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EMOTIONAL ABUSE, HEALTH LOCUS OF CONTROL AND MENTAL HEALTH AMONG ELDERLY PEOPLE IN MAKURDI METROPOLIS, BENUE STATE, NIGERIA

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ABSTRACT
This study examined emotional abuse, health locus of control, and mental health among elderly people in Makurdi metropolis. A total of 384 elderly participants (239 males, 138 females), aged 65–91 years, were surveyed using a cross-sectional design. Data were collected through the Emotional Abuse Scale, Multidimensional Health Locus of Control Scale, and Mental Health Inventory (MHI-18). Three hypotheses were tested using linear and multiple regression analyses. Findings revealed that emotional abuse significantly influences mental health among elderly people. Additionally, health locus of control significantly affects their mental health. A combined effect of emotional abuse and health locus of control on mental health was also established. The study concluded that emotional abuse and health locus of control are key determinants of mental health among the elderly. It recommended that the Benue State Ministry of Health and Social Welfare organize mental health education programs for elderly people and their families, focusing on emotional abuse and mental well-being. Clinical psychologists should implement targeted interventions such as cognitive-behavioral therapy (CBT), resilience training, and social support programs. Community-based elderly support groups, peer mentoring, and family counseling initiatives should also be encouraged to enhance awareness and reduce stigma. These efforts will improve mental health outcomes and promote psychological well-being among elderly people in Makurdi metropolis.

Keywords*: Emotional abuse, health locus of control, mental health, elderly people, Makurdi metropolis*

INTRODUCTION
Mental health continues to be an important topic of research that significantly stimulates public health concerns in Nigeria, and the world at large. Mental health is a crucial part of overall health and plays a key role in maintaining physical health and social effectiveness. It involves the ability to balance feelings, desires, ambitions, and ideals in daily life, and to face and accept life's realities (Thalia et al., 2024). Mental health is not only essential for individual well-being but also supports our collective ability to make decisions, form relationships, and shape the world we live in. It is a basic human right that is vital for personal, community, and socio-economic development (World Health Organization, 2022). Good mental health allows individuals to use their abilities, be productive, make decisions, and play active roles in their communities, ultimately contributing to a better society.

Mental health is a cornerstone of overall well-being, influencing how individuals think, feel, and act. It enables people to cope with stress, fulfill their potential, and contribute meaningfully to society (Colligan, 2020). For elderly individuals, mental health holds even greater significance, as aging comes with unique challenges that can significantly impact psychological well-being. The elderly population faces these challenges in pronounced ways such as (cognitive decline, social isolation, chronic illnesses, financial insecurity, and loss of loved ones) highlighting the urgent need for a deeper understanding of their mental health issues. Old age is a sensitive phase in human life, and addressing the issues, needs, and diseases associated with this stage of life is a social imperative (GHE, 2019). The World Health Organization (WHO, 2020) defines individuals aged 65 and above as elderly and a large portion of the elderly population lives in developing countries (United Nations, 2019). Today, advancements in technology, increased life expectancy, and declining fertility rates have led to a global rise in the elderly population, making aging a paramount public health challenge (National Institute of Mental Health, 2018).

Mental health in older age is influenced by physical, social, and cumulative life experiences, as well as stressors specific to aging, such as loss of functional capacity, bereavement, reduced income, and emotional abuse. These factors contribute to psychological distress and a diminished

sense of purpose (Sathya & Premkumar, 2020). Mental health cannot be studied in isolation, as multiple factors influence an individual's well-being. One major factor is emotional abuse, which significantly impacts mental health (Ogwa et al., 2021). Emotional abuse involves non-physical forms of violence, including verbal and non-verbal actions that cause psychological harm (Psychology and Behavioural Health, 2015). It often affects the elderly, who may have less power and influence over others (Psychology and Behavioural Health, 2015). Victims of emotional abuse may experience a loss of self-worth, which leads to long-lasting mental health effects. It can destroy their confidence and self-esteem, leaving them feeling helpless, angry, frightened, and valueless.

Emotional abuse among the elderly people is a significant issue with profound implications for mental health. This form of abuse, which includes behaviours such as verbal assaults, threats, harassment, and neglect, can lead to severe psychological and emotional distress (Henderson & Parker, 2023). Elderly people who experience emotional abuse are at a heightened risk of developing depression and anxiety (Yon et al., 2017).

The constant stress and fear induced by abusive behavior can lead to persistent feelings of sadness, hopelessness, and worry, significantly diminishing their quality of life and ability to engage in daily activities (Smith & Doe, 2021). Emotional abuse can lead to increased social isolation, either because the abuser isolates the victim or because the victim withdraws from social interactions due to fear or shame. Social isolation can further deteriorate mental health, as social support is crucial for emotional well-being (Garcia & Thompson, 2023).

Another factor that has received research attention in explaining the phenomenon of mental health is the health locus of control. Locus of control is an important personality trait known to be associated with various variables including mental health of an individual (Salamanca et al., 2020). Health locus of control (HLC) refers to an individual's belief about the degree of control they have over their health. It is a psychological construct that reflects the extent to which people believe they can influence their own health outcomes (Ferdi & Sarah, 2022). Elderly people with an internal locus of control tend to engage in more proactive health behaviors. They may be more likely to adhere to medical advice, participate in regular exercise, maintain a healthy diet, and seek preventive healthcare measures. These positive health behaviors contribute to better mental health outcomes (Dobson & Giovannoni, 2018). Older persons with an internal locus of control may be more likely to seek and utilize social support. Actively engaging with communities and maintaining social connections can contribute to positive mental health outcomes by providing a sense of belonging and emotional support (Itani & Hollebeek, 2021). Mental health plays a crucial role in every stage of human life, but it becomes even more significant during old age, a period marked by various psychological and physical challenges. Therefore, this study aims to examine the relationship between emotional abuse, health locus of control, and mental health among elderly individuals in Makurdi metropolis.

Statement of the Problem

Mental health is a crucial aspect of human well-being, particularly in old age, when individuals face unique psychological and emotional challenges. The aging process often brings about significant life transitions, including retirement, reduced physical health, loss of loved ones, and increased vulnerability to abuse, all of which can impact mental health. Emotional abuse, a form of mistreatment that includes verbal assaults, neglect, and psychological manipulation, has been identified as a major factor contributing to mental distress among the elderly. Additionally, an individual's health locus of control the extent to which they believe they can influence their own health plays a vital role in determining mental well-being. Therefore, this study aims to examine the relationship between emotional abuse, health locus of control, and mental health among elderly individuals in Makurdi Metropolis. By exploring these factors, the study seeks to provide insights that could inform interventions aimed at improving the psychological well-being of the elderly.

Alemayehu et al. (2021) examined the relationship between emotional abuse and mental health outcomes among elderly individuals in Addis Ababa, Ethiopia. The sample comprised 250 elderly participants aged 60 years and above, selected through systematic random sampling. It included 110 males and 140 females. Data collection tools included the Modified Conflict Tactics Scale (M-CTS) and the Self-Reporting Questionnaire (SRQ-20). Statistical analyses involved descriptive statistics, Pearson correlation, and multiple regression analyses to examine the association between emotional abuse and mental health outcomes. The study found a significant correlation between emotional abuse and symptoms of depression and anxiety among elderly participants in Addis Ababa. Emotional abuse was identified as a significant predictor of poor mental health. The findings highlight the adverse effects of emotional abuse on the mental health of elderly individuals in Addis Ababa, Ethiopia.

Tianqiang and Dajun (2024) examined the relationship between emotional abuse and mental health among elderly people. The study focused on two emotional abuse strategies: cognitive reappraisal and expressive suppression. Mental health was measured through various indicators, including life satisfaction, positive affect, depression, anxiety, and negative affect. The meta-analysis included 48 studies with 51 independent samples, encompassing 157 effect sizes and a total of 21,150 participants. The results indicated that cognitive reappraisal was significantly and positively correlated with positive mental health indicators and negatively correlated with negative mental health indicators. In contrast, expressive suppression was negatively correlated with positive mental health indicators and positively correlated with negative mental health indicators. The findings highlight the importance of considering cultural context in future research on emotional abuse and mental health among the elderly

Mattom and Lokesh (2021) examined the relationship between emotional abuse and mental well-being among arranged marriage keralites. Two questionnaires were distributed to a group of married people (N=36 Males and N= 37 Females). A total of 73 people were selected from different states of Kerala. Quantitative approach was used along with descriptive research design and the sampling technique was convenient sampling. Emotional Abuse questionnaire (Jacobson et al., 1994) was used to measure Emotional Abuse and PGI General Well-being measure (Verma et al., 1989) was used to check psychological well-being. Pearson moment correlation and independent sample t test was incorporated to reach the findings. According to Pearson Correlation, there was a negative correlation between emotional abuse and mental well-being among arranged marriage Keralites.

Afolabi et al. (2023) investigated the impact of emotional abuse on the mental health of elderly individuals in Kwara State, Nigeria. The study aimed to assess the prevalence of emotional abuse and its association with mental health disorders such as depression and anxiety among the elderly population. A sample of 320 elderly participants aged 60 and above was selected using stratified random sampling, including 140 males and 180 females. Data were collected using the Elder Psychological Abuse Scale (EPAS) and the General Health Questionnaire (GHQ-12). Analysis was conducted using SPSS version 27, employing descriptive statistics and Pearson correlation analysis. The results revealed a significant positive correlation between emotional abuse and mental health issues, with higher levels of emotional abuse associated with increased symptoms of depression and anxiety. The study concluded that emotional abuse is a significant predictor of mental health problems among the elderly in Kwara State. Recommendations included the implementation of community-based interventions to prevent emotional abuse and the provision of mental health services for affected individuals.

Bamidele et al. (2021) explored the association between HLC and mental health among elderly people in Enugu state, Nigeria. The study involved 450 elderly participants (225 from each state), aged 60 and above. The sample included 210 males and 240 females, selected using purposive

sampling. The analyses included descriptive statistics, Pearson correlation, and structural equation modeling to assess the relationships between HLC, depression, and anxiety. Results indicated that an internal HLC was significantly associated with lower levels of depression and anxiety. Conversely, external HLC was positively associated with higher levels of depression and anxiety. The study highlights the significant role of health locus of control in influencing mental health among the elderly in Nigeria. Individuals with an internal HLC tend to have better mental health outcomes, suggesting the need for interventions that enhance a sense of personal control over health.

Eze et al. (2022) examined the influence of HLC on mental health among elderly residents of Benin City, Nigeria. The sample comprised 300 elderly participants, aged 60 and above, selected through convenience sampling. The sample included 140 males and 160 females. The study found that internal HLC was significantly negatively correlated with depression and anxiety and positively correlated with quality of life. External HLC showed a positive correlation with depression and anxiety and a negative correlation with quality of life. The findings highlight the significant role of HLC in determining mental health outcomes among the elderly in Benin City. Internal HLC is associated with better mental health and quality of life, while external HLC correlates with poorer mental health outcomes.

Sangeeta et al. (2020) examined the relationship between locus of control, emotional abuse, and mental health among elderly individuals. The study comprised 400 elderly participants aged 60 years and above from various elderly care facilities. The results revealed significant differences in the type of locus of control among elderly individuals, with those exhibiting higher levels of internal locus of control reporting better mental health outcomes. This highlights the importance of considering locus of control in addressing emotional abuse and promoting mental health among elderly populations.

Adebayo et al. (2020) investigated the impact of emotional abuse and health locus of control on the mental health of elderly individuals in Lagos, Nigeria. The study involved 280 elderly participants aged 65. The results indicated that elderly individuals experiencing emotional abuse were more likely to exhibit higher levels of depression and anxiety. Furthermore, an external health locus of control significantly predicted poor mental health outcomes. The authors concluded that addressing emotional abuse and promoting an internal locus of control could be essential for improving the mental health of elderly people. However, the study did not explore the role of social support in mitigating the negative effects of emotional abuse. Based on the identified gap the following hypotheses were postulated:

i. There will be a significant influence of emotional abuse on mental health among elderly people in Makurdi metropolis.
ii. There will be a significant influence of health locus of control on mental health among elderly people in Makurdi metropolis.
iii. There will be a significant joint influence of emotional abuse and health locus of control on mental health among elderly people in Makurdi metropolis.

METHODS

Design

This study adopted a cross-sectional survey design to examined the impact of emotional abuse, health locus of control, and mental health among elderly people in Makurdi metropolis. A cross-sectional survey design was a type of observational study that involved collecting data from a population, or a representative subset, at a single point in time. The cross-sectional survey design was preferred in this study because it allowed the researchers to collect data from a population that shared similarities as a group but differed along certain characteristics or variables (Ndem et

al., 2020). The study did not manipulate the independent variables to observe their effects on the dependent variable; rather, it observed how the independent variables influenced or were related to the dependent variable of the study.
This study employed purposive sampling, also known as judgmental or selective sampling, which was a non-probability sampling technique. This method was chosen because it allowed the researcher to specifically target elderly individuals who met the study's inclusion criteria. Participants were selected based on their age (65 years and above) and their residence in Makurdi metropolis. The use of purposive sampling ensured that only individuals with relevant experiences related to emotional abuse, health locus of control, and mental health were included in the study.

Although this method did not provide every elderly person in the population with an equal chance of selection, it was appropriate for this study due to the need for specific characteristics among participants. To recruit individuals who could provide the most relevant and valuable information, the researcher visited their homes, churches/worship centers, elders' meetings, and local banks across five (5) council wards within Makurdi metropolis. The distribution of participants across the council wards was as follows: Central South Makurdi (63 elderly), North-Bank I (74 elderly), North-Bank II (71 elderly), Clerk Market Council Ward (68 elderly), and Walomayo Council Ward (101 elderly).

The participants for this study include a sample of 384 elderly people, drawn from (5) council wards within Makurdi metropolis. The sex composition of the participants showed that, there were 243(63.3%) males and 138(35.9%) females, whose ages 258(67.2%) were 65-75 years, 123(32.0%) were 76-92 years with (Mean age=4.3, SD=.47). Of this number, 7(.0.2%) were single, 241(62.8%) were married, 105(27.3%) were widow/widowers, 28(7.3%) were separated, for level of education, 74(19.3%) obtained FSLC, 78(20.3%) obtained SSCE, 93(24.2%) obtained NCE, 96(25.0%) obtained ND/HND, 30(7.8%) obtained First Degree, 10(2.6%) obtained M.Sc. For ethnicity, 204(54.1%) were Tiv, 88(23.1%) were Idoma, 25(6.6%) were Igede, 19(5.0%) were Etilo**,** and 14(3.7%) were Igbo, 31(8.2%) were from others. For religion, 198(52.9%) were Christians, 58(15.1%) were Islam, 125(32.6%) were traditional, for council wards, 63(16.4%) were Central South Makurdi, 74(19.3%) were North-bank I, 71(18.5%) were from North-bank II, 73(19.2%) were from Clerk and 101(26.3%) were from Walomayo council ward while 3(1.8%) were not refund.
This study used Emotional Abuse Scale developed by Rattray and Jones (2007) which consists of multiple items or statements that assess different aspects of emotional abuse of the elderly. The scale has 30-items or statements that individuals are asked to respond to. Participants were asked to rate the frequency or severity of each behaviour on a Likert scale of 5-point ranging from 0 (never) to 4 (always). These responses were then scored to determine the level of emotional abuse. The reliability of the questionnaire was evaluated by Cronbach's α and it was .93. The two half reliability levels of the scale were evaluated as 0.91. A strong and highly significant positive correlation was observed in the test-retest results (r = 0.87). It was concluded that it has sufficient internal reliability and validity to be able to evaluate emotional abuse and can be easily applied. The scores for each item are summed to get a total score. The higher the scores, the more the perceived level of emotional abuse and the highest score was 120 while zero (0) was the lower score.

This study used Multidimensional Health Locus of Control Scale (Wallston & DeVellis, 1978) to assess health locus of control of the elderly. Multidimensional Health Locus of Control Scale had two forms (termed A and B): one item from each pair was assigned to each form (e.g., "I am in control of my own health," and "I am directly responsible for my health"). Forms A and B were each constructed to measure global health-related beliefs without being specific to any particular

health concerns or conditions (existing or non-existing). Each Multidimensional Health Locus of Control Scale form contains six items per dimension, for a total of 18 items. All items are scored using a 6-point Likert-type scale with anchors 1: Strongly disagree and 6: Strongly agree, and therefore scores can range from 0 to 36 on each six-item subscale. Items are keyed such that higher scores on internality subscale items (e.g., “I am in control of my health”—6: Strongly agree) reflect an Internal health locus of control, whereas lower scores (e.g., “If I take the right actions, I can stay healthy”—1: Strongly disagree) are indicative of an external health locus of control. The additional subscales are scored similarly. High scores on the Powerful Others subscale (e.g., “Regarding my health, I can only do what my doctors tell me”—6: Strongly agree) indicate strong beliefs in external control by Powerful Others, while high scores on the Chance subscale (e.g., “My good health is largely a matter of good fortune”—6: Strongly agree) indicate beliefs that health is largely determined by fate, luck, or other chance factors beyond the person's control. Each subscale on Form A is correlated highly (ranging from .73 to .80) with the respective subscales on Form B, suggesting a high degree of similarity between the two test forms (Wallston et al., 1978; Baken & Stephens, 2005). The total score for each subscale is obtained by summing the responses to the six corresponding items, resulting in a score range of **6 to 36** for each subscale. A higher IHLC score (closer to 36) indicates a strong belief that one's health is primarily determined by personal actions and decisions. Individuals with high internal locus of control believe they have the power to influence their health outcomes through behaviors such as exercise, diet, and medical adherence. A higher PHLC score suggests that an individual believes their health is controlled by powerful others, such as doctors, healthcare professionals, or authority figures.

This study used Mental Health Inventory (MHI-18). MHI-18 is a screening survey for mental well-being. This instrument is created by Veit and Product in 1983 for evaluation of mental well-being in common population. The MHI-18 is a shortened form of the 38-item Mental Health Inventory. It contains items evaluating anxiety, depression, emotional/behavioral control, and positive affect. Subjects are inquired to demonstrate how regularly they have experienced different feelings for a period of time. Choices are given along a 6-point scale, extending from 1 (all of the time) to 6 (none of the time). The subscale and add up to scores range from 0-100, with higher scores showing superior mental wellbeing. Correlation between the MHI-18 and the longer version extended from 0.96 to 0.99 in different research. Cronbach’s alpha coefficients were calculated to look at the internal consistency for the MHI-18. The alpha coefficient for the entire score was .93 and for the anxiety, depression, behavioral/emotional control, and positive affect were 0.80, 0.87, 0.78, and 0.83 separately. The discoveries recommend the MHI-18 is internally reliable. Reliability testing of the MHI-18 appeared the scale had great split-half reliability. Reliability coefficient of the MHI-18 by split- half strategy was .93. Higher scores, closer to 100, indicate greater psychological well-being, emotional stability, and lower levels of distress, including anxiety and depression. In contrast, lower scores, closer to 0, suggest poorer mental health, characterized by higher distress, emotional instability, and more severe symptoms of anxiety or depression. Subscale scores can also be analyzed separately to understand specific aspects of mental health. For example, a low score on the depression subscale suggests high depressive symptoms, while a high score on the positive affect subscale reflects better emotional well-being.

This study used simple linear regression and multiple linear regression analyses. These methods were employed because the researchers aimed to establish the independent and joint influence of the variables in the study. Therefore, simple linear regression analysis was used to test hypotheses 1, multiple linear regression analysis was used to test hypotheses 2, and standard multiple regression for 3 in the study. Other descriptive statistics, such as mean, standard deviation, and frequency counts, were also used in the study for the demographic information.

RESULTS

Table 1: Summary of Inter-variable Correlation Showing the Relationship among the Study Variables

	Variables	1	2	3	4	Mean	SD
1	Mental Health	-				58.02	26.78
2	Emotional Abuse	.630**	-			76.97	33.42
3	Internal Health Locus of Control	.877**	.750**	-		22.34	12.62
4	External Health Locus of Control	.716**	.710**	.199**	-	12.56	7.47

***** p<.001, * p<.05***

The results in Table 1 show the correlation between the study variables, highlighting potential issues of multicollinearity. Multicollinearity occurs when two or more independent variables in a regression model are highly correlated, potentially distorting the results. A common rule of thumb (O'Brien, 2022) suggests that a Pearson correlation coefficient above 0.95 is a strong indicator of multicollinearity. In this study, the highest correlation is between Mental Health and Internal Health Locus of Control (r = .877), followed by correlations between Mental Health and External Health Locus of Control (r =.716) and Emotional Abuse (r = .630). None of these exceed the threshold of 0.95. Similarly, the correlation between Internal Health Locus of Control and Emotional Abuse (r =.750) is strong but still below 0.95. Thus, based on the correlation coefficients alone, there is no evidence of severe multicollinearity.

Table 2: Summary of Simple Linear Regression Showing Influence of Emotional Abuse on Mental Health among Elderly People in Makurdi metropolis

Predictor Variables	R	R^2	Df	F	β	t	Sig
Constant	.630	.397	1, 376	251.633		7.166	.000
Emotional Abuse					. 630	15.863	.001

The results in the table 2 shows that there was a significant influence of emotional abuse on mental health among elderly people in the Makurdi metropolis [R=.630, R^2 = .397, F(1, 376) = 251.633, p< .05]. Findings also revealed that emotional abuse explained 39.7% of the total variance observed in mental health of the elderly. This implies that higher emotional abuse leads to higher mental health. Based on this finding, hypothesis one was confirmed.

Table 3: Summary of Multiple Linear Regression Showing Influence of Health Locus of Control on Health among Elderly People in Makurdi Metropolis

Predictor (s)	R	R^2	F	Df	β	t	Sig
Constant	.907	.822	881.010	2, 375		14.681	.000
Internal HLoC					-.582	-10.610	.020
External HLoC					1.413	25.736	.010

The results in the table 3 indicated a significant influence of health locus of control on mental health among elderly people in the Makurdi metropolis [R = .907, R^2 = .822, F(2, 375) = 881.010, p< .05]. Findings also revealed that health locus of control accounted for 82.2% of the total variance observed in mental health of the elderly. Findings on the independent contributions of the dimensions of health locus of control to the mental health of the elderly showed that external health locus of control made the highest significant positive contribution (β=1.413, t =25.736, p<

.01), followed by internal health locus of control (β = -.582, t=-10.610, p < .01). The results further indicated that elderly individuals who have external health locus of control are more likely to attribute their mental health outcomes to external factors, such as chance or the influence of others, whereas those with those with internal health locus of control are likely to experience low mental health challenges. Based on this finding, hypothesis two was confirmed.

Table 4: Summary of Standard Multiple Linear Regression Showing the joint Influence of Health Locus of Control on Health Among Elderly People in Makurdi metropolis

Predictor (s)	R	R^2	F	Df	β	t	Sig
Constant	.833	.695	433.077	2, 375		9.549	.000
Emotional Abuse					.012	.286	.010
Health LoC					.824	19.258	.002

The results in table 4 indicated a significant joint influence of emotional abuse and health locus of control on mental health among elderly people in the Makurdi metropolis [R = .833, R^2 = .695, F(2, 375)= 433.077, p<.05]. Findings also revealed that emotional abuse and health locus of control jointly accounted for 69.5% of the total variance observed in mental health of the elderly. Findings on the independent contributions showed that health locus of control made the highest significant positive contribution (β= .824, t =19.258, p<.01), followed by emotional abuse (β=.012, t=.286, p<.01). The results further indicated that elderly individuals with a strong health locus of control are more likely to maintain better mental health, as their belief in their ability to influence health outcomes positively impacts their resilience and coping strategies. Conversely, those experiencing emotional abuse are at greater risk of poor mental health outcomes. Based on the findings, hypothesis three was confirmed.

DISCUSSION

Hypothesis one was tested to find out if emotional abuse will significantly influence mental health among elderly people in the Makurdi metropolis. Findings indicated that there was a significant influence of emotional abuse on the mental health of elderly people. This implies that elderly people experiencing emotional abuse are more likely to encounter mental health challenges. This can also result in increased levels of anxiety, depression, and other psychological disorders, further impacting their overall mental health. Situating this finding within the reviewed literature of this study, the result is consistent with that of Alemayehu et al. (2021) who examined the relationship between emotional abuse and mental health outcomes among elderly individuals in Addis Ababa, Ethiopia and found a significant correlation between emotional abuse and symptoms of depression and anxiety among elderly participants in Addis Ababa. Emotional abuse was identified as a significant predictor of poor mental health. The findings highlight the adverse effects of emotional abuse on the mental health of elderly individuals in Addis Ababa, Ethiopia.

The results of this study align with those of Tianqiang and Dajun (2024) who examined the relationship between emotional abuse and mental health among elderly people and revealed that emotional abuse was significantly and positively correlated with positive mental health indicators and negatively correlated with negative mental health indicators. In contrast, expressive suppression was negatively correlated with positive mental health indicators and positively correlated with negative mental health indicators. The findings highlight the importance of considering cultural context in future research on emotional abuse and mental health among the elderly

The result of this finding is in line with that of Afolabi et al. (2023) investigated the impact of emotional abuse on the mental health of elderly individuals in Kwara State, Nigeria and revealed that there is a significant positive correlation between emotional abuse and mental health issues, with higher levels of emotional abuse associated with increased symptoms of depression and

anxiety. The study concluded that emotional abuse is a significant predictor of mental health problems among the elderly in Kwara State. Recommendations included the implementation of community-based interventions to prevent emotional abuse and the provision of mental health services for affected individuals.

Hypothesis two was tested to find out if health locus of control (HLC) would significantly influence mental health among elderly people in Makurdi metropolis. This hypothesis was tested using multiple linear regression analysis, and the findings revealed a significant influence of health locus of control on the mental health of elderly people. Situating the result of this study with other literature reviews, the findings is in line with that of Bamidele et al. (2021) who explored the association between HLC and mental health among elderly people in Enugu state, Nigeria and found that an internal HLC was significantly associated with lower levels of depression and anxiety. Conversely, external HLC was positively associated with higher levels of depression and anxiety. The study highlights the significant role of health locus of control in influencing mental health among the elderly in Nigeria.

The result of this study consistent with the literature review by Eze et al. (2022) who examined the influence of HLC on mental health among elderly residents of Benin City, Nigeria and revealed that found that internal HLC was significantly negatively correlated with depression and anxiety and positively correlated with quality of life. External HLC showed a positive correlation with depression and anxiety and a negative correlation with quality of life. The findings highlight the significant role of HLC in determining mental health outcomes among the elderly in Benin City. Internal HLC is associated with better mental health and quality of life, while external HLC correlates with poorer mental health outcomes.

Hypothesis three was tested to find out if emotional abuse and health locus of control would significantly and jointly influence mental health among elderly people in the Makurdi metropolis. This hypothesis was tested using standard multiple regression analysis, and the findings revealed a significant joint influence of emotional abuse and health locus of control on the mental health of elderly individuals. The results of this study align with those of Sangeeta et al. (2020) who examined the relationship between locus of control, emotional abuse, and mental health among elderly individuals and revealed that The results revealed significant differences in the type of locus of control among elderly individuals, with those exhibiting higher levels of internal locus of control reporting better mental health outcomes. This highlights the importance of considering locus of control in addressing emotional abuse and promoting mental health among elderly populations. Also, Adebayo et al. (2020) who investigated the impact of emotional abuse and health locus of control on the mental health of elderly individuals in Lagos, Nigeria and revealed that The results indicated that elderly individuals experiencing emotional abuse were more likely to exhibit higher levels of depression and anxiety. Furthermore, an external health locus of control significantly predicted poor mental health outcomes. The authors concluded that addressing emotional abuse and promoting an internal locus of control could be essential for improving the mental health of elderly people. However, the study did not explore the role of social support in mitigating the negative effects of emotional abuse.

The findings of this study are particularly relevant to elderly individuals in Makurdi due to economic struggles, weak social support, cultural beliefs, and limited mental health services. Many elderly people depend on family for care, but financial hardship and modernization have increased emotional neglect and abuse. The study confirms that emotional abuse significantly affects mental health, leading to depression and anxiety. Additionally, health locus of control (HLC) plays a crucial role, as elderly individuals with an external HLC (believing in fate or external forces) experience worse mental health outcomes. Religious beliefs and poor healthcare access further hinder help-seeking behavior. Environmental stressors like housing insecurity and seasonal

flooding add to their vulnerability. These findings justify the study's focus on Makurdi's elderly population and highlight the need for community interventions, mental health education, and policies that empower elderly individuals to improve their mental health.

Conclusion

The findings of this study indicate that emotional abuse is a significant predictor of mental health among elderly individuals in Makurdi metropolis. Similarly, health locus of control plays a crucial role in shaping the mental health outcomes of the elderly population. Moreover, emotional abuse and health locus of control collectively influence mental health, reinforcing the need to address these factors in elderly care and intervention programs. Makurdi, as a central Nigerian town, presents various socio-economic and cultural dynamics that may predispose the elderly to poor mental health. The high prevalence of emotional abuse observed in this study highlights a pressing concern, as it may contribute to a diminished sense of personal control over health outcomes. A weakened health locus of control, in turn, could exacerbate the mental health challenges faced by elderly individuals. Given these findings, there is a critical need for targeted interventions that address emotional abuse while fostering a stronger sense of control over health among the elderly. Mental health education, social support programs, and policy initiatives should be prioritized to enhance psychological well-being and resilience in this vulnerable population.

Based on the results of this study, the following recommendations were made for both clinicians and health managers. It was recommended that Ministry of Health and Social Welfare should employ the services of Clinical Psychologists Benue State to help educating the elderly people on the impact of mental health on their daily functioning. The elderly peoples home should be made available for the elderly and they should be equipped with the knowledge that mental health and how to manage their emotions. Collaborating with these bodies can help integrate mental health care into general healthcare services for timely identification and treatment. Also clinical psychologist should help social welfare to collaborate with both the National Council on Aging (NCOA) and HelpAge International and engage in creating support programs that promote a sense of belonging among elderly individuals. These programs include social support networks, peer counseling, and group activities aimed at reducing isolation.

Advocacy groups in Makurdi, such as the Centre for Parental Care of the Old and Vulnerable (Cepacov), the Benue State Rehabilitation Board, and the MASC Care Community, should push for stronger legal protections against emotional abuse of elderly individuals. Awareness campaigns and the enforcement of anti-abuse laws will help safeguard the mental health of older adults. Policies should also empower elderly individuals by increasing their involvement in decisions related to their health and well-being, enhancing their internal health locus of control.

There were many limitations met in the process of undertaking this research. First the study was faced with the problem of locating and administering questionnaires to the participants, as they were elderly individuals who needed to be highly convinced before providing the necessary information. However, the researchers were able to ensure confidentiality, which facilitated the participants' willingness to share the required information.

For clinical psychologists, this study provides a deeper understanding of how emotional abuse contributes to mental health disorders among the elderly and the role of health locus of control in resilience. It underscores the need for therapeutic interventions that not only address trauma from emotional abuse but also empower elderly individuals by strengthening their belief in personal control over their health. Clinical psychologists can use these findings to design targeted counseling programs, cognitive-behavioral strategies, and psycho-educational initiatives that help

elderly patients develop healthier coping mechanisms, reducing vulnerability to depression, anxiety, and stress-related disorders.

The findings of this study have practical implications for improving the mental health of elderly individuals in Benue State. By raising awareness of the harmful effects of emotional abuse, the study advocates for stronger social support systems and protective policies to safeguard the mental health of older adults. It also highlights the need for community-based interventions, such as peer counseling and empowerment programs, to enhance elderly individuals' sense of control over their lives. Through these insights, the study has the potential to influence policy reforms, caregiver training, and the establishment of mental health support services tailored to the needs of the aging population in Benue State.

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