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Emotional Homeostasis Disequilibrium as a Potential Determinant of Psycho-Mental Well-Being Among Married Public Servants in Delta State

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Abstract
The study explored the relationship between emotional homeostasis disequilibrium and psycho-mental well-being among married public servants in Delta State. Guided by two research questions and two hypotheses, the study employed a correlational research design. The population consisted of 40,934 married public servants, with 45% male (18,236) and 55% female (22,698). A multi-stage sampling technique yielded a sample of 900 participants, ensuring representation across the state. Data were gathered using a meticulously developed questionnaire, the *Negative Emotions Rating Scale and Psycho-Mental Well-Being Rating Scale Questionnaire (NEPMWBQ).* This instrument underwent rigorous validation processes: face validity was established through expert judgment, content validity was confirmed using cumulative variance, and construct validity was determined via a rotated component matrix. Psychometric evaluations affirmed the tool's reliability and appropriateness for the study's objectives. The researcher and six trained assistants personally administered the instrument, ensuring high response accuracy. Data analysis involved Pearson's Product-Moment Correlation and regression statistics, with all hypotheses tested at a .05 significance level. Key findings revealed a significant negative correlation between emotional disequilibrium exhibited a negative but equally significant association with well-being. Emotional resilience emerged as a mediating factor, buffering the adverse effects of disequilibrium. Based on these findings, it was recommended that counselling services should be provided to married public servants to help them identify and manage emotional homeostatic disequilibrium effectively. Furthermore, marital counselling services should be integrated into public service policies to address emotional challenges stemming from work-life dynamics. The research contributes to knowledge by establishing the pivotal role of emotional homeostasis disequilibrium in psycho-mental well-being. These insights underscore the necessity of prioritizing emotional health within organizational and marital frameworks to optimize overall well-being and productivity.

Keywords: Emotional Homeostatic Disequilibrium (EHD), Psycho-Mental Wellbeing, Married Public Servants, Gender

Introduction

Psycho-mental well-being refers to an individual's emotional and psychological state and encompasses positive emotions, life satisfaction, effective coping mechanisms, and cognitive and social functioning. It reflects an individual's overall mental health and fulfillment in various aspects of their life. In marriage, individuals with high psycho-mental well-being can navigate a range of emotions healthily and adaptively, exhibit clear thinking and decision-making, and engage positively in social interactions. They are more likely to experience and share positive emotions with their partners and cope with challenges positively, fostering mutual support and understanding. Individuals with high psycho-mental well-being may be more resilient in the face of adversity within the marital journey. Their enhanced psychological and emotional well-being makes them adept at weathering the storms of matrimony and nurturing a satisfying and stable marital bond. Liu *et al*. (2021) [8] suggest that high psycho-mental well-being is critical to promoting enduring and fulfilling marriages. By understanding the intricate connection between psycho-mental well-being and marital satisfaction, relationship counseling and interventions can be developed to enhance both individual and relational flourishing (Braithwaite *et al*. 2010) [2].

The psycho-mental well-being of individuals in marital unions is increasingly recognized as a vital determinant of family stability, workplace productivity, and overall societal development. Married public servants in Delta State face unique challenges that expose them to stressors both at work and at home. Pressures such as workload demands, economic uncertainties, and the expectations associated with maintaining a family often heighten the risk of emotional imbalance. These stressors, if not effectively managed, may disrupt emotional homeostasis and negatively affect the mental health of married individuals. While much research has examined stress, marital satisfaction, and work-life balance, limited attention has been paid to the role of Emotional Homeostatic Disequilibrium (EHD) as a psychological construct that may determine psycho-mental well-being in marital contexts. This gap is significant because emotional disequilibrium often underpins maladaptive coping, unresolved conflict, marital dissatisfaction, and declining mental health, which in turn may affect productivity and social functioning.

Emotional Disequilibrium refers to a state of psychological imbalance in which an individual is unable to effectively regulate or maintain stability in their emotional responses when faced with internal or external stressors. It is characterized by heightened emotional reactivity, difficulty in coping with stress, and challenges in restoring emotional stability, which may lead to anxiety, irritability, conflict, or other forms of psycho-mental distress (Gross, 2015; Miller & Smith, 2022) [5, 9]. EHD represents disruptive patterns in emotional regulation within a marital context. Thompson, Lewis, and Calkins (2008) [14] suggest that maladaptive strategies can lead to EHD, which can manifest as chronic emotional suppression or explosive outbursts. This can create emotional distance, unpredictability, and instability within the marriage, potentially undermining emotional safety and connection between spouses. The most common symptoms associated with EHD according to Okorodudu (2023) [12] are feelings of anger, hate, fear, guilt sadness, and loneliness. All these types of emotions may play an important role in predicting the psychological well-being of married persons. It has also been found that couples who experience negative emotions such as anger, hate, fear, guilt sadness, and loneliness are less likely to be satisfied with their marriage than those whose emotions remain balanced over time. Understanding and addressing EHD behaviours are critical for preserving emotional connection and enhancing the overall well-being of the marriage. Thompson, Lewis, and Calkins' work contributes to the awareness and importance of addressing constructive patterns within the dynamics of a marital union. By mastering emotional balance and regulating emotions effectively, individuals can contribute to a fulfilling and enduring partnership.

The moderating effect of gender on the relationship between EHD behaviours and the psychological well-being of married persons was also considered. Gender plays a crucial role in shaping how individuals experience, express, and regulate emotions within marital and occupational settings. Men and women often differ in their coping styles, emotional expression, and perception of stressors, which may influence the extent to which Emotional Homeostatic Disequilibrium (EHD) affects psychological well-being. For instance, research has shown that women are more likely to internalize stress, leading to greater susceptibility to anxiety and depression, while men often externalize stress through avoidance or behavioral responses (Okafor & Nwosu, 2021) [11]. These differences suggest that the impact of EHD on psychological well-being may not be uniform across gender.

In marital unions, gender expectations and cultural norms in Nigeria may further intensify these disparities. Married male public servants, for example, may experience heightened stress from societal pressure to serve as primary providers, while married female public servants may face the dual burden of professional responsibilities and domestic caregiving. Such contextual factors may amplify or buffer the effects of EHD on psycho-mental health outcomes depending on gender. Considering the moderating effect of gender, this study acknowledges the fact that the relationship between EHD behaviours and psychological well-being is not linear but may vary significantly across male and female public servants. Marriage, being a complex social institution, has a profound influence on the psychological and mental well-being of individuals. It acts as a crucible where a range of factors such as personal dynamics and societal expectations come together to shape mental health outcomes. Marriage experiences are not uniform and are closely linked to gender, resulting in distinct differences in psychological and mental well-being.

According to Wayne (2016) [15], the dynamics of marriage are shaped by societal expectations that prescribe specific roles, responsibilities, and norms based on gender. These expectations often create different pathways for men and women within the institution of marriage. Societal norms may dictate certain roles and behaviors, impacting how individuals perceive their roles as husbands or wives. This, in turn, influences the formation of gender-specific expectations, which affect the mental well-being of individuals. Wayne further states that traditional cultural and societal norms define roles within marriage, which can shape the expectations placed on individuals. For instance, societal expectations regarding the role of women as primary caregivers or men as primary breadwinners can influence the fulfillment of these roles and, subsequently, impact mental well-being. The negotiation and fulfillment of these roles within the marital context become integral components of the overall psychological experience. Interpersonal dynamics within marriage also contribute to the varied experiences of individuals based on gender. Communication patterns, power dynamics, and the negotiation of decision-making processes all play roles in shaping the psychological and mental well-being of married individuals. These dynamics are often influenced by societal constructions of masculinity and femininity, creating unique challenges and opportunities for individuals based on their gender. Moreover, the experience of marriage is further nuanced by the evolving nature of societal expectations and changing gender roles. As societal norms shift, so too do the expectations within marriages, influencing the psychological landscape for both men and women. This dynamism adds complexity to the psychological well-being of individuals within the institution of marriage.

Statement of the Problem

The psycho-mental well-being of individuals in marital unions is increasingly recognized as a vital determinant of family stability, workplace productivity, and overall societal development. Married public servants in Delta State face unique challenges that expose them to stressors both at work and at home. Pressures such as workload demands, economic uncertainties, and the expectations associated with maintaining a family often heighten the risk of emotional imbalance. These stressors, if not effectively managed, may disrupt emotional homeostasis and negatively affect the mental health of married individuals. While much research has examined stress, marital satisfaction, and work-life balance, limited attention has been paid to the role of Emotional Homeostatic Disequilibrium (EHD) as a psychological construct that may determine psycho-mental well-being in marital contexts. This gap is significant because emotional disequilibrium often underpins maladaptive coping, unresolved conflict, marital dissatisfaction, and declining mental health, which in turn may affect productivity and social functioning. Exploring this relationship in the context of married public servants provides an opportunity to better understand the dynamics of emotional regulation and its implications for mental health.

Research Questions

The following research questions will be answered in this study:

1. What is the relationship between Emotional Homeostatic disequilibrium and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb and Hindering with the psycho-mental well-being of married public servants in Delta State?
2. What is the moderating impact of gender on the relationship between Emotional Homeostatic Disequilibrium (EHD) and the psycho-mental wellbeing of married public servants in Delta State?

Hypotheses

The following null hypotheses were test at 0.05 level of significant answered in this study:

1. The is no significant relationship between Emotional Homeostatic disequilibrium and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb and Hindering with the psycho-mental well-being of married public servants in Delta State?
2. The is no significant moderating impact of gender on the relationship between Emotional Homeostatic Disequilibrium (EHD) and the psycho-mental wellbeing of married public servants in Delta State?

Methodology

The design that used for this study is a correlational survey research design. The population of this study was all public servants in Delta State these include local and State government workers in the various ministries, departments, parastatals, and agencies across the State, with a total numbering of 40,934 married public servants which comprises 18,236 male and 22,698 females with an aggregate percentage of 45 for males and 55 for females. The sample of the study comprised 900 married persons in Delta State. The married public servants sampled from across Delta State through a multistage sampling method. The instrument for data collection was a questionnaire. The questionnaire was titled Negative Emotions Rating Scale and Psycho-Mental Well-Being Rating Scale Questionnaire (NEPMWBQ). The questionnaire was subdivided into two sections: A and B. Section was designed to collect respondents' data such as; Income level while Section B was divided into four subscales which are Negative Emotions Scale (NES) and Psycho-Mental Well-Being Scale (PMEBS), consist of 109 and 29 items respectively in the entire subscales. The respondents were asked to indicate their opinion on a four-point scale with close-ended items as Strongly Agree (4), Agree (3), Disagree (2), and Strongly Disagree. The face validity of the instrument was established by three experts who are experts in the Department of Guidance and Counselling. The content and construct validity of instrument determined by administering the instrument to 100 married public servants in Edo State and the data obtained were subjected to factor analysis. The content validity for each scale in the instrument was established by the total Cumulative variance of all the items in each scale. The total percentage of items in each scale was 73.0% and 65.3% respectively. The unexplained variances were altogether very minimal. Hence the instrument used in this study were valid and appropriate for the study. To compute the reliability of the instrument the same data used for the validity was subjected to Cronbach Alpha and reliability coefficient values of 0.77 and 0.79 was obtained for the Negative Emotions Rating Scale and the Psycho-Mental Well-Being Rating Scale respectively. The reliability was carried out to establish the internal consistency of the instrument. The instrument was administered to married public servant in all the selected communities. Data obtained were analyzed using Pearson's r, multiple correlation and multiple linear regression at a 0.05 level of significance.

Results

Research Question 1 What is the relationship between Emotional Homeostatic disequilibrium and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb and Hindering with the psycho-mental well-being of married public servants in Delta State?

Table 1: Correlation matrix of Emotional Homeostatic disequilibrium and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb and Hindering with the psycho-mental well-being of married public servants

Variable	Mean	SD	EHD	AN	GU	FE	SA	LO	FR	UN	NB	HI	PM
EHD	73.67	10.62	**1**										
AN	21.03	3.8	.022	**1**									
GU	12.12	3.09	.124	.647	1								
FE	10.88	2.96	-.065	.524	.037	1							
SA	8.70	2.3	-.098	.642	.112	.500	1						
LO	5.06	.93	.063	.750	.672	.250	.310	1					
FR	6.46	3.14	.008	.245	.174	.046	.072	.161	1				
UN	4.89	1.22	.060	.493	.276	.015	.128	.227	.018	1			
NB	2.39	1.04	-.056	.354	.089	.197	.245	.168	.061	.046	1		
HI	2.11	.98	-.035	.381	.096	.166	.231	.212	.095	.051	.174	1	
PM	82.57	10.35	.009	.235	.022	.131	.140	.034	.028	.028	.069	.478	1

The above Table revealed the relationship between Emotional Homeostatic disequilibrium and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb and Hindering with the psycho-mental well-being of married public servants in Delta State. Overall, EHD demonstrates a weak or negligible direct correlation with its emotional components—such as Anger (AN), Guilt (GU), Fear (FE), Sadness (SA), Loneliness (LO), Frustration (FR), Uninvolved (UN), and Numbness (NB)—as well as with psycho-mental well-being (PM) itself. This suggests that EHD, on its own, may not exert a straightforward influence on psycho-mental well-being.

Among the components, Anger (AN) exhibits moderate correlations with Guilt (.647), Loneliness (.750), and Sadness (.642), indicating that these emotions frequently co-occur. While Anger's direct correlation with PM is weak (.235), it suggests that this emotion may exert a mild influence on well-being. Similarly, Guilt (GU) shows strong associations with Loneliness (.672) and a moderate link with Sadness (.112). However, its connection to PM is minimal (.022), reflecting a limited direct impact on psycho-mental well-being. Fear (FE) shows moderate correlations with Sadness (.500) and Anger (.524), yet its association with PM remains weak (.131), indicating that its effects on well-being are likely indirect. Sadness (SA), while moderately related to Loneliness (.310) and Anger (.642), also displays a weak relationship with PM (.140), suggesting a similarly minor direct effect. Loneliness (LO), despite strong correlations with Anger (.750) and Guilt (.672), has an almost negligible influence on psycho-mental well-being (PM) (.034). Frustration (FR), Uninvolved (UN), and Numbness (NB) exhibit minimal direct correlations with PM, further emphasizing their limited role in directly shaping psycho-mental well-being. However, Hindering (HI) stands out with the strongest positive correlation with psycho-mental well-being (PM) (.478), implying that perceptions of being hindered significantly affect psycho-mental well-being.

Research Question 6 What is the moderating impact of gender on the relationship between Emotional Homeostatic Disequilibrium (EHD) and the psycho-mental well-being of married public servants in Delta State?

Table 2: Correlation matrix of the moderating impact of gender(GEN) on the relationship between Emotional Homeostatic Disequilibrium (EHD) and the psycho-mental well-being of married public servants

Variable	Mean	SD	GEN	EHD	EHE	PM
GEN	1.59	.49	**1**			
EHD	73.67	10.62	-.008	1		
PM	82.57	10.35	.449	.048	-.103	1

The above Table explores the moderating impact of gender (GEN) on the relationship between Emotional Homeostatic Disequilibrium (EHD), and psycho-mental well-being (PM) among married public servants in Delta State. Gender (GEN) shows a negligible negative correlation with EHD (-.008) indicating that gender has little direct influence on emotional disequilibrium or equilibrium. However, GEN demonstrates a moderate positive correlation with PM (.449), suggesting that gender plays a more significant role in shaping psycho-mental well-being, potentially as a moderating factor. EHD exhibits a very weak positive correlation with PM (.048), reflecting a minimal direct effect of emotional instability on well-being.

Testing of Research Hypotheses

Hypothesis 1 There is no significant relationship between Emotional Homeostatic disequilibrium and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb and Hindering with the psycho-mental well-being of married public servants in Delta State.

Table 3: Multiple regression and multiple correlation analysis of Emotional Homeostatic disequilibrium and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb and Hindering with the psycho-mental well-being of married public servants

Model	SS	Df	MS	F	R	B	SE	β	t	P
Regression	3230.378	9	358.931	3.433	.18					**.000***
Residual	93041.782	890	104.541							
Total	96272.160	899								
(Constant)						80.12	3.06		26.15	.00*
Anger						.32	.12	.12	2.54	.01*
Guilt						-.00	.13	-.00	-.04	.96ns
Fear						-.38	.14	-.11	-2.71	.01*
Sadness						.09	.21	.02	.44	.65ns
Loneliness						-.04	.37	-.00	-.11	.91ns
Frustration						.12	.11	.03	1.10	.26ns
Uninvolved						-.34	.29	-.04	-1.16	.24ns
Numb						-.43	.38	-.04	-1.11	.26ns
Hindering						.51	.39	.04	1.29	.19ns

Table 3 investigates the relationship between Emotional Homeostatic Disequilibrium (EHD) and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb, and Hindering on the psycho-mental well-being (PM) of married public servants in Delta State. The results reveal that the overall regression model is statistically significant (*F = 3.433, p = .000*), indicating that the components of EHD collectively have a weak but meaningful influence on psycho-mental well-being. However, the multiple correlation coefficient (*R = .18*) suggests that the strength of this relationship is weak. This implies that while there is a connection, the predictive power of EHD components on PM is limited.

When examining the individual components of EHD, only two show significant relationships with psycho-mental well-being. Anger has a small but statistically significant positive relationship with PM (*B = .32, t = 2.54, p = .01*), indicating that higher levels of anger may slightly enhance psycho-mental well-being. On the other hand, Fear demonstrates a significant negative relationship with PM (*B = -.38, t = -2.71, p = .01*), suggesting that higher fear levels are associated with a decline in psycho-mental well-being. The remaining components, including Guilt, Sadness, Loneliness, Frustration, Uninvolved, Numb, and Hindering, do not exhibit significant relationships with psycho-mental well-being, as their p-values exceed the threshold of significance ($p > .05$). This suggests that these emotions do not independently contribute to changes in psycho-mental well-being among married public servants in Delta State. The strength of the relationship observed among Emotional Homeostatic disequilibrium and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb and Hindering with the psycho-mental well-being of married public servants is illustrated in the path analysis model in Figure 1.

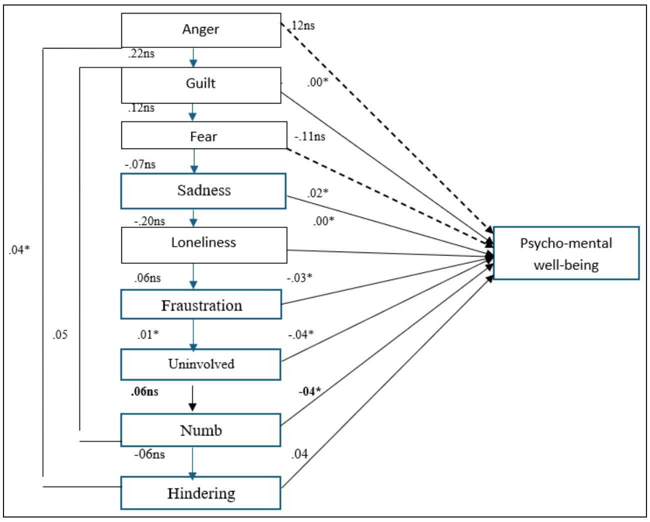

Fig 1: Path Analysis model indicating the strength of the relationship between Emotional Homeostatic disequilibrium and its components with the psycho-mental well-being of married public servants

The path analysis model illustrated in Figure 1 provides insights into the strength and significance of the relationships between Emotional Homeostatic Disequilibrium (EHD) and its components—Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb, and Hindering—and the psycho-mental well-being (PM) of married public servants. Fear shows a small but statistically significant negative relationship with psycho-mental well-being (*-0.11, $p < 0.05$*), indicating that higher levels of fear are associated with reduced mental well-being. Hindering exhibits a weak but significant negative relationship (*-0.04, $p < 0.05$*), suggesting that its presence slightly diminishes mental well-being. Uninvolved also demonstrates a weak significant relationship, with a negative impact on mental well-being (*-0.03, $p < 0.05$*). Sadness reveals a minor positive effect on psycho-mental well-being (*0.02, $p < 0.05$*), suggesting a slight contribution to improved well-being in this context. The relationships between Anger, Guilt, Frustration, Numb, and Loneliness with psycho-mental well-being are not statistically significant, as indicated by their non-significant coefficients (e.g., *0.12ns*, *0.22ns*, *-0.07ns*). These results suggest that these emotional components do not independently exert a notable influence on mental well-being. To justify that there was no multicollinearity among the independent variables, a multicollinearity test was conducted.

Table 4: Multicollinearity Diagnosis of Emotional Homeostatic disequilibrium and its components of Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb and Hindering with the psycho-mental well-being of married public servants

	Correlations			Collinearity Statistics	
	Zero-order	Partial	Part	Tolerance	VIF
Anger	.12	.08	.08	.48	2.06
Guilt	-.06	-.00	-.00	.68	1.46
Fear	-.09	-.09	-.09	.67	1.47
Sadness	.06	.01	.01	.44	2.22
Loneliness	.00	-.00	-.00	.95	1.04
Frustration	.06	.03	.03	.90	1.10
Uninvolved	-.05	-.03	-.03	.91	1.09
Numb	-.03	-.03	-.03	.71	1.40
Hindering	.01	.04	.04	.76	1.31

Table 4 confirms the absence of multicollinearity among the independent variables, a multicollinearity diagnostic test was conducted for Emotional Homeostatic Disequilibrium (EHD) and its components—Anger, Guilt, Fear, Sadness, Loneliness, Frustration, Uninvolved, Numb, and Hindering on the psycho-mental well-being of married public servants. Tolerance values for all variables ranged between 0.44 and 0.95. These values exceed the minimum threshold of 0.10, indicating that none of the independent variables are excessively correlated with others in the model. The VIF values for all variables fall within the acceptable range of 1.04 to 2.22. Since all VIF values are below the critical threshold of 10, this further confirms the absence of multicollinearity. Zero-order correlations between the independent variables and psycho-mental well-being are generally weak, ranging from -0.09 to 0.12, suggesting minimal overlap in their contributions. Partial and part correlations show similarly small values, indicating that each variable's unique contribution to the model is limited. Anger exhibits the highest VIF (2.06) among the variables but still falls well below the critical threshold, suggesting no significant multicollinearity issues. Loneliness has the lowest VIF (1.04) and the highest tolerance (0.95), reflecting very minimal correlation with other variables.

Hypothesis 2 There is no significant moderating impact of gender on the relationship between Emotional Homeostatic Disequilibrium (EHD) and the psycho-mental well-being of married public servants in Delta State.

Table 5: Multiple regression and multiple correlation analysis of the moderating impact of gender on the relationship between Emotional Homeostatic Disequilibrium (EHD) and the psycho-mental well-being of married public servants in Delta State

Model	SS	Df	MS	F	R	B	SE	β	t	P
Regression	19976.143	3	6658.714	78.198	.46					.00*
Residual	76296.017	896	85.152							
Total	96272.160	899								
(Constant)						29.37	4.13		7.10	.00*
Gender						-.64	.62	-.03	-1.03	.30ns
EHD						.06	.02	.07	2.32	.02*

Table 5 indicates that there is no significant moderating impact of gender on the relationship between Emotional Homeostatic Disequilibrium (EHD) and the psycho-mental well-being of married public servants in Delta State. Specifically, the coefficient for gender is not significant ($P = 0.30$), indicating that gender does not significantly alter the relationship between these variables. However, the results show significant relationships between negative emotions ($P = 0.02$) with psycho-mental well-being.

Discussion

The first finding that emotional homeostatic disequilibrium significantly impacts the psycho-mental well-being of married public servants unveils a critical link between emotional regulation and overall mental health within this demographic. Emotional homeostasis refers to the capacity to maintain emotional balance despite external pressures. However, when this equilibrium is disrupted whether by work stress, marital conflicts, or external societal expectations it can lead to cascading effects on an individual's psychological and mental health. For married public servants, who often juggle demanding professional roles alongside personal obligations, the strain on emotional regulation is particularly pronounced. This imbalance may manifest as heightened stress, anxiety, or even depressive tendencies, thereby diminishing their ability to perform optimally at work and sustain harmonious marital relationships.

The finding resonates with the work of An *et al*. (2022) [1], who underscored the role of emotional dysregulation in exacerbating mental health challenges, particularly within populations subjected to high levels of occupational stress. Similarly, Hsu and Barrett (2020) [6] highlighted how disrupted emotional homeostasis can impair decision-making and interpersonal functioning, two vital skills for public servants. Fahd and Hanif (2019) [4] extended this perspective, noting that unresolved emotional turmoil in high-stakes environments often permeates personal spheres, amplifying relational strain. Interestingly, this dynamic is not a new phenomenon; Briscoe (1982) [3] had already recognized the interplay between emotional instability and declining mental health in public sector professionals, although his insights lacked the empirical depth afforded by contemporary studies.

The second finding that gender does not significantly moderate the relationship between Emotional Homeostatic Disequilibrium (EHD) and the psycho-mental well-being of married public servants challenges long-held assumptions about gendered differences in emotional regulation and psychological resilience. Emotional homeostasis disequilibrium, marked by instability and heightened emotional reactivity emerges as a universal determinant of mental health. Regardless of whether the individual is male or female, the ability to regulate emotions plays a comparable role in shaping psycho-mental well-being. In the cast of married public servants, the pressures of juggling work demands and marital responsibilities apply equally to both genders, creating shared vulnerabilities to emotional dysregulation. This finding suggests that emotional responses to stress and the mental health outcomes they produce are less influenced by gender than previously believed. For instance, the experience of EHD can lead to similar patterns of stress-induced anxiety, emotional exhaustion, and relational strain in both men and women, This result is consistent with the findings of Öcal *et al*. (2022) [10], who argued that while gendered social expectations might influence emotional expression, the fundamental processes of emotional regulation and their effects on well-being are largely gender-neutral. Similarly, Ostovar *et al*. (2020) [13] found no significant differences in how men and women experience the psychological consequences of emotional imbalances in high-stress roles. Earlier, Imani *et al*. (2015) [7] demonstrated that emotional resilience and homeostasis are universal mechanisms for maintaining mental health, irrespective of gender.

Conclusions

Based on the findings, it was concluded that this study provides critical insights into the psycho-mental well-being of married public servants in Delta State. Firstly, Emotional Homeostatic Disequilibrium (EHD) significantly affects their psycho-mental well-being, indicating that emotional imbalances negatively impact mental health. secondly, gender was found not to significantly moderate the relationships between EHD and psycho-mental well-being, indicating that the relationship is relatively stable for both male and female.

Recommendations

Based on the finding, it is therefore recommended that:

1. Counselling services should be provided to married public servants to help them identify and manage emotional homeostatic disequilibrium effectively.
2. Emotional homeostasis frameworks should be integrated into workplace wellness programs to promote psycho-mental well-being.
3. Public service institutions should foster supportive work environments that help employees achieve emotional balance.
4. Employers should consider offering periodic mental health evaluations to identify and address emotional and psychological stressors early.

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