knopp, 2013), higher quality of interpersonal relationships (Matczak & Knopp, 2013; Van der Zee, Thijs & Schakel, 2002), readiness to benefit from social support and assistance from others (Ciarrochi, Chan & Bajgar, 2001), effective coping with stress and problems (Gloria, Faulk & Steinhardt, 2013; Noorbakhsh, Besharat & Zarei, 2010; Matczak & Knopp, 2013; Ogińska-Bulik, 2005; Petrides, 2010), and resilience (Armstrong, Galligan & Critchley, 2011; Cohn et al., 2009). EI is also positively associated with well-being as well as mental and physical health (Augusto-Lando, Pulido-Martos, & Lopez-Zafra, 2010; Deiner & Chan, 2011; James, Bore, & Zito, 2012; Martins, Ramalho & Morin, 2010). Moreover, a negative relationship has been found between EI and various mental disorders, somatic symptoms, and social pathologies, such as criminal behavior and addictions (Augusto-Lando & Montes-Berges, 2009). Some researchers suggest a threshold effect, or a minimum level of EI necessary for good functioning, above which further increases in EI may not highly enhance coping (c.f. Brackett, Mayer & Warner, 2004).

While few studies have explored the relationship between EI and the functioning of unemployed persons, it seem reasonable to assume that it facilitates coping with job loss and maintaining mental health. Arguments in support of this thesis may also be found in the field of positive psychology. While, unemployment constitutes a major stressor and elicits intensive negative emotions, EI has been found to correlate with a lower tendency to experience them (Mikolajczak et al., 2009; Ramos, Fernandez-Berrocal & Extremera, 2007).

It should be noted that one of the crucial elements of EI is emotional regulation, which is the ability to increase, maintain, or decrease levels of positive and negative emotions (c.f. Koole, 2009). The strategies that are used to regulate emotions are important in repairing dysfunctional negative emotions and creating and sustaining positive emotions. Research has shown that persons with higher EI can more effectively deal with negative emotions, such as those induced by unemployment (c.f. Curtin, 2016). EI has been observed to enable the individual to experience positive emotions and use them in coping with problems and stress (Kong, Zhao, & You, 2012; Ramesar, Koortzen, & Oosthuizen, 2009). Such emotions, including contentment, happiness, and hope, broaden the individual's range of thinking and behavior, thereby improving psychological and physical well-being as well as coping

skills (Gloria, Faulk & Steinhardt, 2013; Deiner & Chan, 2011). The ability to draw upon positive emotions leads to novel, creative and efficient patterns of thought and action, which build resilience and the belief in the ability to overcome adverse life experiences (Curtin, 2016; Quirin, Bode, & Kuhl, 2011). Furthermore, researchers have found that experiencing positive emotions may undo or mitigate the impact of negative emotions (Bahrami, Kasaei, & Zamani, 2012; Fredrickson, 2013; Garland et al., 2010). Most individuals experience both positive and negative emotions during times of stress (Koole, 2009). However, emotionally intelligent individuals are more proficient at using positive emotions to manage stress (Fredrickson, 2013; Kong, Zhao, & You, 2012; Noorbakhsh, Besharat & Zarei, 2010; Tugade & Fredrickson, 2007), limiting its adverse consequences for mental health.

There is also empirical evidence in the literature that individuals with higher EI scores experience lower levels of stress (Mikolajczak et al., 2007; Panda, 2008; Ramos, Fernandez-Berrocal & Extremera, 2007) and, in stressful situations, including loss of job and other changes in employment status, they are able to pursue more adaptive coping strategies (Curtin, 2016; Plaude & Rascevska, 2011). Significant positive correlations have been found between EI and action, or problem-focused coping, and significant negative correlations between EI and acceptance, or emotion-focused coping (Noorbakhsh, Besharat & Zarei, 2010). These results support the thesis that EI prevents a negative impact of unemployment on health.

In the context of the psychological ramifications of unemployment, another major issue is gender differences. Many studies have reported a more severe impact of joblessness on mental health in men (Artazcoz et al., 2004; Hakim, 1995; Harpaz, 1989; Paul & Moser, 2009; Theodossiou, 1998). On the other hand, some authors have suggested that women miss employment as much as men do, and, as a result, suffer to the same degree (see for instance Ensminger & Celentano, 1990; Hammarstrom et al., 2011; Strandh et al., 2013; Thomas, Benzeval & Stansfeld, 2005), while yet other scholars have found women to be more susceptible to unemployment-related stressors (Komarovskiy & College, 1973; McKee-Ryan et al., 2005). Thus, it is not gender *per se* that determines the psychological consequences of joblessness. Differences between men and women must instead be understood from the perspective of social context and individual resources (c.f. Strandh et al., 2013).

Researchers have noted that gender differences in the effects of unemployment on mental health are related to the different positions and roles that are available for men and women in society and in the family (Strandh et al., 2013). This in turn leads to differences in the economic and psychosocial importance of employment and could explain differential association between unemployment and mental health (Strandh et al., 2013).

There is some evidence for differences in the way that men and women experience unemployment. The stereotype of a man as the "head of the family" and the "breadwinner" and the stereotype of a woman as the "keeper of the family hearth" and the "caregiver of children" are still deeply

rooted in the relatively traditional Polish society. Therefore, work holds different meanings for men and women. Female identity is seen to be less associated with employment and income (as they often provide a secondary income in the family due to poorer working conditions) (Hakim, 1995; Paul & Moser, 2009). It seems that unemployment, owing to this stereotypic division of roles, is felt more intensely by men (c.f. Leana & Feldman, 1991). Indeed, some studies have confirmed that although unemployment adversely affects women, they experience the negative consequences to a much lesser degree than men (Artazcoz et al., 2004; DeWitte, 1999).

The following premises and research hypotheses were adopted in the current study:

1. It was assumed that due to gender-related social role stereotypes, job loss was felt more acutely by men than by women. Therefore, it was expected that mental health disorders would be more severe in unemployed men than women (Hypothesis 1).
2. It was assumed that emotional intelligence, as a determinant of coping with negative emotional experiences, facilitated dealing with problems and stress. Thus, a negative correlation was expected to exist between EI and mental health disorders (Hypothesis 2).
3. It was assumed that there may exist some threshold level of EI necessary for maintaining mental health. Consequently, significant differences in mental health disorders were expected between groups of unemployed persons with low vs medium and high EI scores (Hypothesis 3).

Method

The study involved 160 unemployed persons (85 women and 75 men), aged 35 to 45 years ($M = 42.48$; $SD = 3.28$), with secondary or higher education. The subjects came from different parts of Poland. The first volunteers were recruited from among clients of occupational psychologists-counsellors working in non-commercial institutions offering career consulting and job placement services. If these volunteers met the criteria specified below and agreed to participate in the study, individual meetings with the researcher were arranged. Subsequent subjects were recruited using the snowball method, by inquiring the recruited volunteers about other potential subjects who would meet the research criteria. The study group consisted of persons who were long-term unemployed (for one or two years), were registered with an employment office, and declared their desire and readiness to undertake work. Since in previous research variables such as one's economic situation, marital status, duration of unemployment, previous unemployment experience, and work involvement have all been found to modify the effects of unemployment on mental health (see for instance Artazcoz et al., 2004; McKee-Ryan et al., 2005; Nordenmark & Strandh, 1999), the selection criteria included: occupational activity prior to unemployment (at least 5 years), readiness to undertake work and active

search for employment, remaining in a stable relationship, partner's employment (no subject was the only breadwinner in his or her household), and absence of a medical history of mental disorders prior to unemployment. All subjects lost their jobs due to restructuring of their workplaces.

Each subject anonymously completed two questionnaires. One of them was the 28-item version of the Goldberg's General Health Questionnaire (GHQ-28) in the Polish adaptation by Makowska and Merez (2001). GHQ is a well-validated measure of psychological distress which is probably one of the most widely used screening scale for mental disorders (Goldberg et al., 1997). As the GHQ measures psychological distress in terms of deviation from the individual's usual mental condition, it may fail to measure extended periods of distress. However, subjects tend to make comparisons to a pre-distressed state, and the GHQ has been widely applied in labor market studies as a relatively robust indicator of general mental health. Furthermore, was used to assess mental health disorders. The 28-item version applied in the study provides an overall indicator of mental health disorders (the higher the score, the greater the intensity of those disorders), as well as four more specific scales: Somatic symptoms, Anxiety and insomnia, Disorders of functioning, and Depression symptoms. The reliability of the Polish adaptation of the GHQ-28 measured by means of Cronbach's α ranged from 0.77 to 0.93, with the lowest results for the Disorders of functioning scale, and the highest for the overall score.

EI was measured by means of the Two-Dimensional Emotional Intelligence Inventory (DINEMO), devised by Matczak and colleagues (Matczak & Jaworowska, 2006). This instrument assesses emotional abilities based on the manner in which respondents interpret various emotive situations and events and how susceptible they are to react to them. Some items consist of short descriptions of situations and events, mainly of a social nature, and possible ways of responding to them. For every item, respondents are asked to choose their most typical reaction (thought, behavior). This inventory measures two relatively independent EI components: the ability to identify, understand, and respect the emotions of others (the interpersonal EI scale) and the ability to realize, understand, respect, and express one's own emotions (the intrapersonal EI scale). The total score can be treated as an overall EI indicator. Cronbach's α coefficients amount to 0.82 (female sample) and 0.74 (male sample) for the overall score, 0.61 and 0.62 for the intrapersonal scale, and 0.81 and 0.76 for the interpersonal scale, respectively. The obtained internal consistency results for the intrapersonal EI scale are not very high, which is probably attributable to the fact that it contains only 14 items.

Results

In order to verify Hypothesis 1, which predicted more severe mental health disorders in men than in women, the GHQ-28 and DINEMO scores obtained by the two groups were compared using Student's t -test. Table 1 presents a comparison of mental health status and EI in unemployed women and men.

Table 1. Gender differences in health status and EI the study group of unemployed persons (N = 160)

Measures	Women (N = 85)		Men (N = 75)		t	p
	M	SD	M	SD		
Overall mental disorders	28.72	13.78	24.09	13.19	2.17	.032
Somatic symptoms	7.76	4.03	6.76	3.87	1.58	.115
Anxiety and insomnia	8.51	5.41	6.77	4.87	2.13	.036
Disorders in functioning	9.07	3.41	7.28	3.49	3.28	.001
Depression symptoms	3.40	3.81	3.28	3.63	0.20	.839
Overall EI	17.95	4.93	16.63	5.03	1.68	.095
Intrapersonal EI	7.67	2.41	7.53	2.06	0.39	.701
Interpersonal EI	11.71	3.73	10.48	4.35	1.92	.057

Note. M – mean; SD – standard deviation; t – t-Student value; p – level of significance.

No significant gender differences were found in EI. On the other hand, unemployed women exhibited a significantly higher overall indicator of mental health disorders and scored higher on the subscales of Anxiety and insomnia and Disorders of functioning. No significant differences in somatic symptoms were found between males and females.

In order to verify Hypothesis 2, correlation coefficients were calculated between emotional intelligence and measures of mental health disorders (Tables 2 and 3).

The results indicated some significant negative relationships between EI and health status, which varied between women and men. In the female group, there was only one significant relationship: depression symptoms

Table 2. Intercorrelation matrix of EI and mental health variables for unemployed women (N = 85)

Measures	1	2	3	4	5	6	7
1 Overall mental disorders	–						
2 Somatic symptoms	.84**	–					
3 Anxiety and insomnia	.90**	.68**	–				
4 Disorders in functioning	.76**	.50**	.63**	–			
5 Depression symptoms	.81**	.56**	.64**	.56**	–		
6 Overall EI	.08	.14	.08	-.02	.11	–	
7 Intrapersonal EI	.09	.18	.07	-.13	-.23*	.75**	–
8 Interpersonal EI	.08	.12	.11	.00	.04	.86**	.37**

Note. * p < 0.05; ** p < 0.01

Table 3. Intercorrelation matrix of EI and mental health variables for unemployed men (N = 75)

Measures	1	2	3	4	5	6	7
1 Overall mental disorders	–						
2 Somatic symptoms	.82**	–					
3 Anxiety and insomnia	.90**	.68**	–				
4 Disorders in functioning	.67**	.36**	.57**	–			
5 Depression symptoms	.73**	.53**	.60**	.36**	–		
6 Overall EI	-.35**	-.49**	-.21	-.13	-.10	–	
7 Intrapersonal EI	-.24*	-.36**	-.20	.11	-.19	.68**	–
8 Interpersonal EI	-.26*	-.39**	-.10	-.14	.01	.92**	.38**

Note. * p < 0.05; ** p < 0.01

Table 4. Mental health status in unemployed persons with low, average and high emotional intelligence

Measures	Low EI		Average IE		High EI		F	p	Post hoc tests
	M	SD	M	SD	M	SD			
Overall mental disorders	33.76	14.20	25.34	13.50	24.69	11.98	4.32	.015	A>B; A>C
Somatic symptoms	9.08	2.83	7.09	4.09	6.38	4.03	3.45	.034	A>B; A>C
Anxiety and insomnia	9.64	5.66	7.27	5.20	7.58	4.62	2.12	.127	n.s.
Disorders in functioning	10.08	3.96	7.89	3.49	7.88	2.90	4.17	.017	A>B; A>C
Depression symptoms	4.96	4.21	3.09	3.73	2.84	2.75	2.99	.057	n.s.

Note. M – mean; SD – standard deviation; F – ANOVA value; p – level of significance; A – low EI; B – average EI; C – high EI; n.s. – not significant difference.

were negatively correlated with intrapersonal EI. Negative correlations between the overall level of mental health disorders and overall EI as well as its interpersonal and intrapersonal components were found in the male group. Furthermore, there was a negative relationship between somatic symptoms and all EI measures. There were no significant associations between EI and anxiety/insomnia and disorders in functioning in either group of unemployed persons.

In order to verify Hypothesis 3, the mental health of subjects with significantly different levels of EI was analyzed (Table 4). According to overall DINEMO scores, 34 subjects were classified as having low EI (scores below 1 SD from the mean) and 36 as having high EI (scores above 1 SD from the mean). The other subjects revealed medium EI (within 1 SD from the mean). The identified groups were then compared in terms of indicators of mental health disorders.

ANOVA and Games-Howell's post hoc test (in the absence of equality of variances) indicated differences in the levels of overall mental health disorders, somatic symptoms and disorders of functioning between subjects with low and medium EI scores as well as between those with low and high EI scores. No significant differences were found between persons with medium and high EI scores.

Discussion

As compared to men, women were found to exhibit an inferior mental health status and greater intensity of disorders in functioning as well as anxiety and insomnia. These results stand in contrast to the posited Hypothesis 1 predicting that the psychological well-being of unemployed men would be more severely affected. The theoretical foundations for this hypothesis were based on assumptions concerning different roles and social positions of men and women. It was expected that unemployment would be felt more acutely by men due to the stereotypic perception of social gender roles, which was corroborated by some previous studies (c.f. Artazcoz et al., 2004; Hakim, 1995; Harpaz, 1989; Theodossiou, 1998). However, it should be noted that those investigations were conducted in

countries other than Poland as there are no Polish data on the subject. Moreover, the issue of gender differences in adverse consequences of unemployment is controversial because, as it was mentioned before, a considerable body of research suggests that joblessness also adversely affects women (Ensminger & Celentano, 1990; Hammarstrom et al., 2011; Thomas, Benzeval & Stansfeld, 2005) and may induce mental health disorders in them.

The adopted research method does not provide any answers as to whether unemployment was experienced more acutely by women leading to greater intensity of mental disorders, or whether men, despite an equal or even greater burden of unemployment, were more mentally resilient or better at coping with this difficult situation. Both explanations seem to be equally probable.

The presented results support the theses posited by some researchers that gender differences in unemployment-induced mental health disorders are not universal or static, but vary depending on the context and individual coping-related resources (c.f. Strandh et al., 2013). Context decides how important work and its loss are, which depends not only on the social roles fulfilled and the related expectations and needs, but also on other factors, such as the condition of the labor market, household income, availability of social assistance, support networks, etc. It may be the case that an interaction of these various factors makes the experience of unemployment equally strong or even stronger for Polish women as compared to men. Sociological research has identified some contradictory social and economic requirements in Poland. On the one hand, the role of a woman as a mother and the "keeper of the family hearth" is still deeply rooted in social consciousness, while on the other hand women face increasing pressures of work, with career development and professional advancement being increasingly appreciated. In addition, one income (that of the husband or male partner) is often insufficient to ensure the financial stability of the household (Omyła-Rudzka, 2015). At the same time, women's position in the labor market is inferior, and it is more difficult for them to find employment (Ministerstwo Rodziny, Pracy i Polityki Społecznej, 2016). Thus, occupational activity may be at least as important to them as to men.

Empirical data available in the literature reveal that individual differences in experiencing the effects of unemployment depend mostly on the social support obtained from one's closest environment, which was not controlled for in the present study. Research has shown that women have a more restricted social and economic capacity of coping. Paradoxically, social expectations concerning men as breadwinners enable them to receive greater assistance from their families, friends, and community in the case of job loss; hence, contrary to the predictions formulated herein, they may actually experience less stress than women.

The obtained results also encourage further investigations on whether subjective factors which help in coping with unemployment are not more significant in the generation of mental disorders than stress caused by situation of unemployment. Pearlin and Schooler (1978) reported that women were more likely to use passive coping responses exacerbating stress, whereas men frequently took recourse to coping responses inhibiting stressful outcomes. Moreover, men exhibited a larger range of psychological coping resources. Leana and Feldman (1991), who investigated the stereotype that women are less traumatized by job loss than men, found no significant gender differences in psychological and behavioral distress. However, some significant differences in coping behaviors were identified as men tended to focus on problem-solving behaviors which eliminated the source of stress (i.e., actively engaging in job search), whereas women were more concentrated on support-seeking behaviors in an effort to reduce their stress-related symptoms (i.e., seeking out social and financial support). The study by Phelps and Mason (1991) indicated that women were more likely to focus on the grief process linked to job loss and to interpret that event as personal rejection, while men in general took work loss less personally and concentrated on finding new employment. Yet another paper reported that women were less likely to use proactive work search behaviors in response to job loss as compared to men (Malen & Stroh, 1998).

Research suggests that women are disadvantaged not only in the effectiveness of their coping responses but also in the range of their coping resources (c.f. Pearlin & Schooler, 1978). Men are often perceived as the stronger sex and this not only concerns the physical aspect, but also their greater mental resilience (c.f. McKee-Ryan et al., 2005; Stratta et al., 2013). Therefore, despite the unemployment-related difficulties and the social pressure they face, men cope with them more effectively and are less affected by them, which is reflected in lower levels of mental health disorders. In addition, some scholars claim that the personality traits and coping styles formed during the socialization of women make them particularly susceptible to mental disorders in difficult situations, such as job loss (c.f. Kokko, Pulkkinen & Puustinen, 2000; Pearlin & Schooler, 1978).

In the present study, emotional intelligence was assumed to be an important personal skill enabling successful coping with unemployment and facilitating

the maintenance of mental well-being, and so a negative association between EI and mental health disorders was predicted in Hypothesis 2. Correlation analysis confirmed only part of the prediction. Furthermore, relationships between EI and mental health disorders differed between the female and male groups. Only one significant negative correlation was found in women (between intrapersonal EI and depression symptoms), whereas in men all EI indicators correlated negatively with the overall measure of mental health disorders as well as somatic symptoms. These negative correlations between EI and mental health disorders are not surprising in light of the previously described research, which showed that individuals with high EI experience fewer negative emotions, can regulate them more efficiently, are capable of evoking in themselves positive emotions which counterbalance or undo negative emotional experiences, choose more adaptive strategies of coping with stress, and are more stress-resilient. EI is an important resource for coping with unemployment-induced stress and protects the individual from its adverse consequences, such as mental health disorders. The presented results are consistent with other studies reporting negative correlations between EI and such disorders.

Nevertheless, it should be noted that the correlations between mental health and EI found in the current study are fewer and weaker than expected based on previous research. This may be attributable to the fact that EI was measured as an ability rather than a trait (in the latter case the relationship between EI and human functioning tends to be stronger).

The obtained results indicate some differences in the relationship between EI and mental health disorders between women in men. In the former, EI is correlated only with depression, while in the latter – with somatic symptoms and the overall level of mental disorders. As mentioned before, significant gender differences exist in mental disorder models. For instance, studies conducted in various countries on different age groups have relatively consistently revealed a greater risk of depression in women (e.g. Nolen-Hoeksema, 2001; Ryba & Hopko, 2012) and a higher tendency for self-destructive behaviors (e.g., substance abuse) in men. Thus, gender may differently influence the associations between emotional abilities, and especially the ability to regulate emotions, and negative mental health outcomes. Indeed, emotional abilities might function differently in men and women. Most researchers investigating this issue have found that the effect of EI on mental well-being and health under conditions of strong stress (such as job loss) was more pronounced in men. For example, one study examining undergraduates found that high EI was associated with reduced disruptive behavior in men, but not in women (Brackett, Mayer & Warner, 2004). In another study, low emotion regulation ability was negatively correlated with primary and secondary facets of psychopathy, but only in male, as opposed to female, undergraduate students (Lishner et al., 2011). Extremera and Rey (2015) reported that emotion regulation ability was more related to stress-well-being outcomes in males, while it was less relevant in females (in whom other

psychosocial factors played a greater role). The above findings seem consistent with the thesis posited by Brackett et al. (2006) that due to differences in the ways males and females experience emotions, EI plays a differential role in psychological well-being outcomes, having a stronger effect on males. For instance, the ability to regulate emotions in females may be more internally determined and depend on a number of concurrent factors, such as emotional states, gender-specific differences in coping mechanisms (i.e., rumination) and the interpersonal context in which emotions are regulated (Extremera & Rey, 2015). This suggests that some other important variables, not measured in this study, may account for the gender-specific effects of EI on mental health. Thus, further research using gender-specific approaches is necessary.

The obtained correlation coefficients were not strong and concerned only some mental health disorders. A comparison of unemployed persons with high, medium and low EI provided additional insights. Subjects with high or medium EI scores reported lower levels of negative health consequences. Interestingly, no significant differences were found between subjects with medium and high EI. Hence, it may be inferred that EI may be a threshold variable, fulfilling an adaptive function in unemployed persons only if a certain threshold is reached (c.f. Brackett, Mayer & Warner, 2004). There may be some minimum level of EI that enables coping with difficult situations and maintaining mental health. Above that threshold, a further increase in EI may not correlate highly with behavior. Unfortunately, the threshold effect of EI has not been sufficiently elucidated and the obtained results cannot be related to other empirical data. The presented study should not be generalized; primarily, it offers a contribution to the discussion about the role of EI in human functioning and suggests directions for further research.

If replicated, the presented findings have important implications for research and clinical practice. There are relatively few data available to date on the psychological functioning of unemployed persons with different EI scores. Further work in this field is necessary with research designed to evaluate the possible impact of EI on other individual characteristics of unemployed persons. It would also be worthwhile to explore in greater detail the various gender differences in the psychological functioning of unemployed persons. These issues should be investigated not only for scholarly, but also for practical, reasons. At a time of an economic crisis, unemployment is a growing socio-economic problem with the number of jobless persons likely to rise over the next several years. Thus, more in-depth knowledge about the psychological and social functioning of the unemployed would be helpful in, e.g., implementing effective psychological support programs and preventing negative consequences of unemployment.

The findings of this study are subject to several limitations. The first one is linked to the study group. All subjects were volunteers, which means they formed a self-selecting group. Moreover, the data were gathered from unemployed persons meeting some very specific criteria, and so the findings may not be generalizable

to the unemployed population as a whole. In order to examine the EI and mental health of those individuals more comprehensively, future research should involve a more diverse group of subjects. Second, due to the fact that this study is correlational in nature, causality between EI and mental health outcomes cannot be ascertained. Third, all data were self-reported and based on unemployed persons' own perceptions of EI and mental disorder symptoms. The current design would greatly benefit if psychological symptoms were corroborated by third-party objective assessment and EI measurement by means of performance tests. Fourth, mental disorder symptoms were measured already following job loss, and so the initial mental health status was not known and it was impossible to determine to what extent it had been affected by unemployment. To circumvent that limitation, subjects were selected only from volunteers without a history of mental disorders prior to unemployment; however, future longitudinal research would enable evaluation of the effects of unemployment on mental health and establish causality. The fifth limitation is linked to the EI assessment tool, which measured both the interpersonal and intrapersonal components, but not the entire construct as a whole. There are also some concerns as to the reliability of the DINEMO. Thus, further investigations should make use of a performance test rather than a self-descriptive one, with better psychometric parameters, and measuring more EI components. Finally, it should be emphasized that EI is only one potential predictor of coping with unemployment-related stress and minimizing its adverse consequences for one's mental health. In future studies, it would also seem advisable to examine other personal and environmental factors, such as personality and social support.

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