Relationship between Emotional Regulation Difficulties and Social Functioning among Patients with Psychiatric Disorders

[1]Naglaa Sobhey Abed ElGwad; [2]Amal Sobhy Mahmoud; [3]Sohier Goda El-Sayed; [4]Nadia Mohamed Ibrahim Wahba

[1]M.Sc. of Psychiatric Nursing,; [2,3]Professor of Psychiatric Nursing and Mental Health; [4]Assist. Prof. of Psychiatric Nursing and Mental Health Faculty of Nursing - Port Said University

Received: 19/03/2025

Revised:04/05/2025

Accepted:28/06/2025

ABSTRACT

Background: Emotional regulation issues are common among psychiatric patients, which can affect their social functioning. Moreover, emotional regulation essential for productive social interactions and partnerships. **Aim:** The study aimed to unveil the relationship between emotional regulation difficulties and social functioning among patients with psychiatric disorders. **Design:** A descriptive correlational design was employed to conduct the study. **Setting:** At one of Egypt's Psychiatric Health and Addiction Treatment Hospital, the study was carried out. **Subjects:** A purposive sample of 60 patients diagnosed with psychiatric disorders comprised the subjects for this study. **Tools:** Two tools were used for gathering data which were; Difficulties in Emotional Regulation Scale, and Social Functioning Scale. In addition to a Personal and Clinical Data Structured Sheet. **Results:** More than half of the studied patients (58.3%) had moderate level of emotional regulation difficulties. The majority of them (88.3%) had low level of social functioning. **Conclusion:** There was no statistically significant correlation between overall emotional regulation difficulties and social functioning among the studied patients, implies that the complex relationship between emotional regulation difficulties and social functioning among patients with psychiatric disorders may be influenced by a number of factors other than just issues with emotional regulation. **Recommendation:** Designing and implementing continuous educational programs about emotional regulation, social skills, and vocational rehabilitation, comprising psychoeducation about emotions, cognitive restructuring, training in coping skills like emotional reappraisal or distress tolerance, and new strategies to interact with others and contribute to community commendably.

***Keywords*:** Emotional regulation difficulties; Patients; Psychiatric disorders; Social functioning

INTRODUCTION

The concept of emotional regulation is a hot topic in modern psychology. Emotion regulation is the diverse collection of techniques people use to control their emotional experiences. Emotional control is an essential skill that has been connected to improved interpersonal interactions and higher levels of life satisfaction. Accordingly, the inability to control one's emotions has serious repercussions, has been connected to increased levels of stress, anxiety, and depression, and is a key diagnostic characteristic of over half of all mental illnesses (Kalia, & Knauft, 2020).

In addition to influencing transient emotion experience and behavior, emotion regulation also influences more general and long-lasting aspects of psychological functioning, such as meeting hedonic needs which are motivated by the desire to produce pleasure and lessen pain facilitating the accomplishment of particular objectives and tasks, and optimizing social functioning (Aldao & Nolen-Hoeksema, 2022; Cisler & Koster, 2022).

Social interactions of psychiatric patients may be hampered by attachment fears, which may also lead to social disengagement or conflict. In order to improve psychiatric patients' social functioning and general well-being, effective treatment approaches frequently seek to strengthen secure attachment types and emotional awareness abilities (Kenny, & Harlow, 2022; Zhang, & Wang, 2022). Psychiatric patients' general mental health and quality of life are greatly impacted by the intricate interactions between their emotional recognition, attachment styles, and social function. An outline of the connections between these parameters can be found here (Sagone, Commodari, Indiana, & La Rosa, 2023).

Conversely, social functioning refers to the capacity to interact with the social environment in a manner that is generally accepted as normal. Social functioning, or engagement in social interactions and activities, is a crucial outcome indicator for evaluating the efficacy of treatment. Social functioning is the extent to which a person

functions in their social environment, with that function fluctuating between them (Rajkumar, 2023).

In addition to physical functioning and satisfaction, which are all sub-domains of quality of life, perform functioning may be conceptualized as one facet of disability. Assessments of interpersonal connections, engagement in employment and community activities, the capacity to establish and sustain friendships, and the quality of family interactions are all typical components of social functioning measures (Lahiri, Van Ommeren, & Roberts, 2017).

Bandura (2023) identified six dimensions into which social functioning was separated: general social functioning, social adaptation, friendship quality, family functioning, functional impairment, and social interactions. Each one includes an interpersonal component on day-to-day activities and the person's capacity to carry them out.

A society's social function is the manner in which its members interact with one another and participate in various social activities. Knowing these elements can help social workers, psychologists, and healthcare professionals create support networks and interventions to improve social function for those who struggle in this area (Smith, & Mackie, 2021).

In psychotic disorders, impaired social functioning is a basic characteristic. A significant percentage of individuals with psychotic disorders struggle to participate in leisure and community activities, build relationships with others, or operate in the workplace or at school (Schwarz, & Clore, 2021). Furthermore, because social functioning impairments are associated with negative outcomes and a lower quality of life, social functioning has emerged as a crucial outcome measure in the treatment of mental diseases and is recognized as a significant component in treatment efficacy (Morrison, & Byrne, 2021).

Psychiatric mental health nurse often leads or co-facilitate emotional regulation training programs that incorporate evidence-based strategies, such as those from Dialectical Behavior Therapy (DBT) or Cognitive Behavioral Therapy (CBT) (Zhang, & Wang, 2024). Psychiatric mental health nurse begins by conducting comprehensive assessments to evaluate the patient's emotional regulation capacity and its impact on social functioning. They use standardized tools, interviews, and observations to identify specific areas of emotional difficulties, such as impulsivity, mood lability, or difficulty in identifying and expressing emotions. This evaluation helps tailor the training program to the individual's needs (Wainwright, Berry, Dunster-Page, & Haddock, 2021).

Furthermore, psychiatric mental health nurse emphasizes the practical application of emotional regulation skills to real-life social situations. They guide patients in understanding how regulated emotions contribute to better communication, reduced conflicts, and improved relationships. For instance, psychiatric mental health nurse help patients practice active listening, assertiveness, and empathy during social interactions (El-Azzab, Mohamed, & El-Nady, 2023).

Significance of the Study

Although social dysfunction and trouble regulating emotions have been linked to a number of mental illnesses, little is known about how these diseases differ in their emotional challenges (Aslan, Dorey, Grant, & Chamberlain, 2024).

Emotional regulation difficulties can lead to a range of negative outcomes, including impaired interpersonal relationships, hindered daily functioning, and increased susceptibility to comorbid disorders (Neophytou, Theodorou, Artemi, Theodorou, & Panayiotou, 2023). While, social functioning is very impaired among schizophrenic patients and is repeatedly associated with poor adherence to medical treatment, poor prognosis, higher relapse rate and increased risk of premature mortality (Abdel-Aziz, Abdel-Aziz, Kotb, & Zaki, 2023). So, this study could be crucial to gain information about the connection between emotional regulation difficulties and social functioning among patients with psychiatric disorders. This will allow for the development of

interventions that will help psychiatric patients to regulate emotions effectively and efficiently and consequently enhancing social functioning.

AIM OF THE STUDY

The study aimed to unveil the relationship between emotional regulation difficulties and social functioning among patients with psychiatric disorders.

Working definition

Emotional regulation difficulties: refers to difficulty regulating emotions. It can manifest in several ways, such as feeling overwhelmed by seemingly minor things, difficulty controlling impulsive behaviors, or having unpredictable outbursts.

Social functioning: refers to the capacity to interact with the social environment in a manner that is generally accepted as normal.

Objectives

- Evaluate levels of emotional regulation difficulties among patients with psychiatric disorders.
- Assess levels of social functioning among patients with psychiatric disorders.
- Find out the relation between emotional regulation difficulties and social functioning among patients with psychiatric disorders.

SUBJECTS AND METHOD

Study Design:

A descriptive correlational research design was utilized to meet the aim of this study.

Study Setting:

The current study was conducted at the inpatient units of one Psychiatric Health and Addiction Treatment Hospital, which is connected to the Ministry of Health in Egypt's General Secretariat of Mental Health and Addiction Treatment (GSMHAT). It encompasses the three neighboring governorates of Suez, Sinai, and Ismailia as well as the whole catchment region of government. The hospital comprises five inpatient psychiatric departments and one men's department for substance abuse (12 beds), five inpatient psychiatric departments including three departments for male psychiatric patients namely economic men's department "A" (35 beds), economic and health insurance men's department "B" (25 beds) and private men's department (20 beds), two departments for female psychiatric patients namely economic women department "A" (30 beds), private and health insurance women department (18 beds).

Study Subjects:

The study subjects comprised a purposive sample of psychiatric patients recruited from the inpatient departments of the previously mentioned hospital, with a total number of 60 patients, either males or females who had previously been given a diagnosis of psychiatric disorder.

Inclusion criteria:

1. Patients in the age ranges between 18–60 years.
2. Not suffering from any additional developmental or mental illnesses.
3. Capable of verbally communicating effectively.

Sample Size:

To calculate a sample size, the following single population was used:.

Proportion formula:

Sample size (n) = [(Zα/2)2 *p (1-p)]/ d2 (Sullivan, 2017).

By considering the following assumptions:

p =16.93% prevalence of mental disorder among adults in Egypt (Ghanem, Gadallah, Meky, Mourad, & El-Kholy, 2009).

d = 3% the margin of error

Zα/2 = 1.96 at 95% confidence of certainty.

n = [(Zα/2)2 *p (1-p)]/ d2 =59.9 considering 5% non-response rate.

The ultimate sample size consisted of **60** psychiatric patients.

Tools for Data Collection:

To gather data, the following two tools were used:

Tool I: Difficulties in Emotional Regulation Scale (DERS):

Gratz and Roemer (2004) created this scale in English, and Elsayed, Ramadan, Gemehy, and Abd-ELgfar (2020) translated it into Arabic. This scale consisted of 36 items designed to evaluate individuals' levels of difficulties in regulating emotions distributed as follows; non-acceptance of emotional response comprising six items (2, 11, 21, 23, 25, and 29), difficulties engaging in goal-directed behavior including five items (13, 18, 20, 26, and 33), six items (3, 14, 19, 24, 27, and 32) related to impulse control difficulties, lack of emotional awareness comprising six items (2, 6, 8, 10, 17, and 34), limited access to emotion regulation strategies encompassing eight items (15, 16, 22, 28, 30, 31, 35, and 36), and finally, five items (1, 4, 5, 7, and 9) covering lack of emotional clarity.

Scoring System:

Using a five-point Likert scale, where 1 means nearly never, 2 means occasionally, 3 means roughly half the time, 4 means most of the time, and 5 means very

usually, participants were asked to rate how frequently the items applied to them. For the negative items (1, 2, 6, 7, 8, 10, 17, 20, 22, 24, and 34), the scoring was inverted. The emotional regulation problems scale assigns a score to overall difficulties, with higher scores denoting more difficulties. According to Gratz and Roemer (2004), a score of 90 denoted minor overall emotional regulation issues, a score between 90 and 135 indicated a moderate level, and a score more than 135 denoted a high level.

With Cronbach's Alpha $\alpha = 0.89$, the Arabic DERS scale was valid and had a respectable level of internal consistency. The scale's validity was determined by a panel of experts (Elsayed et al., 2020).

Tool II: Social Functioning Scale (SFS):

In order to measure the social functioning levels of people with mental problems, Birchwood, Smith, Cochrane, Wetton, and Copestake (1990) created this scale in English, then Atta, El Gueneidy, and Lachine (2017) translated it into Arabic. The seven categories addressed by the 76 items in the SFS are work/employment (4 questions), interpersonal communication (4 questions), and social withdrawal/engagement (5 questions). Moreover, pro-social activities (22 things), leisure activities (15 items), independence performance (13 items), and independence competence (13 items).

Scoring System:

Participants' responses on these aspects were scored on a 4-point Likert scale, with 0 representing "0" and 3 representing "3". Social withdrawal/engagement scores ranged from 0 to 15; interpersonal functioning scores ranged from 0 to 12; work/employment scores ranged from 0 to 12; independence performance scores ranged from 0 to 39; independence competence scores ranged from 0 to 45; recreational activities scores ranged from 0 to 66; and pro-social activities scores ranged from 0 to 228.

The mid-point for the overall scale and each subscale was calculated; scoring less than mid-point score indicate low social functioning and scoring of equal or more than mid-point, indicate high functioning (Birchwood et al., 1990).

With Cronbach's Alpha $\alpha = 0.91$, the Arabic version of the Social Functioning Scale demonstrated strong internal consistency and acceptable validity. The scale's validity was determined by an Egyptian team of experts (Atta et al., 2017).

Furthermore, the researcher created **a Personal and Clinical Data Sheet** in Arabic. Personal details including age, sex, marital status, education level, employment position, and income are elicited by the sheet. Inquiries about diagnosis, length of illness, number of prior psychiatric hospitalizations, and date of most recent hospitalization are also included.

Pilot Study:

A pilot research was conducted on 10% of the entire sample of the patients under study, or six randomly chosen patients, from the first until the middle of November 2022, before the data gathering phase began. The pilot research was conducted to determine the appropriate time needed to complete the questionnaire, as well as to evaluate the applicability and explain the practicality of the study materials. It also aided in identifying any issues and barriers that would impede the gathering of data. Psychiatric patients who participated in the pilot study were not included in the full research sample. The tools were useful and lively, in line with the results of the pilot research. Therefore, no changes were done.

Field Work:

After getting the administrative agreements, the data was gathered on Monday and Tuesday, two days a week. Four months, from the beginning of December 2022 to the end of March 2023, were used to collect the data.

After obtaining their informed consent, to ensure privacy and confidentiality of the data obtained, the data collection procedure was carried out using the face-to-face interview approach, which was used individually in a private area of the inpatient department. Four to five mental patients were questioned between 9:00 a.m. and 1:00 p.m. Depending on the subjects' responses, each interview lasted anywhere between thirty and forty-five minutes. Succeeding completion, the researcher confirmed that each item in the study tools was filled out. Afterwards, gratitude was conveyed to the patients for their kind donation of effort and time.

Ethical Considerations:

The research proposal was approved by the Scientific Research Ethics Committee of the Faculty of Nursing at Port Said University through issuing an ethical approval with code number (2/3/2025) (47). Similarly, the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health, Egypt, provided the researcher with a formal consent. The director of the aforementioned hospital gave his clearance to conduct the study after being fully informed of its purpose. Furthermore, after explaining the study's goal in plain English, mental patients gave their informed consent to participate. Anonymity was carefully maintained by giving each patient's questionnaire a code number. The patients' deliberate participation in the trial was confirmed by the assurance that they might leave at any moment without incurring any penalties. Every participant received assurances that the data collected would be kept private and used only to further the goals of the study. The aforementioned hospital's operations ran smoothly during the data gathering phase.

Statistical Analysis:

Version 22.0 of the IBM SPSS software package was used to feed and analyze the data (SPSS Inc., Chicago, IL, USA). Frequencies and percentages were used to characterize the qualitative data. The Kolmogrov-Smirnov test was used to check the normality of quantitative data. Typically, descriptive statistics such as means and standard deviations were used to present quantitative information. Additionally, the

Pearson's correlation coefficient was used to correlate quantitative data. The acquired results were deemed statistically significant when the p-value was less than 0.05.

RESULTS

Table 1, clarifies that, less than two-thirds (65.0%) of the studied patients are aged between 20 to <40 years old, and half (50%) of them were females. Also, this table reveals that more than half (53.3%) of the studied patients were singles, and more than one third (38.3%) of them had preparatory education. Regarding working status, slightly less than two thirds (65.0%) of the studied patients were working. In relation to perception of monthly family income, half (50.0%) of the studied patients perceive that their family income wasn't enough. Also, it is obvious from this table that 91.7% of the studied patients were living with their family members.

Table 1 makes it clear that half (50%) of the patients in the study were female, and less than two-thirds (65.0%) were between the ages of 20 and under 40. Additionally, this data shows that over one-third (38.3%) of the patients in the study had preparatory schooling, and over half (53.3%) were single. Slightly fewer than two thirds (65.0%) of the patients in the study were employed. Regarding the study's patients' perceptions of their monthly family income, half (50.0%) believe that it was insufficient. This table also makes it clear that 91.7% of the patients in the study lived with relatives.

Table 2, displays that more than half (61.7%) of the studied patients had affective disorder, while the rest of them (38.3%) suffered from schizophrenia. More than three quarters (80.0%) of the studied patients had psychiatric disorder from less than one year. As regard previous psychiatric hospital admission, more than two thirds (68.3%) of the studied psychiatric patients admitted to the hospital previously, and more than half (51.3%) of them hospitalized three times and more, also 56.7% of them admitted to psychiatric hospital against their will.

Table 3, reveals that 51.7% of the studied psychiatric patients had high non acceptance dimension of emotional regulation difficulties. As regards difficulties engaging in goal directed behavior dimension, it is obvious from this table that 58.3% of

the studied psychiatric patients had moderate level. Concerning impulse control difficulties, 91.7% of the studied psychiatric patients had moderate level. Moreover, this table displays that more than 68.3% of the studied psychiatric patients had moderate difficulties regarding lack of emotional awareness. On the subject of limited access to emotion regulation strategies, 58.3% of the studied psychiatric patients had moderate level. Likewise, it is noticed from this table that 43.3% of the studied psychiatric patients had moderate lack of emotional clarity dimension.

Figure 1, indicates that 58.3% of the studied patients had moderate level of overall emotional regulation difficulties, while 41.7% of them had high level.

Table 4, illustrates the mean scores of social functioning dimensions among the studied psychiatric patients including social engagement/ withdrawal, interpersonal functioning, independence competence, independence/performance, recreational activities, pro-social activities and employment status which constituted 7.4, 18.5, 23.6, 13.4, 12.8 and 1.08 respectively. Besides, it was evidenced that the mean score of the overall social functioning was 89.1.

Figure 2, displays that the majority (88.3%) of the studied psychiatric patients had low social functioning level, while 11.7% of them had high level.

Table 5, submits that there was no statistically significant correlation between overall emotional regulation difficulties and overall social functioning among the studied patients.

Table 1: Frequency and percentage distribution of the studied psychiatric patients according to their personal characteristics (n=60).

Personal Characteristics	Frequency	%
Age/year		
< 20	4	6.6
20> 40	39	65.0
40 < 60	16	26.7
> 60	1	1.7
Mean ±SD	**33.3 ± 12.49**	
Sex		
Male	30	50.0
Female	30	50.0
Marital status		
Single	32	53.3
Married	18	30.0
Divorced	9	15.0
Widow	1	1.7
Level of education		
Not read and write	6	10.0
Read and write	9	15.0
Basic education	10	16.7
Preparatory	23	38.3
Secondary	12	20.0
Working status		
Not working	21	35.0
Working	39	65.0
Occupation of working patients (N=39)		
Employee	31	79.5
professional worker	8	20.5
Perception of monthly family income		
Not enough	30	50.0
Enough	25	41.7
Enough and more	5	8.3
Residence		
Urban	30	50.0
Rural	30	50.0
Living status		
Alone	5	8.3
Live with family member	55	91.7

Table 2: Frequency and percentage distribution of the studied psychiatric patients according to their clinical characteristics (n=60).

Clinical Characteristics	Frequency	%
Current diagnosis		
Schizophrenia	23	38.3
Affective disorder	37	61.7
Onset of the disorder (years)		
< 1	48	80.0
1 < 2	9	15.0
2 < 3	2	3.3
≥ 3	1	1.7
Previous psychiatric hospital admission		
Yes	41	68.3
No	19	31.7
Frequency of psychiatric hospital admission (n=41)		
Once	6	14.6
Twice	14	34.1
Three times and more	21	51.3
Type of admission		
Against his/ her will	34	56.7
By his/ her will	26	43.3

Table 3: Frequency and percentage distribution of the studied psychiatric patients according to levels of emotional regulation difficulties dimensions (n=60).

Emotional Regulation Difficulties dimensions	Levels of emotional regulation difficulties					
	Mild		Moderate		High	
	N.	%	N.	%	N.	%
1. **Non acceptance of emotional response**	5	8.3	24	40.0	31	51.7
2. **Difficulties engaging in goal-directed behavior**	5	8.3	35	58.3	20	33.3
3. **Impulse control difficulties**	0	0.0	55	91.7	5	8.3
4. **Lack of emotional awareness**	0	0.0	41	68.3	19	31.7
5. **Limited access to emotion regulation strategies**	5	8.3	35	58.3	20	33.3
6. **Lack of emotional clarity**	10	16.7	26	43.3	24	40.0

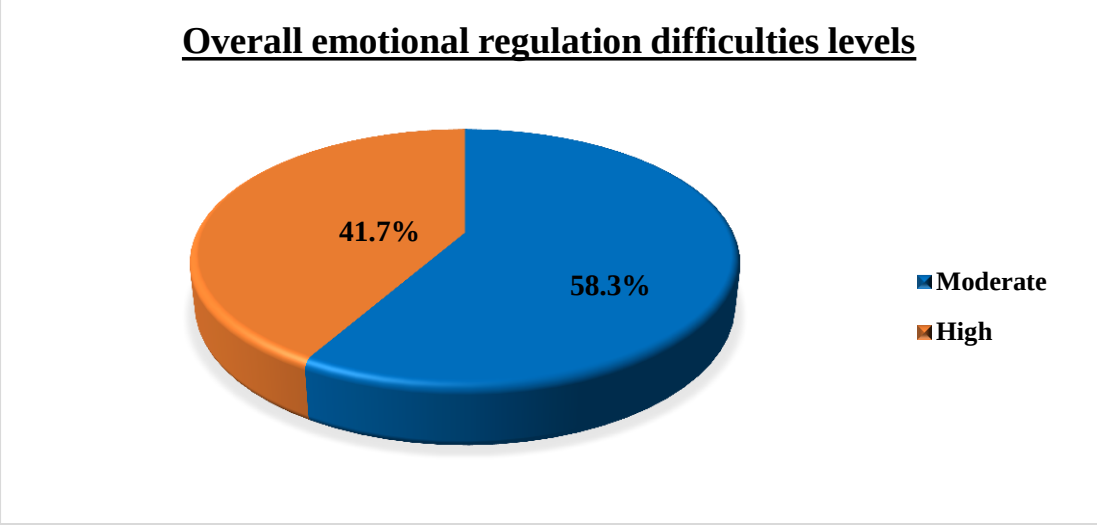

Figure 1. Frequency and percentage distribution of the studied psychiatric patients according to overall emotional regulation difficulties (n=60).

Table 4: Distribution of mean scores of overall social functioning and its dimensions among the studied psychiatric patients (n=60).

Social functioning dimensions	Mean ±S. D
Social engagement/ Withdrawal	7.4 ±2.1
Interpersonal functioning	7.8 ±2.7
Independence/ Competence	18.5 ±7.4
Independence/ Performance	23.6±7.4
Recreation activities	13.4 ±6.1
Pro-social activities	12.8 ±7.1
Employment status	1.08±0.6
Overall Social Functioning	**89.1±25.2**

S. D: Standard Deviation

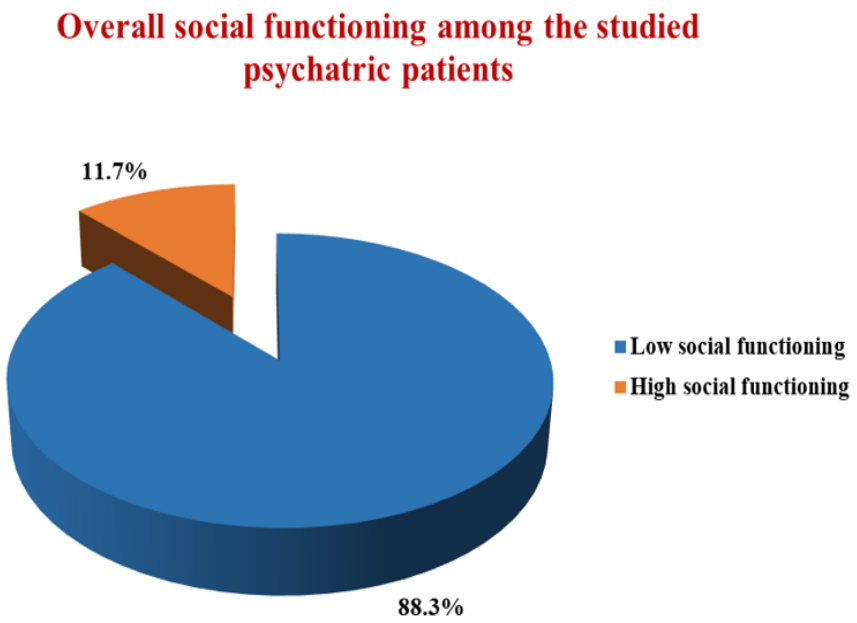

Figure 2. Frequency and Percentage distribution of the studied psychiatric patients according to their overall social functioning (n=60).

Table 5: Correlation between overall emotional regulation difficulties and overall social functioning among the studied psychiatric patients (n=60).

Overall Scores of	**Social Functioning**	
	r	**P**
Emotional Regulation Difficulties	.070	.594
r: Pearson correlation coefficient	Statistically significant at $p \leq 0.05$	

DISCUSSION

Effective emotional regulation permits individuals to react to life's obstacles in a healthy way without losing control or acting impulsively. It fosters mental health and resilience, whereas difficulties with regulation can result in a number of problems that can have significantly impact on sense of relationships, wellbeing, and capacity to contribute to society (Iwakabe, Nakamura, & Thoma, 2023).

Emotional regulation difficulties and low social functioning is core characteristic of many psychiatric disorders such as schizophrenia and affective disorders. Social functioning issues are common in patients with mental illnesses, and they are mostly caused by issues with emotion awareness and modulation. Although medication-based therapy for mental illnesses may reduce acute clinical symptoms, its capacity to enhance social and emotional functioning is constrained (Tawfik, Harfush, Ramadan, & Gemeay, 2021). Therefore, the current study was conducted to unveil the relationship between emotional regulation difficulties and social functioning among patients with psychiatric disorders.

The findings of this current study showed that every patient under investigation have moderate to high emotional regulation difficulties, with more than half of them had moderate level. This could be attributed to that patients with psychiatric disorders tend to perceive less positive affect, pay more attention to negative affect, and use less cognitive reappraisal to control negative emotions. More negative thoughts, selective attention to harmful stimuli, and increased accessibility of negative memories which can result in rumination of these memories are all associated with difficulties in regulating emotions. This result is in line with the findings of Faul & LaBar (2023); Atta et al., (2024).

Regarding social functioning, as a consequence of the current finding, the independence performance dimension had the highest mean score among the studied psychiatric patients followed by the independence competence mean score. The explanation may be due to that both dimensions; independence performance and independence competence are the most social functions suitable for practice during hospitalization of psychiatric patients as personal hygiene, regular washing, bathing, and takes care of personal appearance.

The present results are consistent with those of Saris, Aghajani, and Penninx (2017), who found that patients maintained proper personal hygiene, were concerned about their appearance, and engaged in a reasonable degree of self-care. The current findings, however, were in contrast to those of Behrouian, Ramezani, Dehghan, Sabahi,

and Zarandi (2021), who discovered that the patients under study exhibited a notable incapacity to take care of themselves, including their leisure and recreational activities.

The current study's results elaborated that social engagement dimensions have the lowest mean scores among the studied psychiatric patients. These results could be explained by the fact that almost two-thirds of the psychiatric patients in the study had previously been admitted to a mental health facility, which could have a negative effect on their social and professional lives. The study by Arafat, et al. (2024) declared that frequent hospital admission was an independent negative predictor for social engagement score. Additionally, the recent discovery showed that more than half of the studied patients were singles; therefore, there was no support for them. This result agreed with the findings of the study by Jung, et al. (2021) in Korea which entitled the "prevalence, incidence, and admission rate among psychiatric patients" and asserted that lack of family support, or having no family are the main reasons for readmission.

The present result is consistent with the study carried out in Egypt by Abdel-Aziz, et al. (2023) which entitled "effect of psycho-educational program on social functioning among schizophrenic patients" and illustrated that social engagement subscale had the lowest mean score among schizophrenic patients. Also, an Egyptian study by Elsherif, Badawy, and Gado (2022) who studied relation between self-empowerment and social functioning among patients with schizophrenia revealed that the studied patients showed low level of social engagement.

Regarding the overall level of social functioning among the studied psychiatric patients, the results of the contemporary study clarified that, the majority of the studied psychiatric patients had low social functioning level. The interpretation of this result is that the studied patients were hospitalized throughout the study period, which hindered their social functioning, Also, the highest percent of the studied patients' current diagnosis was schizophrenia, its impact on cognitive, perceptual, motor and emotional aspects cause distress, a loss of control, and a lack of choice, diminished activity, and demoralization. All of these in turn, lead to negative effect on social functioning inevitably (Abdel- Aziz, et al., 2023).

This finding is congruent with that of Mahanta, Deuri, and Banerjee (2020) who studied disability and socio-occupational functioning in persons with schizophrenia and discovered that about two thirds of the studied patients had a moderate to severe impairment of social functioning. Likewise, Salokangas, et al. (2021) who studied short-term functional outcome in psychotic patients revealed that nearly half of the studied psychiatric patients had a moderate to severe social functioning impairment. In addition, the study by Khedr, El-Gueneidy, Shehata, and Elkot, (2020) in Egypt which entitled "effect of physical exercise program on psychotic symptoms and social functioning of patients with schizophrenia" reported that the total social functioning level among the studied patients was at low level.

One of the most important findings of the current study was that among the psychiatric patients under investigation, there is no statistically significant relationship between general emotional control issues and social functioning. This outcome could be explained by that, social functioning is a multi-dimensional construct that involves various aspects such as communication skills, relationship building, social support, dependence, recreation activities, and adaptation to social environments. Emotional regulation difficulties may not directly impact these dimensions, or other factors could play a more significant role in shaping social functioning among psychiatric patients, as cognitive impairments, psychotic symptoms as hallucinations or delusions, social skills deficits, and environmental factors as lack of social support, poverty, and psychological trauma.

This finding suggests that the relationship between emotional regulation and social functioning is complex and may be influenced by various factors beyond emotional regulation difficulties alone. Another explanation might be that, the sample size was small and lacked sufficient diversity in emotional regulation difficulties and social functioning, it might not have been large adequate to identify a significant correlation. A small sample size diminishes the statistical power to detect a correlation between emotional regulation and social functioning.

An Egyptian study led by Tawfik et al. (2021) corroborated this finding, finding a statistically significant negative relationship between emotional regulation difficulties and social functioning. This means that when patients' emotional regulation difficulties decreased, their social functioning improved.

On the other hand, Kimhy et al. (2016) claimed that patients' severe struggles with emotion awareness and management were a major factor in their poor social functioning. Additionally, Favrod et al. (2019) discovered that social functioning improves when people with schizophrenia participate in the positive feelings program. In addition, Arafat, et al. (2024) revealed that the social function scores improved immediately after implementing the emotion regulation training, which included all the dimensions of social function such as self-care, domestic, community level, and responsibility level.

Since the results of this study improve our knowledge of social functioning problems and emotional regulation challenges in mental patients, it is unquestionably important for theoretical and practical applications. Also, it clarified the significance and requirement of taking into account that psychological professionals should focus on the assessment and intervention of social functioning as the lack of consistent results suggests that social functioning is influenced by a multitude of aspects, comprising cognitive abilities, interpersonal skills, and symptom severity, rather than emotional regulation difficulties alone. The results likewise have an impact on upcoming studies, which may concentrate on disentangling these factors and develop targeted interventions to improve social functioning among psychiatric patients.

CONCLUSION

According to the results of the present study, it is evident that, the highest percentage of the studied psychiatric patients had moderate level of emotional regulation difficulties, and the majority had low level of social functioning. Furthermore, among the mental patients under study, there was no statistically significant association between social functioning and general emotional control issues implies that the complex relationship between emotional regulation difficulties and social functioning among

patients with psychiatric disorders may be influenced by a number of factors other than just issues with emotional regulation.

RECOMMENDATIONS

The current study's results led to the subsequent recommendations being proposed:

1. Applying acceptance-based or emotion-focused therapies in psychiatric settings, like acceptance and commitment therapy (ACT), to enhance acceptance and emotional awareness. This method may lessen the distress brought on by issues with emotional regulation by assisting patients in adopting a nonjudgmental attitude toward their feelings.
2. This study results bring precious insights into the crucial role of social integration interventions or community-based programs that encourage active engagement in leisure, work, or social activities. Encourage patients to participate in volunteer work, social groups, or employment placement initiatives.

Further study:

Conducting further studies exploring other factors that might more significantly influence social functioning among psychiatric patients, such as personality traits, psychopathological symptoms, social skills, impulsivity, self-esteem, coping strategies, and external environmental factors. These factors might be more predictive of social functioning among psychiatric patients than emotional regulation difficulties alone.

references

Abdel-Aziz, R.., Abdel-Aziz, H., Kotb, F., & Zaki, S. (2023). Effect of psycho-educational program on social functioning among schizophrenic patients. *Minia Scientific Nursing Journal*, *13*(1), 126-134. DOI: 10.21608/msnj.2023.217139.1069

Aldao, A., & Nolen-Hoeksema, S. (2022). The role of emotion regulation in coping with stressful life events: A longitudinal study. *Journal of Behavioral Medicine, 45*(3), 373-384. DOI: 10.1007/s10865-021-00236-7.

Arafat, A.., Abdel Razek, R., & Osman Ali, S. (2024). Effectiveness of nursing intervention program based on emotional awareness and emotion regulation on the social functioning of patients with schizophrenia. *Assiut Scientific Nursing Journal, 12*(41), 247-261. DOI: 10.21608/asnj.2024.266370.1769

Aslan, I., Dorey, L., Grant, J., & Chamberlain, S. (2024). Emotion regulation across psychiatric disorders. *CNS Spectrums, 29*(3), 215. https://doi.org/10.1017/S1092852924000270.

Atta, M., El-Gueneidy, M., & Lachine, O. (2024). The influence of an emotion regulation intervention on challenges in emotion regulation and cognitive strategies in patients with depression. *BMC psychology*, *12*(1), 496. DOI: 10.1186/s40359-024-01949-6

Atta, M., El Gueneidy, M., & Lachine, O. (2017). *Dimensions of emotional regulation difficulties and areas of social functioning among patients with schizophrenia*, unpublished Master thesis, Faculty of Nursing, Alexandria University. Egypt.

Bandura, A. (2023). *Social cognitive theory: An agentic perspective on human nature*. John Wiley & Sons.

Berry, K., Barrowclough, C., & Wearden, A. (2007). A review of the role of adult attachment style in psychosis: unexplored issues and questions for further research. *Clinical psychology review, 27(4)*, 458-475. https://doi.org/10.1016/j.cpr.2006.09.006

Behrouian, M., Ramezani, T., Dehghan, M., Sabahi, A., & Zarandi, B. (2021). The effect of the emotion regulation training on the resilience of caregivers of patients with schizophrenia: A parallel randomized controlled trial. *BMC Psychology*, 9, 39. https://doi.org/10.1186/s40359-021-00542-5.

Birchwood, M., Smith, J., Cochrane, R., Wetton, S., & Copestake, S. (1990). The social functioning scale the development and validation of a new scale of social adjustment for use in family intervention programs with schizophrenic patients. *The British Journal of Psychiatry, 157* (6), 853-859. DOI:10.1192/bjp.157.6.853.

Cisler, J. M., & Koster, E. H. W. (2022). Emotion regulation as a determinant of psychological outcomes: A meta-analytic review. *Clinical Psychology Review*, 92, 101687. DOI: 10.1016/j.cpr.2022.101687.

De Jong, K., & Mouden, Y. (2023). The role of attachment styles in emotional regulation and social engagement among psychiatric patients: A longitudinal study. *Journal of Affective Disorders*, 310, 615-622. https://doi.org/10.1016/j.jad.2023.06.010

El-Azzab, S., Mohamed, S. & El-Nady, M. (2023). Using of limit setting strategies at psychiatric hospital: Patients and nurses' perspectives. *SADI Journal of Nursing and Pharmaceuticals, 9*(4), 1–14. Retrieved from https://sadijournals.org/index.php/sjnp/article/view/536.

Elsayed, A., Ramadan, E., Gemehy, E., & Abd-ELgfar, S. (2020). Effect of an emotional regulation training program on social functioning of patients with psychiatric disorder, unpublished Doctorate dissertation, Faculty of Nursing, Tanta University. Egypt.

Elsherif, Z., Badawy, A., & Gado, E (2022). Relation between self-empowerment and social functioning among patients with schizophrenia. *Tanta Scientific Nursing Journal, 26*(3), 102-130. Dio 10.21608/tsnj.2022.255753

Favrod, J., Nguyen, A., Tronche, A., Blanc, O., Dubreucq, J., Chereau-Boudet, I., ... Llorca, P. (2019). Impact of positive emotion regulation training on negative symptoms and social functioning in schizophrenia: A field test. *Frontiers in psychiatry, 10*, 532. doi: 10.3389/fpsyt.2019.00532.

Faul, L., & LaBar, K. (2023). *Mood During Consolidation Retroactively Biases Memory for Past Emotional Events*. Retrieved from osf. io/m3nz7. https://doi.org/10.31234/osf.io/utd7p

Gratz, K., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment, 26(*1*),* 41-54. https://doi.org/10.1023/B:JOBA.0000007455.08539.94

Iwakabe, S., Nakamura, K., & Thoma, N. (2023). Enhancing emotion regulation. *Psychotherapy Research, 33*(7), 918–945. https://doi.org/10.1080/10503307.2023.2183155.

Jung, Y., Kim, Y., Go, D., & Yoon, S. (2021). The prevalence, incidence, and admission rate of diagnosed schizophrenia spectrum disorders in Korea, 2008–2017: A nationwide population-based study using claims big data analysis. *PLoS One*, *16*(8), e0256221. doi: 10.1371/journal.pone.0256221

Kalia, V., & Knauft, K. (2020). Emotion regulation strategies modulate the effect of adverse childhood experiences on perceived chronic stress with implications for cognitive flexibility. *Plos One, 15*(6) e0235412. https://doi.org/10.1371/journal.pone.0235412.

Kenny, M., & Harlow, L. (2022). Healing attachment: Therapeutic Strategies to foster secure relationships in mental health care. *Journal of Mental Health, 31*(2), 223-231.

Kimhy, D., Gill, K., Brucato, G., Vakhrusheva, J., Arndt, L., Gross, J., & Girgis, R. (2016). The impact of emotion awareness and regulation on social functioning in

individuals at clinical high risk for psychosis. *Psychological medicine*, *46*(14), 2907-2918. DOI:10.1017/S0033291716000490.

Khedr, M., El-Gueneidy, M., Shehata, A., & Elkot, M. (2020). Effect of physical exercise program on psychotic symptoms and social functioning of patients with schizophrenia. *Alexandria Scientific Nursing Journal*, *22*(1), 67-80. DOI: 10.21608/asalexu.2020.206107.

Lahiri, S., Van Ommeren, M., & Roberts, B. (2017). The influence of humanitarian crises on social functioning among civilians in low-and middle-income countries: A systematic review. *Global Public Health*, *12*(12), 1461-1478.https://doi.org/10.1080/17441692.2016.1154585.

Mikulincer, M., & Shaver, P. R. (2022). Attachment theory in clinical psychology: An integrative approach to understanding patients' relationship dynamics. *Clinical Psychology Review*, 89, 102096. https://doi.org/10.1016/j.cpr.2022.102096

Morrison, A., Pyle, M., Byrne, R., Broome, M., Freeman, D., Johns, L., ... Maughan, D. (2021). Psychological intervention, antipsychotic medication or a combined treatment for adolescents with a first episode of psychosis: The MAPS feasibility three-arm RCT. *Health Technology Assessment (Winchester, England)*, *25*(4), 1. https://doi: 10.3310/hta25040...

Neophytou, K., Theodorou, M., Artemi, T., Theodorou, C., & Panayiotou, G. (2023). Gambling to escape: A systematic review of the relationship between avoidant

emotion regulation/coping strategies and gambling severity. *Journal of Contextual Behavioral Science, 27,* 126-142. https://doi.org/10.1007/s10899-024-10340-4

Rajkumar, R. (2023). Cultural values and changes in happiness in 78 countries during the COVID-19 pandemic: An analysis of data from the World Happiness Reports. *Frontiers in Psychology, 14*, 1090340. https://doi.org/10.3389/fpsyg.2023.1090340.

Sagone, E., Commodari, E., Indiana, M., & La Rosa, V. (2023). Exploring the association between attachment style, psychological well-being, and relationship status in young adults and adults: A cross-sectional study. *European Journal of Investigation in Health, Psychology and Education*, *13*(3), 525-539. https://doi.org/ 10.3390/ejihpe13030040.

Salokangas, R., From, T., Ilonen, T., Luutonen, S., Heinimaa, M., Armio, R., ... Hietala, J. (2021). Short-term functional outcome in psychotic patients: results of the Turku early psychosis study (TEPS). *BMC psychiatry, 21*, 1-14.

Schwarz, N., & Clore, G. (2021). Mood as information: Implications for affective experiences and judgments. Current Opinion in Psychology, 39, 11-15. https://doi.org/10.1016/j.copsyc.2020.07.020

Smith, E., & Mackie, D. (2021). Group-based emotions over time: Dynamics of experience and regulation. *Personality and Social Psychology Bulletin, 47*(7), 1135-1151. https://doi.org/10.1177/0146167220960557

Tawfik, A., Harfush, S., Ramadan, E., & Gemeay, E. (2021). Effect of an Emotion Regulation Training Intervention on Social Functioning of Patients with Psychiatric Disorders. *Tanta Scientific Nursing Journal, 21*(2), 122-141.

Wainwright, L., Berry, K., Dunster-Page, C., & Haddock, G. (2021). Patient social functioning in acute mental health inpatient wards: the role of emotional regulation, attachment styles and nurse–patient relationships. *British journal of mental health nursing, 10*(4), 1-13. https://doi.org/10.1111/jpm.13109

Zhang, X., & Wang, Y. (2024). Chinese EFL teachers' perceptions of positive emotionality and emotion regulation strategies: A qualitative study. *The Asia-Pacific Education Researcher*, 1-10 https://doi:10.1007/s40299-024-00900-y

Zhang, H., & Wang, Y. (2022). The relationship between adult attachment styles and psychosocial functioning: A systematic review. *Clinical Psychology Review*, 89, 102066.

الكشف عن العلاقة بين صعوبات تنظيم العواطف والأداء الاجتماعي لدى مرضى الإضطرابات النفسية

[1]نجلاء صبحي عبد الجواد؛ [2]أ. د/ أمل محمود صبحي؛ [3]أ. د/ سهير جوده السيد [4]؛ أ.م. د / نادية محمد وهبة

ماجستير التمريض النفسي و الصحة العقلية [1]؛ أستاذ التمريض النفسي و الصحة العقلية [2،3] ؛ أستاذ مساعد التمريض النفسي و الصحة العقلية [4] - كلية التمريض- جامعة بورسعيد، مصر

الخلاصة

تعتبر مشكلات تنظيم العواطف شائعة لدي المرضى النفسيين، وهو ما يمكن أن يؤثر على قدرتهم على أدائهم الاجتماعي. علاوة على ذلك، فإن تنظيم العواطف أمر أساسي للعلاقات والاسهامات الاجتماعية المثمرة. الهدف الكشف عن العلاقة بين صعوبات تنظيم العواطف والأداء الاجتماعي لدى مرضى الإضطرابات النفسية. طرق وأدوات البحث منهج البحث **:**تم استخدام التصميم الوصفي الارتباطي. مكان الدراسة: أُجريت الدراسة الحالية في الأقسام الداخلية بمستشفى بورسعيد للصحة النفسية وعلاج الإدمان، مصر. عينة الدراسة: شملت عينة غرضية مكونة من 60 مريضًا تم تشخيصهم بالاضطرابات النفسية في المستشفي سالفة الذكر. الأدوات: تم استخدام أداتين لجمع البيانات هما؛ مقياس صعوبات تنظيم العواطف، ومقياس الأداء الاجتماعي، بالإضافة إلى استمارة البيانات الشخصية والإكلينيكية. النتائج: أظهرت النتائج أن أكثر من نصف المرضى (58.3%) لديهم مستوى متوسط من صعوبات تنظيم العواطف. كما أن الغالبية العظمى منهم (88.3%) كان لديهم مستوى منخفض من الأداء الاجتماعي. الاستنتاج: خلُصت الدراسة إلي عدم وجود علاقة ارتباطية ذات دلالة إحصائية بين صعوبات تنظيم العواطف بشكل عام والأداء الاجتماعي لدى مرضى الإضطرابات النفسية محل الدراسة، وهذا يشير إلى أن العلاقة المعقدة بين صعوبات تنظيم العواطف والأداء الاجتماعي لدي المرضى الذين يعانون من اضطرابات نفسية قد تتأثر بعدد من العوامل الأخرى وليس صعوبات تنظيم العواطف فحسب. التوصيات: تصميم وتنفيذ برامج تعليمية مستمرة حول تنظيم العواطف، المهارات الاجتماعية، وإعادة التأهيل المهني، تشمل التثقيف النفسي حول العواطف، وإعادة الهيكلة المعرفية، والتدريب على مهارات التكيف مثل إعادة تقييم العواطف و تحمل الضغوط، واستراتيجيات جديدة للتفاعل مع الآخرين والمساهمة في المجتمع بشكل إيجابي.

الكلمات المرشدة: صعوبات تنظيم العواطف، المرضى، الاضطرابات النفسية، الأداء الاجتماعي**.**