

EMOTIONAL REGULATION, DELIBERATE SELF-HARM AND SOCIAL ADJUSTMENT AMONG PATIENTS WITH MAJOR DEPRESSIVE DISORDER

MADEEHA EHSAN¹, ANUM RABBANI²

¹Riphah Institute of Clinical and Professional Psychology, Riphah International University, Lahore.

²Lecturer, Riphah Institute of Clinical and Professional Psychology, Riphah International University, Lahore, Pakistan

CORRESPONDENCE: MADEEHA EHSAN, E-mail: madeehaehsan744@gmail.com

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ABSTRACT

OBJECTIVE

To examine the relationship between associations between emotional regulations, deliberate self-harm and social adjustment among patients with major depressive disorder.

STUDY DESIGN

Correlational research design.

PLACE AND DURATION OF STUDY

Data was taken from public and private hospitals of the Lahore, Pakistan including Services hospital, Lahore General hospital, Jinnah hospital and Mayo hospital etc. within three months.

SUBJECTS AND METHODS

Two hundred participants were collected through purposive sampling technique. Emotional Regulation Questionnaire (Gross & John, 2003), OTTAWA Self-Injury Inventory (Cloutier & Nixon, 2003) and Social Adjustment Scale (Wafa & Kousar, 2015) were used to measure variables under study.

RESULTS

Results revealed emotional regulation had significant positive relationship with social adjustment. Moreover, findings also showed that emotional regulation was significant predictor of social adjustment. However, deliberate self-harm had not any significant relationship with social adjustment.

CONCLUSION

The findings of the present study showed emotional regulation would lead to social adjustment of patients with major depressive disorder.

KEY WORDS

Social Mal-adjustment, Major Depressive Disorder, Deliberate Self Harm.

INTRODUCTION

Major depressive disorder (MDD) is an extremely prevailing, etiologically multifactorial and clinically assorted illness. It is most significant psychological illnesses in relations of public health effect. Depressive illnesses are classified as the fourth important reason of problem among all illnesses. If recent inclinations for demographic and epidemiological change endure, the problem of depression will rise and through the year 2020 depression will become the second primary reason of disability adjusted life years. It is estimated that overall ischemic heart illness and in the advanced counties depression will be the top ranking reason of illness.¹

Depression seems to be a prolonged disease with a higher risk of relapse above one's lifetime, particularly when satisfactory management is not accessible. Considerable amounts of depressive patients end up their lives through committing suicide. Suicide is the utmost general consequence of depression.²

Social adjustment is a struggle made by a person to manage with values, morals and needs of people in order to be acknowledged. It can be defined as a psychological procedure. It includes coping with new standard and importance. In the practical "attainment along with the fellows of society as greatest one can" is called adjustment.³ Psychologists frequently create the term adjustment to define many kinds of social and interactive relationships in society. Thus, adjustment can be mentioned to as the response to the demands and burdens of a social situation imposed upon the person. Social adjustment is an effort made by a person to address the values, beliefs and needs of a society so as to be acknowledged. It is frequently mentioned as an emotional process. It includes dealing with new values and morals.³

Moreover, Emotional regulation was an important aspect for social adjustment. Emotional regulation relates to a process in which a person measures, control and change his impulsive emotive reactions, by using several policies, in direction to complete his aims or in demand to direct informally acceptable emotive behavior.⁴ The emotion regulation has been definite "as the process of initiating, avoiding, inhibiting, maintaining, or modulating the occurrence, form, intensity, or duration of internal feeling states, emotion-related physiological, attentional processes, motivational states, and/or the behavioral concomitants of emotion in the service of accomplishing affect-related biological or social adaptation or achieving individual goals".⁵ Emotional regulation offers a worth of societal message, in which feelings have a purpose of establishing relations of persons to their background, and are the foundation of socialization.⁶

Furthermore, Deliberate self-harm is also a significant factor which was related with social adjustment. Deliberate self-harm is public wellbeing issue and is a general difficulty in the psychiatric practice. A stressful aspect is the high occurrence of suicide. Deliberate self-harm is a consequence of difficult contact among the natural, emotional, societal and impulsive features.⁷ The societal conditions are also vital comprising those who are lonely or living in regions of socioeconomic deficiency have enhanced rates of deliberate self-harm and suicide attempts.⁸

The aim of the present study was to investigate the relationship between emotional regulation, deliberate self-harm and social adjustment among patients with major depressive disorder.

SUBJECTS AND METHODS

Participants

The research participants comprised of 200 patients with major depressive disorder. The sample size was determined by "G Power Analysis". Data was taken from both public and private hospitals of Lahore, Pakistan. The inclusion criteria was patients who diagnosed by psychologists as having major depressive disorder, patients having any physical disability were excluded from present research.

Measures

Emotional Regulation Questionnaire (ERQ):

The Emotional Regulation Questionnaire was developed by Gross and John (2003).⁹ This scale has 10 items. This scale use 5 point likert scale. The chronbach alpha reliability of this tool is .90.

Ottawa Self-Injury Inventory (OSI):

Cloutier and Nixon (2003) developed the Ottawaself-injury inventory scale, is a self-report inventory (Martin et al, 2013) which examines the self-harm in the context of occurrence, frequency, self-harming functions and dependence on the psychoactive substance. The answer was given by choosing the options from 0 = never to 4 = daily or always. The number of item in self-injury function subscale is 31 and 7 items in the dependence on psychoactive substance subscale. The frequency of self-injuries is also examined. The validity of the scale was .67 and reliability of the scale are .87 (Martin et al, 2013).^{10,11}

Social Adjustment Scale (SAS):

Social Adjustment Scale was developed by Wafa and Kousar (2015). This scale has 27 items. This is 5 point Likert scale. The chronbach alpha reliability is .96.¹²

Procedure

After getting approval from BASR (Board of Advances Studies and Research) of Riphah Institute of Clinical & Professional Psychology, Riphah International University Lahore, permission was taken from the original authors to use the scales. Permission was sought from the Medical Superintendent of both public and private hospitals. Principals and teachers from these colleges were presented an informational letter to communicate the purpose of data collection. The information regarding the study about impact of Emotional Regulation, Deliberate Self-Harm and Social Adjustment was briefly explained. Each participant was provided with the information sheet for detail information regarding the research. A consent form was provided to make sure that the participants were willingly participating in the research. They were informed about the ethical consideration of the study. After that pilot study and main study was conducted.

RESULTS

Socio demographic details showed that mean siblings of the sample was around 5 and the mean income of the participant was rs 50000/.

Further analysis revealed that most of the patients had satisfactory relationship with their fathers (65.5%) and mothers (76%) while about half of the participants were having a satisfactory relationship with siblings (52%) and spouses (17.5 % as only 35 % of the participants were married). 13.5 % of the participants were dissatisfied in their relationship with their siblings, 7.5 % were dissatisfied with fathers, only 2 % were dissatisfied with mothers and 5.5 % were dissatisfied with spouses. Majority of the participants 84.5 % attributed their attachment to their mothers. Around three fourth of the sample (74.5%) had severe level of depression (see Table 1).

Internal consistency of scales was moderate (see Table 2), and a significant positive ($p < .05$) relationship was revealed between emotional regulation and social adjustment, and a significant ($p < .05$) positive relationship between emotional regulation and deliberate self-harm (see Table 3).

The results showed that emotional regulation was significant predictor of deliberate self harm (see Table 4). Results indicated that emotional regulation is a predictor of deliberate self-harm $\beta = .21$, $F(1, 199) = 9.89$, $p < .01^{**}$. The value of $R^2 (.04)$ explained 4% variance in the deliberate self-harm accounted by emotional regulation.

Table 1
Descriptive Statistics of Relationship of the Participants (n=200)

Variables	M(SD)	f (%)
Siblings	5.22 (1.89)	
Brothers	2.49 (1.31)	
Sisters	2.71 (1.50)	
Monthly Income	50000 (7671.53)	
Relationship with Siblings		
Satisfactory		104 (52)
Neutral		69 (34.5)
Unsatisfactory		27 (13.5)
Relationship with Father		
Satisfactory		131 (65.5)
Neutral		54 (27)
Unsatisfactory		15 (7.5)
Relationship with Mother		
Satisfactory		152 (76)
Neutral		44 (22)
Unsatisfactory		4 (2)
Relationship with Spouse		
Satisfactory		35 (17.5)
Neutral		24 (12)
Unsatisfactory		11 (5.5)
N/A		130 (65)
Attachment		
Father		40 (20)
Mother		97 (48.5)
Sister		14 (7)
Brother		10 (5)
None		39 (19.5)
Severity of Depression		
Mild		6 (3)
Moderate		45 (32.5)
Severe		149 (74.5)

Note: f= frequency, %= percentage

Table 2
Psychometric Properties of Scales (n=200)

Variables	k	M	SD	Potential		Actual		α
				Min	Max	Min	Max	
				Scores	Scores	Score	Score	
OTTAWA	25	151.75	26.76	25	200	83	211	.52
ERS	10	54.93	7.86	10	50	31	70	.75
SAS	27	100.36	14.88	27	135	62	135	.85

Note. k= Number of Items in the subscales, M = Mean, SD=Standard Deviation, Min Score = Minimum Score, Max Score = Maximum Score, α = Reliability Co-efficient, OTTAWA= OTTAWA Self-Injury Inventory, ERS=Emotional Regulation Scale, SAS= Social Adjustment Scale.

Table 3
Pearson Product Moment Correlation Analysis between Variables (n= 200)

Variables	1	2	3	M	SD
1 Deliberate Self-Harm	-	.16*	.03	151.75	26.76
2 Emotional Regulation	-	-	.15*	54.93	7.86
3 Social Adjustment	-	-	-	100.36	14.88

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Note: M= Mean, SD= Standard Deviation.

Table 4
Simple Regression Analysis predicting Deliberate Self Harm (N=200)

Predictor	B	SE	β	t
Emotional Regulation	.32	26:18	.21**	3.14
R ²	.04			
F	9.89			

**p<.01

DISCUSSION

Results of the present research showed that emotional regulation has significant positive relationship with social adjustment among patients with major depressive disorder. Previous researches supported the findings of the present study. One more study was conducted to examine relationship between emotional regulation and social adjustment among students. Findings showed that emotional regulation has significant positive relationship with social adjustment.¹³ Another research was conducted to study the relationship between emotional regulation and social adjustment among patients. Outcome showed emotional regulation and social adjustment were significantly correlated with each other.¹⁴

Results of the current study accepted null hypothesis and showed deliberate self-harm has not shown significant negative relationship with social adjustment among patients with major depressive disorder. Previous literature supported the hypothesis of the present study. Another study was conducted to investigate the relationship between self-harm and social adjustment. Results revealed that self-harm was significantly associated with social adjustment.¹⁵

Results of the current investigation revealed that emotional regulation significantly predicted social adjustment among patients with major depressive disorder. However, Deliberate Self-Harm did

not significantly predict social adjustment due to some research limitations and biasness. Another study was conducted to investigate the effectiveness of emotion regulation training on social adjustment in the deaf. Results indicated that emotional regulation significantly affected social adjustment.¹⁶ One more study was conducted to examine the effect of emotional regulation on social adjustment. The results showed that different emotion regulation plans play varying characters in social consequences and significantly affected social adjustment.¹⁷ In addition, one more research was conducted to examine the association between cognitive emotion regulation plans and social functioning in adolescents. Results showed that catastrophizing and acceptance significantly predicted social functioning difficulties.¹⁸

CONCLUSION

Findings of the present study showed significant positive association between emotional regulation and social adjustment. Emotional regulation significantly affects social adjustment of patients with major depressive disorder.


CLINICAL AND RESEARCH IMPLICATIONS

The findings of the study could inform social workers and professionals about the deliberate self-harm and emotional regulation which affect patient's social adjustment. This could help in clinical setting and social workers to educate mental health professionals and parents about the different level, styles and types of deliberate self-harm.

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Sr.	Author Name	Affiliation of Author	Contribution	Signature
1	Madeeha Ehsan	Ms Scholar, Riphah Institute of Clinical and Professional, Riphah International University Lahore, Pakistan	Corresponding author, Conception of idea, Data Collection, Data Analysis Manuscript Preparation and preparation of the documents for Article Publication	
2	Anam Rabbani	Lecturer & Incharge BS Programme Riphah Institute of Clinical and Professional, Riphah International University Lahore, Pakistan	Supervised the Research and Reviewed the initial Manuscript	