



**EMOTION REGULATION DIFFICULTIES AND ITS ROLE IN SOCIAL
HEALTH OF ADOLESCENTS**

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ABSTRACT

The aim of this research was to study the relationship between emotion regulation difficulties and its elements and social health elements including social integration, playing social roles, social cohesion, social acceptance, and social self-actualization. For this purpose, 200 students were selected from the School of Educational Sciences, Marvdasht University, through single-stage cluster sampling method. Emotion regulation difficulties (DERS) and social health questionnaires were used as the two scales for data collection. To analyze the collected data, two statistical methods including stepwise regression and Pearson correlation methods were applied. Results of this analysis showed that there was a negative significant relationship between emotion regulation difficulties and social health. Regarding the ability to predict social health with emotion regulation difficulties variables, scrap scales of lack of emotional clarity and difficulties of doing purposeful behavior were able to predict social health. However, no significant relationship was seen between other elements and social health.

Keywords: Social Health, Emotion Regulation Difficulties, Youth

INTRODUCTION

Health is a considerable issue in all cultures and its definition in any society depends on the people's common feeling towards society as well as their culture. However, when health comes up usually its physical aspect is taken into consideration while a society's growth and development depends on its health in terms of physical, mental and social aspects. The World Health Organization defines health as a state of full physical, mental and social welfare, and not only lack of diseases (WHO, 1979). Therefore, health is a concept which was long defined depending on its counterpart, i.e. disease. Hence, the World Health Organization defines health as the lack of disease or deficiency, and a kind of physical, mental and social welfare. Social health as one of the health dimensions has become important along with physical, mental and spiritual health so that health does not mean lacking physical and mental diseases anymore; rather, how a person acts in social relations and how s/he thinks in the society are also considered as the criteria for evaluating the person's health and at the society's macro-level (Sam Aram, 2009:30). A socially healthy person can perform his/her social activities and roles at a conventional level and feel connected to society and social norms. Keyes believes that the life quality

and personal performance of a person cannot be evaluated regardless of social criteria, and a good performance in life is nothing more than physical, emotional and mental health that includes social duties and challenges. He states that social health refers to the individuals' functions in society (Hakiminia, 2011:3). Having true social thoughts and positive mindset towards the society in order to have a better life is the first and most important stage of social health and, regarding the nature of human life and the challenges that might be created by this issue, it has been of great importance. On the other hand, the youth's health is a main priority in all countries. The youth's health requirements in the context of social changes at international and national levels indicate several shortcomings, and what is obviously ignored in all fields in our country is the insufficient attention paid to mental-social dimensions. This ignorance may result in other social damages and it must be taken into special consideration. The social changes as a fact indicate that the diseases and disorders are changing their appearances. The epidemiological transition phenomenon is occurring and it is going on very fast and causing diseases and disorders in such a way that in 2020 it will be the cause of health disturbance all

over the world (Marandi, 2006:2039). University students' health is a vital issue which has brought about many challenges these days. This issue becomes more important especially when some studies show that problems of this group have an increasing trend. For instance, results of a 13-year longitudinal research revealed that nowadays students refer to university counseling centers more than before. Moreover, their problems have become more complicated (Benton *et al*, 2003).

In an investigation of the relationship between life quality related to social health and coping strategies and loneliness in students, Chenari (2008) found that lack of a desirable, satisfactory social relationship has destructive effects on students' health and life quality. This study implied that as the feeling of loneliness in students increased, the quality of their physical and social lives decreased. In addition, the more people feel lonely, the less they can enjoy active coping strategies such as problem solving and social support seeking (Chenari, 2008, cited in Hakiminia, 2011:3). Langerland *et al* (2011) found that the quality of perceived social health along with the increase of feeling solidarity among people would cause their mental health to improve. Blanco & Diaz (2007) conducted a research titled as social order and mental health with an approach to

social health, and tried to investigate the relationship between social health dimensions as a social order indicator among perceived health and self-esteem, deprivation and social interactions, and positive and negative feelings. Meanwhile, emotion regulation affects an important part of personal and social life of everybody. In this regard, emotion regulation and control is considered as an important growth product which is acquired by individuals in their family environments. Cognitive emotion regulation is a mechanism of self-awareness that a person uses to deal with adverse conditions. Difficulties of emotion regulation are often considered as basic elements of many behavioral disorders. Cognitive emotion regulation is known as a tool to understand how a person can organize his/her attention and activities and obtain strategic and insistent actions to overcome barriers and solve problems. Any problem and failure in emotion regulation might make the person vulnerable to some problems including depression, anxiety, stress, and social and behavioral problems (Ehring, 2008). Considering cognitive ways of coping with emotions at the times of facing negative events of life might be important, and this type of emotion regulation has a direct relationship with growth, development or

outbreak of mental disorders and emotional problems so that any type of problem and failure in emotion regulation might make the person vulnerable to problems like depression, anxiety, etc. Hence, selecting an effective and efficient coping strategy at cognitive, emotional and behavioral dimensions might affect the increase of using adaptive copings and improvement of social health (Jowshanlou, 2006). Studies have shown that conflict management depends on quality of people's relationship, satisfaction with these relationships, and the documents used about the counterpart (Dumla, R., Botta). Garnefski & Kraaij (2006) believe that strategies of cognitive emotion regulation are actions that indicate the ways a person deals with stressful conditions and/or horrible events. Different personal factors affect the degree of social health. As mentioned before, cognitive emotion regulation is one of the most important variables for mental health, and cognitive emotion refers to the way a person does cognitive processing when s/he faces horrible and stressful situations (Garnefski *et al*, 2009). In their study, Gross & Jan (2003) stated that people differ from each other in their use of emotion regulation strategies, and personal differences have emotional, cognitive and social results. Moreover, some other

researches showed that cognitive emotion regulation plays an important role in people's adjustment with stressful events in life and it might influence people's life quality. Also, Eisenberg's findings indicate that parents' characteristics such as mental health influence the socialization of emotion regulation. Morris *et al* (2002), too, conducted several researches and focused on the importance of social contexts, especially families, on development of emotion regulation abilities (Eisenberg & Valient, 2004; Power, 2004).

In their study, Samani & Sadeghi (2010) classified these strategies to two groups: positive strategies (positive refocusing, planning, positive reappraisal, and putting into perspective) and negative strategies (self-blame, blaming others, rumination, catastrophic treatment and acceptance). They also indicated that negative strategies have a positive significant correlation with depression, anxiety, and stress, while positive strategies have a negative significant correlation with these mental health indicators. Therefore, problems in emotion regulation can make the person ready for later mental disorders. It seems that the best and most complicated skill that should be acquired in any educational system is the skill to think about problems that will be faced. Hence, it is not

surprising that for human beings as the most evolved creatures, dealing with this issue can solve many problems related to social health among the youth.

According to what was stated above, the present study aimed at answering the question whether there is a significant relationship between emotion regulation difficulties and social health. Being of clinical and theoretical importance, emotion regulation difficulties still need to be investigated and studied from different aspects. The following research hypotheses were investigated.

1. There is a significant relationship between emotion regulation difficulties and social health and its dimensions among university students.
2. Emotion regulation difficulties are able to significantly predict social health of university students.

METHODOLOGY

Population, samples and research methodology

The population included all B.A. and M.A. students of Marvdasht School of Educational Sciences in academic year 2013-2014. The total number of students was 4600 amongst which 200 students who were studying different majors of human sciences were selected through single-stage cluster sampling method. After attracting

the subjects' participation, the Persian version of emotion regulation difficulties questionnaire (DERS) and Social Health Scale were implemented on the students as groups in the class. 50 subjects were removed from statistical analysis because they gave incomplete answers to the questionnaires. Therefore, the final sample reduced to 200 students (113 male and 87 female ones).

The present study was a descriptive-correlational research. To analyze the data, some indexes and statistical methods including mean, standard deviation, stepwise regression, and correlation coefficients were applied. The mean age of all subjects was 26/46 and its standard deviation was 6/22. The mean age of female students was 26/35 and its standard deviation was 6/05 while the mean age of male students was 26/61 and its standard deviation was 6/45.

Measurement instruments: Two questionnaires were used in this research: emotion regulation difficulties questionnaire (DERS) and Social Health Scale on students. These two scales will be discussed more precisely in the following.

Emotion regulation difficulties scale

The emotion regulation questionnaire has been made by Gratz & Roemer (2004). It contains 36 items and factor analysis of the six factors including Non-acceptance of

Emotional Responses, Difficulties of Engaging in Goal-Directed Behavior, Impulse Control Difficulties, Lack of Emotional Awareness, Limited Access to Emotion Regulation Strategies, and Lack of Emotional Clarity (Gratz & Roemer, 2004) is done by the 5-rate Likert Rating Scale in which the items are rated from *almost never* to *almost always*. The higher ranks show more difficulties in terms of emotion regulation. Khanzadeh, Saeedian and Hossein chari investigated the operational structure and psychometric properties of the questionnaires and presented the results of factor analysis of the six factors which was in accordance with emotion regulation difficulties in Gratz & Roemer's research (2004). Furthermore, results of evaluating the questionnaire's criterion validity showed that all subscales had a positive, significant relationship with anxiety and depression questionnaires (Azizi *et al*, 2010). To determine the instruments' reliability, Cronbach's alpha was used and the results for each dimension were as follows: non-acceptance: 0/67; goals: 0/63; impulse control: 0/70; emotional awareness: 0/65; strategies: 0/69; emotional clarity: 0/63. Moreover, in order to calculate the questionnaire's validity, the correlation of each item with the dimensions was used and the coefficients were as follows: non-

acceptance dimension: 0/56 to 0/65; goals dimension: 0/51 to 0/70; impulse control dimension: 0/51 to 0/73; emotional awareness dimension: 0/40 to 0/64; strategies dimension: 0/35 to 0/58; and emotional clarity dimension: 0/40 to 0/65. They were significant at 0/01 level. A self-report index which is more comprehensive than the existing tools in this field has been made to evaluate the difficulties of emotion regulation.

Social Health Scale: It is a 33-item scale of social health designed by Keyes (1998) and its 5 elements include solidarity, acceptance, flourishing, participation and social adaptation. The questions are measured by *I completely agree* to *I completely disagree* options. The lowest and the highest possible scores for social health were 33 and 165, respectively, and the score ranges were classified into three groups: low, average and high social health. The obtained Cronbach's alpha values were as follows: integration: 0/75; social cohesion: 0/79; acceptance: 0/78; participation: 0/72; adaptation: 0/80; and the total Cronbach's alpha coefficient was 0/85. It was totally acceptable for subscales and social health criterion. Therefore, the questionnaire's reliability was confirmed. In this study, the criteria used to ensure the questionnaires' content validity were as follows: 1. doing

theoretical studies; 2. asking the opinions of advisors, counseling advisors, and other experts; 3. using previously tested questionnaires; and 4. Fixing the problems of the questionnaires and their items in terms of ambiguity of some items, ... by implementing 40 questionnaires at the pretest stage. It is worth mentioning that the two abovementioned scales were completed by all the participants of this study. Before completing the scales by the samples, researchers tried to ensure the students that all their answers would be kept privately and just used for research purposes. Besides, the samples were told how to complete the scales.

Data analysis

In this section, the research findings are referred to inferentially. The research findings are those obtained from the responses to the research hypotheses and questions. These results were obtained by investigating the relationship between emotion regulation difficulties and social health of the students.

Inferential results

There is a significant relationship between emotion regulation difficulties and social health of the students.

In order to investigate this hypothesis, the statistical method of Pearson correlation coefficient was used. Results are shown in **Table 1**.

It can be seen that there is a significant negative relationship between social health variable with the elements such as non-acceptance of emotional responses, difficulties of engaging in goal-directed behavior, Impulse Control Difficulties, Lack of Emotional Awareness, Limited Access to Emotion Regulation Strategies, and Lack of Emotional Clarity and emotion regulation difficulties variable. No significant relationship was seen with other elements.

Emotion regulation difficulties are able to significantly predict the students' social health.

To investigate the second hypothesis, the stepwise regression statistical method was applied, and the results are shown in **Table 2**.

The regression was stepwise and it can be seen that in the first stage, lack of emotional clarity has been entered the relation and since $R^2=0/10$ and $F=22/64$, the linear relation is significant. This relation implies that 10% of social health variable variance is explained by lack of clarity. In the second stage, difficulties of engaging in goal-directed behavior (goals) were entered the relation and since $R^2=0/12$ and $F=13/62$, the linear relation is significant. This relation implies that in this stage only 2% was added to prediction

ability, and other elements had no significant effect on students' social health.

Table 1: Pearson correlation matrix between emotion regulation difficulties and social health

variables	1	2	3	4	5	6	7	8	9	10	11	12	
Emotion regulation	1. non-acceptance	1											
	2.goals	** .49	1										
	3.impulse	** .59	** .69	1									
	4.awareness	-.7	-.12	-.8	1								
	5.strategies	** .66	** .67	** .77	-.01	1							
	6.clarity	** .36	** .22	** .28	** .38	** .34	1						
	7.emotion	** .78	** .74	** .83	** .21	** .89	** .57	1					
Social health	8. solidarity	*-.16-	*-.16-	*.15	-.07	*.17	**-.24	**-.23	1				
	9.acceptance	-.02	**-.19/	-.08	*-.14	.02	**-.25	-.13	** .49	1			
	10.participation	** .22	*-.16	**-.20	-.04	**-.31	**-.25	**-.30	** .29	** .21	1		
	11.adaptation	-.07	-.01	.01	*-.16	-.02	-.12	-.07	** .23	*.17	** .32	1	
	12.flourishment	.07	-.04	-.12	-.12	-.02	-.05	-.05	*.15	*.16	-.12	-.04	1
	13.health	*-.16	**-.20	*-.17	*-.17	*-.18	**-.32	**-.28	** .77	** .73	** .62	** .52	** .29

*= $\leq P 0.05$; **= $\leq P 0.0$

Table 2: Stepwise regression for determining the effects of emotion regulation difficulties on social health

stage	variable	R	R2	F	P	Coefficient B	Coefficient Beta	t	Significance level
1	clarity	.32	0.10	22.64	.001	-1.04	-.32	4.76	.001
2	clarity goals	.35	0.12	13.62	.001	-.95 -.39	-.29 -.14	4.26 2.05	.001 .001

DISCUSSION AND CONCLUSION

The present study aimed at investigating the effect of emotion regulation on students' social health. Results of this study indicate that since inactivity, crime increase, moral issues, etc. are the consequences of lack of social freshness, especially among the youth and teenagers who are very energetic, the central part of health is social and mental health of people, because all health-related interactions are done by the spirit. Riff and Keyes believed that health was

something beyond life satisfaction and feeling prosperous which were hedonistic meanings of health. Nowadays, social health is known to be the product of cognitive, mental and social factors as well as the effect of biological factors. This attitude gets along with a more general approach towards health, diseases and treatment of damaging problems. The new approach to health leads to using a range of words that have intra-relationships including life quality (Power, 2003), mental

social health and mental health (Riff & Keyes, 1995), positive function of individuals and emotional health (Waterman, 2001), and social health (Keyes, 1998). This broad conceptualization of health and social health allows us to do a more comprehensive evaluation of mental and cognitive factors related to people's understanding of their desirable efficiency in their surrounding environments. The focus on positive mental factors which are related to social health could also be generalized to psychology. Mental freshness is some part of functionalist social health and it plays an important role in individuals' optimal efficiency (Ryan & Dessi, 2001). Mental social health had self-motivation and positive effects, and its negative relationships with anxiety and depression, external control and stress were confirmed. Generally, being fresh and energetic refers to the same condition in which the elements' passion and energy exist but worry, tiredness, anxiety and frailty are absent (Gump & Povitch, 1999). Emotion regulation strategies indicate personal, emotional, cognitive, and social development. When these factors get influenced, they play an important role in development and maintenance of emotional disorders. In fact, emotion regulation is a broad concept and includes a wide range of conscious and unconscious psychological processes (Gross, 2007). Hence, several theories addressed the issue that people who cannot effectively manage their emotional responses to daily events would experience longer and more intense periods of mental suffering and social damage so that failure in emotional regulation as a key element in several mental pathology models can be related to special disorders such as borderline personality disorder, social anxiety problems and the problems related to it including alcohol and drug abuse. Although it can be generalized to all cases, in many situations it may result in aggressiveness and losing control and, consequently, suffering others and making interpersonal problems. Lack of emotional clarity and difficulties of engaging in goal-directed behavior bring about the ability to predict the person's social health. Other elements do not have a significant effect on the students' social health. When people experience threatening or stressful events in their lives, before doing anything, they cognitively use some strategies to regulate their emotions (Garnefski, Kraaij, Spinhaw, 2001). Some strategies are implemented in cognitive regulation (by thinking) while they involve behavioral interventions strategies (by doing tasks). Many strategies depend on the combination of cognitive and behavioral levels. People

use various cognitive strategies when they face stressful experiences and situations in order to maintain their social and emotional health. Emotion-making cognitive strategies are self-conscious practices used by an individual in order to deal with adverse conditions. Some of the most common cognitive strategies of emotion regulation when a person faces adverse conditions are as follows: self-blame, blaming others, rumination, catastrophic treatment, putting into perspective, positive refocusing, positive reappraisal, acceptance, and planning. Studies suggest that people's differences in using various cognitive styles bring about different emotional, cognitive and social consequences in such a way that using positive reappraisal styles have a relationship with positive emotions and better interpersonal interactions as well as higher welfare (Hauser & Safyer, 1995). Today, contrary to primary theories, usefulness of emotion in behavior is emphasized and the public view is that emotions appear before behavior, and optimize the person's adaptation with requirements of physical and social environments. Coordinating mental, biological and motivational processes, emotions cause the person's conditions to be fixed with the environment (Vailant, 1992) and equip the person with special, efficient responses proportionate to issues,

and finally lead to his/her physical and social health (Andrews et al, 1989). On the other hand, emotions play an important role in making, maintaining and cutting interpersonal relationships. They do it by adjusting the interpersonal distances because emotions attract us towards each other or make us far from each other. For example, anger and happiness affect social relationships. Therefore, cognitive strategies of emotion regulation, like its other behavioral and social dimensions, are actually used with the aim of managing the emotions in order to increase social health and adaptation. They are some part of adaptive strategies related to experiencing and treating emotional and social distresses. According to findings of the present study it is suggested that training workshops be held for communicational skills and emotion regulation under the supervision of counseling and mental health centers of universities. This might be effective for prediction and treatment of these epidemic problems.

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