



## ROLE OF GENDER AND EMOTION REGULATION ON THE MENTAL HEALTH OF YOUTH

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### **Abstract**

*The capacity to alter how we experience and express emotions is a key contributor to mental health and problems with effectively regulating emotions is a cardinal feature of many psychiatric disorders. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Gender is a critical determinant of mental health and mental illness. The present study focuses on the role of gender and emotion regulation on the mental health of youth. Participants comprise 121 young college students selected randomly from three districts of Kerala state. Measures used for the study are Mental Health Status Scale and DERS (Difficulty in Emotion Regulation) Scale. The obtained data are analyzed using ANOVA. The findings reveal that there is significant difference between high, moderate and low DERS groups on mental Health. Mental health of females has found to be better than males. No significant interaction of gender and emotion dysregulation on mental health identified.*

**Key words - Emotion Regulation, Mental Health, Gender.**

Emotions are an extremely important part of our lives, and they profoundly affect our actions, even though we're not always aware of them. Bagozzi et al. (1999) define emotions as "mental states of readiness that arise from appraisals of events or one's own thoughts". Negative emotions, such as anger or frustration, typically stem from blocking one's goals, desire, or rights. Emotions can shape human experiences into positive (satisfactory) or negative (painful), unfolding a wide array of responses that can develop in various forms of Psychopathology, social difficulties and physical illness. Therefore, understanding how humans regulate their emotions is an important aspect of sciences aimed at humans' well being.

Skillful understanding and balancing of emotions is called Emotion Regulation. Emotion regulation is a general term that encompasses several component parts, which include being aware of and paying direct attention to emotions, understanding and labeling emotions, and managing or modifying emotional reactions so as to meet important goals.

Emotional self-regulation or regulation of emotion is the ability to respond to the ongoing demands of experience with the range of emotions in a manner that is socially tolerable and sufficiently flexible to permit spontaneous reactions as well as the ability to delay spontaneous reactions as needed. It can also be defined as extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions. Emotion self-regulation belongs to the broader set of emotion-regulation processes, which includes the regulation of one's own feelings and the regulation of other people's feelings.

Emotional regulation is a complex process that involves initiating, inhibiting, or modulating one's state or behavior in a given situation – for example the subjective experience (feelings), cognitive responses (thoughts), emotion-related physiological responses (for example heart rate or hormonal activity), and emotion-related behavior (bodily actions or expressions). Functionally, emotional regulation can also refer to processes such as the tendency to focus one's attention to a task and the ability to suppress inappropriate behavior under instruction. Emotional regulation is a highly significant function in human life.

Emotion regulation refers to a person's ability to understand and accept his or her emotional experience, to engage in healthy strategies to manage uncomfortable emotions when necessary, and to engage in appropriate behavior



(e.g., attend classes, go to work, engage in social relationships) when distressed. People with good emotion regulation skills are able to control the urges to engage in impulsive behaviors, such as self-harm, reckless behavior, or physical aggression, during emotional distress. Thompson (1994) defined emotion regulation as "...the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one's goals".

The capacity to alter how we experience and express emotions is a key contributor to mental health and problems with effectively regulating emotions is a cardinal feature of many psychiatric disorders. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health is defined as being able to work creatively and productively to relate others in a way that is mutually satisfying and to feel comfortable when alone, usually by developing a rich and fulfilling inner life. (Gilmore, 1973). Sartorius (Sartorius, 1998), the former WHO Director of Mental Health, preferred to define mental health as a means by which individuals, groups or large populations can enhance their competence, self-esteem and sense of well-being.

Evidence for a significant association between the ability to effectively regulate undesired affective states and mental health has been found across almost all mental disorders included in the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; APA, 2013). Many theories of psychopathology highlight the role of emotion dysregulation in the onset and maintenance of mental health disorders, the functional role of emotions in mental health and subjective well being has been highlighted by several researchers (Quoidbacht al, 2010). The manner in which individuals are able to manage their emotional experiences to confirm adaptively to a given context appears to be important in mental health (Gross 1995).

Gender is a critical determinant of mental health and mental illness. Gilbert (1992) states "Gender refers not only to biological sex but also to the psychological, social, and cultural features and characteristics that have become strongly associated with the biological categories of female and male". Gender differences occur particularly in the rates of common mental disorders - depression, anxiety and somatic complaints. These disorders, in which women predominate, affect approximately 1 in 3 people in the community and constitute a serious public health problem. (WHO). Depression, anxiety, psychological distress, sexual violence, domestic violence and escalating rates of substance use affect women to a greater extent than men across different countries and different settings. Pressures created by their multiple roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual abuse, combine to account for women's poor mental health. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression.

The present study analyses the role of emotional regulation and gender on mental health of youth. The study also analyses the interaction of gender and emotional regulation on mental health.

## **OBJECTIVES**

- To examine the role of gender and emotional regulation on the mental health of youth.
- To examine the interaction of gender and emotional regulation on mental health of youth.

## **HYPOTHESES**

There will be significant difference between the males and females on overall mental health and its dimensions.  
There will be significant difference between low, moderate and high DERS groups on overall mental health and its dimensions.

There will be significant difference between DERS groups (low, moderate and high) and gender (male and female) on overall mental health and its dimensions.



## **METHOD**

### **Sample**

Participants comprise 121 samples from Thrissur, Malappuram, and Palghat districts of Kerala. Among the participants, 45 are males and 75 are females whose age ranges from 18-25 years.

### **Tools**

#### **Mental Health Status scale**

Mental Health Status Scale developed by Sam Sananda Raj and Gireesh is used to determine the mental health status of youth. The scale constitutes 6 subscales which measure attitude toward the self, self actualization, Integration, autonomy, perception of reality, environmental mastery of youth. Each subscale has 12 items which has both positive and Negative items.

#### **DERS Scale**

DERS (Difficulty in Emotion Regulation ) Scale developed by Gratz and Roemer, 2004 (standardized version) constituting 29 items measure various aspects of emotion regulation. It has six subscales. (Nonacceptance): Nonacceptance of emotional responses, (Goals): Difficulties engaging in goal directed behavior, (Impulse): Impulse control difficulties, (Awareness): Lack of emotional awareness, ( Strategies): Limited access to emotion regulation strategies, ( Clarity): Lack of emotional clarity. Higher scores in each of these subscales indicated having a more difficult in component measured.

## **PROCEDURE**

The Participants of the present study are contacted individually .Before the administration of the questionnaire, the participants are briefed about the purpose of their study and their task. After getting the consent of the participants ,the aforesaid questionnaires are administered as per the standard instructions of each questionnaire .All participants are requested to ensure that they responded to each items of every questionnaire/scale.

The investigator has made an attempt to classify the whole sample into different groups on the basis of their level of emotional regulation .For this ,DERS scale is given. The calculated mean was treated as the cut-off point and the scores below the means minus half SD constitute low DERS group; the scores between mean minus half SD and mean plus half SD constitute the moderate DERS group; and the high DERS group constitute mean plus half SD and above. After the classification of the whole sample, their mental health dimensions and overall mental health status are identified.

## **RESULT AND DISCUSSION**

In order to examine the role of gender and self esteem on mental health, the data is classified into different categories and the significance of difference in mental health and its dimensions and the scores of the respondents in the different categories are tested by Analysis Of variance (ANOVA).

The details of the results of the ANOVA performed on the scores obtained by the subjects are given below. Since gender influences the mental health, it is decided to consider males and females separately for all the analyses to be carried out here. Thus gender forms one of the factors in the ANOVA .Emotion Regulation is considered as the second factor influencing mental health. Table 1 shows the results of the two ways ANOVA of levels of emotion regulation and gender on mental health and its dimensions.



**Table 1 Results of the Two Way ANOVA of levels of DERS and gender on mental health and its dimensions.**

1. Variables	2. Main Effects		3. 2 way interaction
	4. DERS(A) 5. DERS(A) 6. F value	7. Gender(B) 8. Gender(B) 9. F value	10. A-B 11. F value
12. Attitude towards self	13. .58	14. .90	15. .165
16. Self Actualization	17. .11	18. .193	19. .363
20. Integration	21. 7.39**	22. 4.37*	23. .49
24. Autonomy	25. .45	26. .05	27. 1.90
28. Perception of reality	29. 3.92**	30. 6.30**	31. .11
32. Environmental mastery	33. 3.68*	34. 5.67**	35. .43
36. Overall mental health	37. 3.80*	38. 4.82*	39. .19

\*Significant at .05 level.

\*\* Significant at .01 level.

The results of the ANOVA are described in the following steps.

### Main Effects (One Way Interaction)

#### a) Gender on mental health and its dimensions

Males and females are categorized into two groups and they are tested for their mean values for each of the six mental health dimensions and also for overall mental health. Results indicate that overall mental health of males and females differ significantly .F value for overall mental health is 4.82 which is significant at .05 level. From this F value it is confirmed that gender differences exist in the overall mental health.

While considering each dimension of the mental health, it has been observed that mental health dimensions such as attitude towards self, self-actualization, and autonomy do not differ in males and females. Their respective F values such as .90,.19 and .05 are not found to significant at .05 and .01 levels .F value obtained for integration is 4.37 which is significant at .05 level suggests that males and females differ significantly on the mental health dimension of integration. F value obtained for perception of reality is 6.30; significant at .01 levels indicates that males and females vary in the environmental mastery .F value obtained for environmental mastery is 5.67, significant at .01 level shows that males and females differ in environmental mastery.

Table 2 reveals mean and SD of males and females on mental health and its dimensions. Mean value of overall mental health of females is 262.55 and for males is 254.09.From the mean values it is very clear that overall mental health of females is higher than males.

**Table 2 Mean and SD of males and females on mental health and its dimensions.**

Variables	Gender			
	Males		Females	
	Mean	SD	Mean	SD
Attitude towards self	39.69	4.54	40.45	5.02
Self Actualisation	43.36	5.27	43.86	5.57
Integration	43.47	5.17	45.28	5.31
Autonomy	42.42	5.90	42.61	5.05
Perception of reality	42.84	6.37	45.28	4.70
Environmental mastery	42.31	6.26	45.09	6.02
Overall mental health	254.09	22.55	262.55	20.87



Mean value of attitude towards self for males is 39.69 and for females is 40.45 which indicates that females have higher score in the mental health dimension of attitude towards self than for males. Mean values of self-actualization for males and females are relatively same. Mean value of integration of males is 43.47 and females are 45.28 which suggest that females have more capacity of integration than males. Mean value of autonomy is 42.42 for males and 42.61 for females which means that the capacity of autonomy is relatively same in both males and females. Mean value of perception of reality is 42.84 for males and 45.28 for females which shows that the perception of reality is high in females than males. Mean value of environmental mastery is 42.31 for males and 45.09 for females which indicates that environmental mastery is high in females. It can be inferred from the above mean values that females have knowledge of self, utilize their abilities have a unifying outlook on life and are resistant to change, free from need distortions and they can love, work and play adequately in interpersonal relations, effective in solving problems.

**b.DERS on mental health and its dimensions.**

Participants have been divided into 3 groups (low, moderate and high) on the basis of their level of emotion dysregulation and these three groups have been tested for their mean values for each of the mental health dimensions.

Results indicate that the overall mental health of low, moderate and high DERS groups differ significantly value obtained for overall mental health is 3.80 which is significant at .05 level. From the F value, it is clear that the overall mental health of low, moderate and high DERS groups differ significantly.

While analyzing the dimensions of mental health, it has been revealed that mental health dimensions such as integration, perception of reality and environmental mastery differ significantly between low, moderate and high DERS groups. F values of integration, perception of reality are 7.39 and 3.92 respectively which are significant at .05 level. F value of environmental mastery is 3.68 which is significant at .01 level. Findings confirmed that there is significant difference between low, moderate and high DERS groups on mental health dimensions such as integration, perception of reality and environmental mastery. Mental Health dimensions such as self-actualization, autonomy and attitude towards self do not show significant difference between three groups of DERS. Their F values are .11, .45 and .58 respectively are not significant at .05 and .01 levels.

**Table 3 Mean and SD of low, moderate and high DERS groups on overall mental health and its dimensions.**

Variables	DERS					
	Low		Moderate		High	
	Mean	SD	Mean	SD	Mean	SD
Attitude towards self	40.36	5.46	40.57	4.41	39.62	4.62
Self Actualisation	44.17	5.40	43.38	5.88	43.43	5.18
Integration	47.02	5.17	44.38	5.18	42.38	4.52
Autonomy	43.19	5.29	42.76	5.40	41.69	5.42
Perception of reality	46.17	5.16	43.89	4.44	43	6.22
Environmental mastery	46.19	5.97	42.68	6.46	43.14	5.84
Overall mental health	267.10	24.18	257.65	18.53	253.26	20.09

Table 3 reveals mean and SD of low, moderate and high DERS groups on overall mental health and its dimensions. Mean values of overall mental health of low, moderate and high DERS group is 267.10, 257.65 and 253.26 respectively. This indicates that low DERS group has higher mental health and high DERS group has lower mental health. Mean values show that the level of regulation of emotions influences the mental health.

Mean value of attitude towards self for low, moderate and high DERS groups is 40.36, 40.57 and 39.62 respectively. Mean values are relatively same for low, moderate and high DERS groups with respect to the mental



health dimension of attitude towards self. Mean value of self-actualization for low, moderate and high DERS group is 44.17, 43.38 and 43.43 respectively. This suggests that low DERS groups utilize their abilities and have more capacity of self-actualization than high DERS group. Mean values of autonomy for low, moderate and high DERS groups are 43.19, 42.76 and 41.69 respectively. Mean values suggest that low DERS group is reliant in decision making than high DERS group. Mean values of mental health dimension of perception of reality is 46.17, 43.89 and 43 respectively. Mean values indicate that low DERS groups' perception of reality is better than high DERS group and they are free from need distortion. Mean values of mental health dimension of environmental mastery for low, moderate and high DERS group is 46.19, 42.68 and 43.14 respectively. Mean values show that environmental mastery of low DERS group is better than high DERS group. Low DERS persons can, love, work, play adequately in interpersonal relations and are efficient in problem solving.

## **Two-Way Interaction**

### **a. Gender and self-esteem on mental health and its dimensions.**

Analysis is carried out to examine the difference in scores on mental health and its dimensions on the basis of their gender and levels of DERS.

A Two-way ANOVA was conducted to find out the independent effect and interaction effects of gender (males and females) and DERS (low, moderate and high DERS groups) on overall mental health and its dimensions. From Table 1, it is very clear that the interaction effect of levels of DERS and gender is not significant on overall mental health and its dimensions. Findings reveal that difficulty in regulating emotions and gender together does not make much influence on mental health.

Current study identified that those with low emotion dysregulation patterns display better mental health and those with high emotion dysregulation patterns display poor mental health. Evidence for a significant association between the ability to effectively regulate undesired affective states and mental health has been found across almost all mental disorders included in the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; APA, 2013). Individuals suffering from depression, one of the most prevalent mental health problems of our time, often report difficulties identifying their emotions (Honkalampi, Saarinen, Hintikka, Virtanen, & Viinamaki, 1999; Rude & McCarthy, 2003), accepting and tolerating negative emotions (Brody, Haaga, Kirk, & Solomon, 1999; Campbell-Sills, Barlow, Brown, & Hofmann, 2006; Conway, Csanik, Holm, & Blake, 2000; Hayes et al., 2004), compassionately supporting themselves when suffering from negative emotions (Gilbert, Baldwin, Irons, Baccus, & Palmer, 2006; Hofmann, Grossman, & Hinton, 2011), and effectively modifying their emotions (Catanzaro, Wasch, Kirsch, & Mearns, 2000; Ehring, Fischer, Schnulle, Bøsterling, & Tuschen-Caffier, 2008; Kassel, Bornovalova, & Mehta, 2007).

Numerous studies are also finding that emotion regulation skill deficits contribute to the development and maintenance of anxiety disorders (Aldao & Nolen-Hoeksema, 2012; Aldao et al., 2010; Amstadter, 2008; Berking & Wupperman, 2012; Campbell-Sills, Ellard, & Barlow, 2014; Cisler, Olatunji, Feldner, & Forsyth, 2010; Kashdan, Zvolensky, & McLeish, 2008; Suveg, Morelen, Brewer, & Thomassin, 2010).

Emotion regulation deficits are involved in a variety of anxiety disorders (Olatunji, 2010). Substantial evidence supports emotion dysregulation as a core construct underlying BPD disorders (Linehan, 1993). Depression is widely conceptualized as a consequence of dysfunctional emotion regulation (Gross, 1995; Kring, 2010 & Hollon, 2004). One of the most prominent clinical factors in alcohol and drug use is difficulty coping with negative affect, to the extent that substance misuse is widely conceptualized as an effort to regulate or avoid negative emotions (Baker, 2004; Cooper, 1995; Wupperman, 2011). Increasing evidence suggests that eating disorder symptoms (binging, purging, and/or restricting) serve as dysfunctional attempts to regulate or suppress negative emotions (Fairburn, 2003; Penas-Liedo, 2002; Smyth, 2007; Wild, 2007). Emotion regulation has long been thought to play a central role in the development of somatoform symptoms.



The present study also found that the mental health of females is better than males. Most of the studies reported mental health of males better than females. Aldao & Nolen-Hoeksema, 2011, reported that women were more likely than men to report using several different emotion regulation strategies. The present study also analysed the interactive effect of gender and emotion deregulation on mental health and it has found that the interaction between emotion dysregulation and gender on mental health is not significant.

## CONCLUSION

Findings reveal that emotion regulation influences mental health. Those with low emotion regulation capacity have less mental health than those with high emotion regulation capacity. Mental health of females are found to be better than mental health of males. Interaction effect of emotion regulation and gender was not significant. The study emphasizes the need of developing emotion regulation capacities among youth so as to enhance their mental health.

## REFERENCE

1. Aldao, A., & Nolen-Hoeksema, S. (2012). When are adaptive strategies most predictive of psychopathology? *Journal of Abnormal Psychology*, 121 (1), 276–281.
2. Aldao, A., & Nolen-Hoeksema, S. (2011). Personality and Individual differences. *10/2011;51(6):704-708*.
3. Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, 30 (2), 217–237.
4. Amstadter, A. (2008). Emotion regulation and anxiety disorders. *Journal of Anxiety Disorders*, 22 (2), 211–221.
5. Baker TB, Piper ME, McCarthy DE, et al. Addiction motivation reformulated: an affective processing model of negative reinforcement. *Psychol Rev* 2004;111:33–51.
6. Berking, M., & Wupperman, P. (2012). Emotion regulation and mental health: Recent findings, current challenges, and future directions. *Current Opinion in Psychiatry*, 25 (2), 128–134.
7. Brody, C. L., Haaga, D. A., Kirk, L., & Solomon, A. (1999). Experiences of anger in people who have recovered from depression and never-depressed people. *The Journal of Nervous and Mental Disease*, 187 (7), 400–405.
8. Campbell-Sills, L., Barlow, D. H., Brown, T. A., & Hofmann, S. G. (2006). Effects of suppression and acceptance on emotional responses of individuals with anxiety and mood disorders. *Behaviour Research and Therapy*, 44 , 1251–1263.
9. Campbell-Sills, L., Ellard, K., & Barlow, D. H. (2014). Emotion regulation in anxiety disorders.
10. In J. J. Gross (Ed.), *Handbook of emotion regulation* (2nd ed., pp. 393–412). New York, NY: Guilford Press.
11. Catanzaro, S. J., Wasch, H. H., Kirsch, I., & Mearns, J. (2000). Coping related expectancies and dispositions as prospective predictors of coping responses and symptoms. *Journal of Personality*.
12. Ehring, T., Fischer, S., Schnulle, J., Bösterling, A., & Tuschen-Caffier, B. (2008). Characteristics of emotion regulation in recovered depressed versus never depressed individuals. *Personality and Individual Differences*.
13. Gilbert, P., Baldwin, M. W., Irons, C., Baccus, J. R., & Palmer, M. (2006). Self-criticism and self-warmth: An imagery study exploring their relation to depression. *Journal of Cognitive Psychotherapy*.
14. Gilbert, L. A. (1992). Gender and counselling psychology; Current knowledge and directions for research and social action. In S. D. Brown, & R. W. Lent (Eds.), *Handbook of Counselling psychology*. New York: Wiley.
15. Hofmann, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical Psychology Review*,
16. Hollon SD, Muñoz RF, Barlow DH, et al (2002). Psychosocial intervention development for the prevention and treatment of depression: promoting innovation and increasing access. *Biol Psychiatry*
17. Honkalampi, K., Saarinen, P., Hintikka, J., Virtanen, J., & Viinamäki, H. (1999). Factors associated with alexithymia in patients suffering from depression. *Psychotherapy and Psychosomatics*.



18. Kashdan, T. B., & Steger, M. F. (2006). Expanding the topography of social anxiety: An experiencesampling assessment of positive emotions, positive events, and emotion suppression. *Psychological Science*.
19. Kassel, J. D., Bornoalova, M., & Mehta, N. (2007). Generalized expectancies for negative mood regulation predict change in anxiety and depression among college students. *Behaviour Research and Therapy*.
20. Kring AM, Werner KH(2004). Emotion regulation and psychopathology. In: Philippot P, Feldman RS, editors. *The regulation of emotion*. Mahwah, New Jersey: Lawrence Erlbaum Associates Publishers.
21. Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
22. Smyth JM, Wonderlich SA, Heron KE, et al(2007). Daily and momentary mood and stress are associated with binge eating and vomiting in bulimia nervosa patients in the natural environment. *J Consultant Clinical Psychology*.
23. Suveg, C., Morelen, D., Brewer, G. A., & Thomassin, K. (2010). The emotion dysregulation model of anxiety: A preliminary path analytic examination. *Journal of Anxiety Disorders*