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COMMENTARY

Trait emotional intelligence in old age

There is a severe dearth of trait emotional intelligence (trait EI) studies in the field of gerontology and geriatrics and it is in this specific context that Delhom *et al.* (2020) should be welcomed. This brief commentary discusses key issues arising from Delhom *et al.*'s study, but also focuses on generally important themes concerning the role of trait EI in old age.

Delhom *et al.*'s (2020) study has noble aims and preventable limitations alike. Without a doubt, it is worthwhile to develop and implement interventions that enhance mechanisms of emotional awareness, introspection, and regulation. This is because such mechanisms provide a significant and lasting boost to the socioemotional functioning of almost all age groups, including, of course, the aged (Urry and Gross, 2010). On the other hand, methodological limitations like those I discuss right below place a ceiling on the contribution of this research.

First, the study relies on an insufficient design that lacks a placebo-control group. This allows for all sorts of incidental factors to act as confounders of the effects (if any) of the intervention. In the absence of a placebo treatment condition, influences like the very expectation that a treatment may be effective or the knowledge that one is being treated confound any bona fide treatment effects that may be there (for a discussion in the tough context of surgery, see Probst *et al.*, 2016).

Second, and relatedly, it is immediately evident from the contents of the intervention that it would be bound to boost scores on self-report questionnaires. Quite what is the psychological meaning of such inflationary gains, however, is rather unclear. The manuscript's conclusion that lasting desirable changes in multiple emotional dimensions (emotional intelligence, adaptation, depression, and hopelessness) have been demonstrated in the findings of the current study is, in my opinion, not fully convincing.

Third, the study should have employed other or at least additional measures of trait EI. Attempting to theorize about a coherent concept of "emotional intelligence" using a scale that targets "trait metamood" (TMMS) by means of three orthogonal (i.e. uncorrelated) subscales is problematic for obvious conceptual and psychometric reasons. In addition, the leading research on trait EI interventions (e.g. Nelis *et al.*, 2011) has been conducted with measures that are far more comprehensive (Martins *et al.*, 2010) and so the usage of smaller scales is not conducive to the accumulation of scientific knowledge.

With respect to the distinction between trait and ability EI everything has already been said and any confusion that remains (e.g. due to the introduction of the notion of so-called "mixed models") can be eliminated through a careful reading of Siegling *et al.* (2015). For anyone who might be interested in integrating the two approaches, this cannot be achieved through the misinterpretation or arbitrary re-designation of existing models, but through their incorporation into a more general understanding of intelligence as I have offered in my conception of "Radix Intelligence" (Petrides, 2020).

Having highlighted the main conceptual, methodological, and data analytic considerations that future research on this topic would do well to heed, I now turn to a broader consideration of overarching themes concerning the multifaceted role of trait emotional intelligence in old age. Given space restrictions, I have opted to concentrate, albeit briefly, upon the deeper aspects of this role with emphasis on causal pathways.

Trait emotional intelligence in old age

The advent of the Covid-19 pandemic has ushered in a wave of virulent and unabashed ageism with an all-round negative impact on the socioemotional functioning of older people. If ageing is defined biologically – as it typically is in the literature (Baltes and Mayer, 1999) – then it becomes a major, and finally unresolvable, problem that gives rise to a spate of collateral psychological difficulties. Depression and anxiety may be the most heavily researched, but hardly unique; they are joined by a multitude of other sociopsychological challenges plaguing the aged internationally, such as dementia, personality disorders, and loneliness (Lilford and Hughes, 2020).

Trait EI can be defined as a constellation of emotional perceptions assessed through questionnaires and rating scales (Petrides *et al.*, 2007). To understand its role in ageing we need to – very succinctly – place ageing within the broader

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framework of Psychobionomy, viz., the general system within which trait EI theory unfolds (Petrides, 2019). Psychobionomy is a system in the idealist tradition according to which the physical body is constructed by the non-physical mind, rather than the other way around. This approach presents tremendous possibilities for handling the actualities of ageing, which can then be recast within the context of a process of maturation as opposed to a process of decay. The relationship between chronological and psychological age is not at all as straightforward as some might think (Grossmann, 2017; Sternberg, 2005). Specifically, ageing is not an automatic process of maturation and older people are not necessarily mature. Put differently, maturation is a possibility of the mind while decay is the destiny of the body.

The implications of the foregoing for the role of trait EI in ageing are clear-cut and crucial. Foremost among them should be the realization that the emotional disturbances picked up by trait EI measures (particularly the TEIQue, which provides comprehensive coverage of the construct; see Siegling *et al.*, 2015) constitute mere symptomatology, rather than underlying causes. Incidentally, because many presume biological ageing to be the underlying cause of mental health disorders in the elderly, they are often taken aback by the emerging evidence that mental illnesses can be responsible for accelerated ageing (e.g. Darrow *et al.*, 2016). Such findings, however, are fully compatible with Psychobionomy and the main tenets of trait EI theory, which posit that the psycho-emotional condition of the individual has a causal influence on the constitution and maintenance of their physical body.

Targeting emotional disturbances through interventions is akin to applying topical steroids for psoriasis, a treatment that can only ever provide temporary relief. The original source of the entire gamut of emotional challenges in old age (which, for many people, starts way before commonly accepted thresholds in the range of 65-75 years) are the dead-ends to which a physicalist conception of reality inevitably leads. It is vitally important to understand the true causes of emotional challenges in old age. Attachment and identification with the body are major obstacles to a shift into psychological perspectives that not simply accept the unfolding of the ageing process, but actively endorse its potentials. One such perspective is discussed and systematized in the theory of gerotranscendence (Tornstam, 1997, 2005). This theory recasts ageing as a developmental process, whose goal is to prompt the individual to rise above the very concept of oldness. It should be patently obvious that not everyone reaches this goal, another corroboration of the fact that chronological ageing does not necessarily entail psychological maturation.

Old age, along with the prospect of entering it, compel us to meet head on persistent mental aberrations like narcissism, accumulative tendencies, preoccupation with becoming (at the expense of being), and the demented prioritization of self-preservation. Entertaining or fueling these aberrations, all stemming from an implied or even explicit materialistic conception of human life, is the very cause of all those psychiatric difficulties that must be reckoned with in the later stages of life. In contrast, endeavoring to correct such aberrations from early on in one's life may spare the individual as well as society from much concurrent and avoidable suffering (Campbell and Buffardi, 2008). More important, it can gradually open new, and previously unimagined, possibilities to transform ageing into a contemplative process of maturation, ultimately leading to a genuine and complete gerotransendence.

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