Understanding Emotional Complexity: The Influence of Demographic Factors on Dysregulation in University Students

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Abstract: *The present study is designed to investigate the demographic differences in the emotional dysregulation of university students. This cross-sectional study was conducted on 150 respondents from Abdul Wali Khan University Mardan, holding different demographic backgrounds such as gender, residential, and educational backgrounds, including students from the departments of psychology, sociology, political science, Pakistan studies, and international relations. The measuring instrument used in the study was the emotional dysregulation scale. Data analyzed through an independent sample t-test and results revealed that there is a significant difference in education on emotional dysregulation as well as gender bias; females scored highly on emotional dysregulation. The alpha reliability coefficient for the difficulty in emotional regulation scale is 85. This study has suggested that 15- 20 years of people has high level of emotional dysregulation. Females and urban areas people high score on emotional dysregulation. Education has non-significant difference on emotional dysregulation. The study's findings shed light on the multifaceted nature of emotional dysregulation among university students. It's clear that demographic factors such as gender and residential background play a significant role in shaping emotional regulation. Further exploration into the underlying causes of these differences could provide valuable insights for educators and mental health professionals working with young adults.*

Introduction

Emotional Dysregulation

Late Emotion dysregulation has become a typical term in the mental and clinical brain research writing and it has been utilized to characterize the highlights of numerous psychological issues and considered a trans-demonstrative procedure (Kring & Moran, 2008). Feeling dysregulation and issues in feeling guideline have been commonly utilized between variably, however Cicchetti and partners exhort that the two terms show various implications. As per these creators, feeling dysregulation have a mistaken or maladaptive use of feeling guideline techniques that are as yet offered for appropriate use, while issues in feeling guideline uncover a nonappearance of these methodologies (Cicchetti, Ackerman & Izard, 1995).

Emotional dysregulation is the inability of an individual to express specific emotions in response to a given scenario and environment (Fairholme et al, 2010). Enthusiastic dysregulation is thought to be a primary cause of a variety of disorders, including dread, disquiet, OCD, sadness, and PTSD (Cougle, Goetz & Timpano, 2012). Emotion dysregulation is prevalent in many forms of psychopathology and can manifest as either shirking and excessively limited emotional articulation or increased emotionality. (Bradley et al., 2011). Feeling dysregulation is a multi-faceted build including an absence of mindfulness, comprehension, and acknowledgment of feelings; a failure to control practices while encountering enthusiastic pain; an absence of access to versatile procedures for adjusting the power of emotional encounters; and an endeavored shirking of emotional misery (Gratz & Roemer, 2004).

Emotional dysregulation is the adverse emotional reaction that incorporates an individual's displeasure and peevishness. Individual shows aggression towards anything in the general public and others. In emotional dysregulation, an individual neglects to create relational relations at school, home, and work environment. Emotional dysregulation additionally makes conduct issues like slaughtering and threating oneself (Barbara & Howard, 2016).

The present study conduct to study the demographic difference of emotional dysregulation among adolescents. The purpose of the study to find out the differences of age, gender, education and residential area in emotional dysregulation. These differences were not studied in Pakistan. The study sample consisted of 150 adolescents. It also includes both males and females students. The findings of the study can be used for further investigation of variables in the future.

Emotion regulation is typically characterized as people's conscious or unconscious efforts to recognize, interpret, and successfully control their emotions (Gratz, Et al 2004). Self-injurious behaviors, particularly non-suicidal self-injury (NSSI), have been identified as both a result of inadequate emotion regulation and as a dysfunctional method for regulating one's affect (Nock M.k, et al 2010). The concept of emotion regulation lacks conceptual coherence, demonstrated by the wide range of self-report instruments used to assess emotion regulation, each of which captures one particular component of this complicated construct (Aldao, et al 2010). As research investigating (NSSI) increasingly incorporates a variety of innovative measures and methodologies, it becomes crucial to consolidate previous research on the multidimensional nature of emotion regulation as assessed by self-report measures.

Conversely, deficits in these areas are seen as indicators of emotion dysregulation. Extensive research supports the role of emotion dysregulation in developing various forms of psychopathology and maladaptive behaviors. Interestingly, emotion dysregulation has also been found relevant to behaviors previously thought to be primarily driven by impulsivity, disinhibition, or propensity for risk-taking, such as other risky behavior (Herd et al., 2020). Emotional regulation can be stated as a developing process that is deeply inclined by the formation of secure connections. The ability to control emotions tends to develop with proper caring and meeting with peers during early life. Care providers meet the basic survival needs of children and they play a vital role in the growth of self-regulation abilities related to emotions (Burns et. al., 2010). If we take the studies on humans, childhood maltreatment, particularly the repetition of trauma, disturbs the achievement of proper emotional regulation skills and personal capabilities. This disturbance can be credited to psychological involvements and the neurobiological effects of maltreatment. The effects of maltreatment consist of molecular changes in the stress hormone response systems (Cicchetti et al., 2010). This can lead to neurobiological changes which can result in functional changes in the development of the left hemisphere of the brain. The decreased integration of the right and left hemispheres, increases the electrical irritability in limbic areas, these areas are mainly associated with emotions. There is a decrease in the functional activity of the cerebellar vermis which is mainly involved in coordinating movement and regulating emotions (Connor, et al 2012). These neurobiological effects can highly contribute to the disturbed emotional regulation and difficulties which are observed in individuals who have knowledgeable childhood maltreatment. There have been several studies which have looked into the relationship between emotional dysregulation and the events of childhood traumatic experiences. Emphasis has been made on the importance of early

caregiver awareness and its effects on the development of interpersonal communication (Hhipma et al., 2005).

Literature Review

Emotion regulation is typically characterized as people's conscious or unconscious efforts to recognize, interpret, and successfully control their emotions (Gratz et. al 2004). Self-injurious behaviors, particularly non-suicidal self-injury (NSSI), have been identified as both a result of inadequate emotion regulation and as a dysfunctional method for regulating one's affect (Nock et al 2010).

Emotions are the outcome of interactions between the brain's bottom-up and top-down processes. According to neuroimaging research, emotional tasks activate several brain regions, demonstrating that upper cortical areas are not entirely responsible for emotional regulation and limbic regions are not limited to emotional activation. Emotional regulation entails a vast network of brain regions that are coupled bidirectionally and related to emotions. (Devir et al., 2014).

A meta-analysis of neuroimaging studies identified specific brain regions consistently activated during emotional tasks, including the medial, orbital, and inferior lateral frontal cortices. Additionally, regions such as the amygdala, ventral striatum, thalamus, hypothalamus, and periaqueductal grey, which are known to play a role in emotion in animals, were found to have multiple activations during emotional tasks (Devir et al., 2014).

The brain and neuroendocrine arousal systems linked with emotion mature over childhood and adolescence, resulting in less emotional lability and increased self-control. This maturation process includes the establishment of parasympathetic control in early childhood, as well as modifications in the hypothalamic-pituitary-adrenocortical axis. Early experiences and caregiver attentiveness influence the development of these systems. As children get older, they acquire language to comprehend and convey emotions, as well as cognitive functions such as attention, which lead to improved emotional regulation. (Devir., et al., 2014).

Emotional experiences involve complex interactions between different brain regions, the growth of brain and neuroendocrine systems linked with emotion contributes to the development of emotional regulation (Devir et al., 2014). Early life experiences and adversity have a significant impact on the development of brain systems involved in emotional regulation. Adversity during early life can alter the threshold for limbic reactivity (the brain's response to emotional stimuli) and affect the perception and cognitive appraisal of threats. Children who have experienced early adversity are more likely to exhibit heightened emotional reactivity to stress and have difficulties with emotional regulation (Nishi et al., 2014).These alterations in brain development can have long-lasting effects on an individual's emotional well-being and ability to cope with stress later in life (Bick & Nelson, 2015). Understanding the relationship between early life experiences and brain development is crucial in comprehending the long-term impact on emotional regulation and coping mechanisms.

Brain imaging studies focusing on individuals who have experienced childhood maltreatment have shown that front limbic circuits, which involve the interaction between the frontal cortex and limbic regions, are particularly affected resulting in emotional dysregulation (Aldao et al., 2010).

Studies in traumatic events have identified emotional dysregulation along with various patterns of brain activation and symptom profiles. There is under-modulated emotion, which can be categorized by symptoms such as nervousness, hyperarousal, and dysphoria. It is connected with heightened amygdala activation which is an important structure in emotional processing and less activation in the prefrontal cortex, which is said to be accountable for suppressing emotional responses. There is an over-modulation of emotion, which involves detachment and emotional numbing. This form is connected to extensive inhibition activity of the midline prefrontal cortex area of the brain, which can suppress limbic activity (Devir et t al., 2014).

Hypothesis

Female will score high on emotional dysregulation as compare to male.

There will be significant difference of education on emotional dysregulation.

There will be significant difference of residential area on emotional dysregulation.

Methodology

The cross-sectional research method will be utilized to direct the examination. The survey method will be utilized to gather the information.

In this study, convenient sampling will be used to select samples from different areas .The sample size *N*=150 students (boys and girls).

Inclusion criteria for the proposed study are that those individuals have age above 15 and less than 20 include in this study. The individual who are not above 15 and less than 20 not include in this study.

Instruments; Individuals were asked to complete a thorough demographic sheet. Demographic information should include age, gender, education, and residential location.

Difficulty in Emotional Regulation Scale

Difficulty in emotional regulation scale **(**DERS) has 36 items. Difficulty in emotional regulation scale has 5 responses rang from almost never to almost always. Reverse-scored items are numbered 1, 2, 6, 7, 8, 10, 17, 20, 22, 24 and 34 (Gratz & Roemer, 2004).

Procedure

First, we create a Google Form to collect online data from infertile people. Google forms incorporate both informed consent and questionnaires. If the person is willing to participate, informed consent will be obtained from each participant. Participants were handed questionnaires, and instructions on how to complete the questionnaire were provided. All questions will be completed by the participants. The secret and anonymity of the exploratory personnel were maintained. Members are ensured that their information will be kept secure and not shared with anyone.

Results

The study was conducted to find the demographic difference on emotional dysregulation.

Table 1

Alpha Reliability Coefficient of Difficulty in Emotional Regulation Scale (DERS) N=150.

	M	*SD*	Range	*a*
DERS	99.01	19.61	61-144	.85

Note: DERS= Difficulty in emotional regulation

Table 2

Mean, Standard Deviation, and t-values of gender on difficulty in emotional regulation scale (DERS). N = 150

	Male *n* = 61		Female *n* = 89				
Variables	*M*	*SD*	*M*	*SD*	*t*	*P*	Cohen's *d*
Hopelessness	96.31	19.37	102.95	19.44	2.05	.04	

Note. M = mean; SD = standard deviation

Table 3

Mean, Standard Deviation, and t-values of education on difficulty in emotional regulation scale (DERS). N = 150

	FS.c *n* = 75		BSc *n* = 75				
Variables	*M*	*SD*	*M*	*SD*	*t*	*P*	Cohen's *d*
Hopelessness	97.85	19.26	100.17	20.01	-.72	.47	

Note. M = mean; SD = standard deviation

Table 4

Mean, Standard Deviation, and t-values of residential area on difficulty in emotional regulation scale (DERS). N = 150

	Urban *n* = 81		Rural *n* = 69				Cohen's
Variables	*M*	*SD*	*M*	*SD*	*t*	*P*	*d*
Hopelessness	102.09	1997	95.39	18.67	2.11	.03	

Note. M = mean; SD = standard deviation

Table 1 results exhibit that the calculated reliability coefficient of difficulty in emotional regulation scale was .85 respectively. The reliability of difficulty in emotional regulation scale is satisfactory. Table 2 shows that gender has significant difference on emotional dysregulation. Female significantly high score on emotional dysregulation. Table 3 shows that education has non-significant difference on emotional dysregulation. Education that has BSC has high level of emotional dysregulation. Table 4 shows that residential area has significant difference on emotional dysregulation. Urban area peoples have high level of emotional dysregulation.

Discussion

This study was conducted to find out the demographic difference on emotional dysregulation. To evaluate the current study's hypothesis, 150 respondents were given two questionnaires, namely the difficulties in emotional control scale. The current investigation began with calculating the dependability estimate of the scale employed. The alpha reliability coefficient for the difficulty in emotional regulation scale is .85. This indicates a high level of internal consistency for the scale used in the study (Anderson et al., 2016). Gender has significant difference on emotional dysregulation. Female high score on emotional dysregulation. Emotional dysregulation is common in women as a result of hormone imbalances encountered in daily life, including premenstrual syndrome, puberty, pregnancy and menopause, as well as other psychiatric problems. Many studies highlight women's advantage in decoding emotions (Thompson & Voyer, 2014). The results of the study revealed a substantial difference in emotional dysregulation depending on gender, with women scoring higher on emotional dysregulation than men. Thompson and Voyer discovered that women have an edge in reading emotions, which could explain why they score better on emotional dysregulation tests. Additionally, hormone imbalances during various life stages such as premenstrual syndrome, puberty, pregnancy, and menopause, as well as other psychiatric disorders, can also lead to emotional dysregulation in women.

In the study conducted by Thompson and Voyer, it was found that women scored significantly higher on emotional dysregulation compared to men. This highlights the importance of considering demographic differences, particularly gender, when examining emotional dysregulation. Further research and studies are warranted to explore these differences in more depth and to better understand the underlying factors contributing to emotional dysregulation among different demographic groups. These findings have important implications for understanding and addressing emotional dysregulation, particularly in women. The significance of gender in relation to emotional dysregulation is evident in the findings of this study.

Education has non-significant difference on emotional dysregulation. There is not many researches to support this results. The current study's findings indicate that residential areas differ significantly in terms of emotional dysregulation. Residential area has significant difference on emotional dysregulation. People belong to the urban area significantly high score on emotional dysregulation. Researches show that rural areas youth has great emotional health because of community and other factors. Rural areas have low emotional health and regulation (Wang et al, 2018). In a study conducted by Wang et al., it was found that people in urban areas scored significantly higher on emotional dysregulation compared to those in rural areas. This suggests that there may be environmental or sociocultural factors in urban areas that contribute to higher levels of emotional dysregulation. On the other hand, researches show that youth in rural areas have better emotional health due to community factors and other influences. These findings emphasize the potential impact of residential area on emotional regulation and the need for further investigation to understand the specific factors at play (Anderson et al., 2016).

Overall, the current study has provided valuable insights into the demographic differences in emotional dysregulation, particularly in relation to gender and residential area. The higher scores of

emotional dysregulation among women, as well as individuals in urban areas, highlight the need for targeted interventions and support systems to address these disparities. It is important for future research to delve deeper into the underlying mechanisms that contribute to these differences and to develop tailored strategies for promoting emotional regulation across various demographic groups. The findings of this study underscore the importance of considering demographic factors such as gender and residential area in understanding emotional dysregulation.

Conclusion

In conclusion, this study has revealed considerable demographic disparities in emotional dysregulation, with a focus on the impact of gender and residence region. The Difficulty in Emotional Regulation Scale (DERS) had an alpha reliability coefficient of.85, indicating a good level of internal consistency. Notably, the study discovered that gender plays an important role in emotional dysregulation, with women experiencing higher degrees of dysregulation. This discrepancy could be ascribed to hormonal imbalances and life stages specific to women, such as premenstrual syndrome, puberty, pregnancy, and menopause, as well as other psychiatric problems. These findings are consistent with prior studies indicating that women have a heightened ability to decode emotions, which may contribute to their increased emotional dysregulation.

In contrast, the study found that education level has no significant relationship on emotional dysregulation, indicating that characteristics other than academic accomplishment may play a more important role in emotional regulation capacity. Furthermore, the study found a substantial difference in emotional dysregulation between urban and rural people, with urban dwellers experiencing higher levels of dysregulation. This shows that the environmental and societal elements associated with urban living may worsen emotional dysregulation.

These findings highlight the complexities of emotional dysregulation and the impact of demographic factors such as gender and home area. The findings emphasize the importance of tailored therapies and support structures in reducing emotional dysregulation, particularly among women and urban populations. Future study should understand the underlying mechanisms driving these demographic variations and develop targeted interventions. Understanding and addressing the differences in emotional dysregulation among demographic groups is critical for promoting emotional well-being and resilience in various communities.

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