



Wiadomości Lekarskie

Official journal of the Polish Medical Association



Memory of
dr Władysław
Biegański

VOLUME LXXIV, ISSUE 11 PART 1, NOVEMBER 2021

Since 1928



ALUNA Publishing House

Wiadomości Lekarskie is abstracted and indexed in: PUBMED/MEDLINE, SCOPUS, EMBASE, INDEX COPERNICUS,
POLISH MINISTRY OF EDUCATION AND SCIENCE, POLISH MEDICAL BIBLIOGRAPHY

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Publisher:

ALUNA Publishing House
ul. Przesmyckiego 29,
05-510 Konstancin - Jeziorna
www.wydawnictwo-aluna.pl
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ORIGINAL ARTICLE

THE ABILITY OF YOUNG PEOPLE TO SELF-REGULATE EMOTIONS AS MENTAL HEALTH SIGN

DOI: 10.36740/WLek20211111 22

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ABSTRACT

The aim: To determine the differences in the ability of young people with low and high economic statuses towards emotional self-regulation, and characterize their frame of mind by analyzing functional and dysfunctional emotions in healthy and unhealthy states.

Materials and methods: Theoretical – analysis, generalization, interpretation of the collected data; a set of empirical methods — “Attitude to health” by Berezovskaya, the scale “Quality of life” in the adaptation by Vodopyanova, self-assessment income scale and validated questionnaire “Subjective economic well-being” by Khashchenko. The author has applied Pearson’s chi-squared test, Student’s t-test, and Kruskal-Wallis test.

Results: The affective component of health manifests in the predominance of happiness ($t=0.3$, $p\leq 0.01$) and peace ($t=1.7$, $p\leq 0.1$) as components of a positive frame of mind among young people with high economic status. Such emotions such as fear ($t=2.1$, $p\leq 0.03$), anxiety ($t=2$, $p\leq 0.04$) and irritability ($t=1.8$, at $p\leq 0.07$) are more common among young people with low economic status. Young people who have high economic status show stronger ability to emotional self-regulation in comparison to the ones with low economic status ($\chi^2 = 11.9$, $p\leq 0.001$).

Conclusions: In this research, we have found a statistically significant difference in the ability towards emotional self-regulation between young people with low and high economic status: the latter group is able to control dysfunctional emotions such as anger and resentment more when communicating with others; they are more likely to find internal psychological resources. When the health deteriorates, the young people with high economic status are prone to show independence, and manage their own time and life, which is a sign of stable mental health.

KEY WORDS: caring attitude to health, emotional stability, mood/frame of mind, healthy state, unhealthy state

Wiad Lek. 2021;74(11 p.1):2806-2811

INTRODUCTION

Today the vectors of social development are filled with humanistic sense — the value of human life and mental health is a top priority worldwide. There is a bulk of useful health advice aimed at physical, mental and psychological well-being. Health-caring attitude is recognized to be the most important issue in all governmental programs for children and youth. At the same time, there is still a permanent threat to human life — COVID-19. This exacerbates the problem of socio-economic differentiation, and causes the effect of fluctuations in the labour market. These factors altogether cause a number of mental problems such as distress, sleep disorder, exhaustion, apathy, etc. People of all ages are at risk, but it is the able-bodied young people who are just starting their professional and personal lives that are most sensitive to the above mentioned external issues.

Young people present such a category of the population that actively responds to all social, political and cultural transformations, and at the same time are drivers of these changes, who facilitate acceptance of innovations within their groups.

There are some differences in the mental health of young people, depending on their level of economic welfare. On one hand, young people with high economic well-being are more health-wise, and are generally satisfied with their lives. However, they tend to use the natural potential of health to build a rapid career and achieve a higher financial level that can lead to emotional breakdowns and burnouts, which negatively affect their relationships with referent others [1, 2].

On the other hand, young people with low economic status do not think much about maintaining their physi-

cal and mental health. They are socially passive, prone to addictive behaviour and unfavourable environments, and follow dangerous health patterns. Thus, these two extreme socio-economic categories of youth may not always be able to maintain their own mental health and monitor the emotions they are experiencing.

Emotions are multifaceted subjective feelings that reflect expected, current, or past interactions with the environment. They involve sets of interrelated psychological processes, encompassing affective, cognitive, motivational, physiological, and behavioural components. It's well known that emotions play a fundamental role in human adaptation by improving detection of relevant stimuli, readiness for behavioural responses, decision-making, and interpersonal interactions [3, 4]. Young people with different economic well-being possess certain differences in their ability to regulate functional (positive) and dysfunctional (negative) emotional states. However, there has been little discussion on the ability towards emotional self-regulation of young people with different levels of subjective and objective well-being.

THE AIM

In this paper, we determine the differences in the ability of young people with low and high economic statuses towards emotional self-regulation, and characterize the youth's frame of mind, by analyzing functional and dysfunctional emotions in healthy and unhealthy states.

MATERIALS AND METHODS

This work was carried out as part of the research project "Socio-psychological factors in overcoming poverty as a lifestyle" (state registration number 0111U001263), conducted by the laboratory of psychology of masses and communities, Institute of Social and Political Psychology, National Academy of Pedagogical Sciences of Ukraine.

METHODS

Presentation of the differences in the ability of young people towards emotional self-regulation is divided into four sections, as shown below.

1. Demographic information: Socio-demographic status (student or unemployed), age, and gender.
2. Respondent's mood in healthy or unhealthy state was measured by the validated questionnaire "Attitude to health" [5].
3. Emotional self-regulation: In order to measure the level of emotional balance of the respondents, we used the scale "Quality of life" in the adaptation by Vodopyanova [6]. The adapted scale contains 36 questions, which are distributed in the areas — study/job satisfaction, personal achievements, health, communication with close people (friends, relatives), support (internal and external – social), optimism, tension (physical and psychological), discomfort, self-control, and negative emotions (mood).

4. The distribution of respondents into the groups was as follows: on one hand, the group with low economic status included those young people whose level of subjective indicator was low or medium [7], while the objective indicator was also low or medium. On the other hand, the group with high economic status included those having high or average subjective and objective indicators.

INSTRUMENT

We used a combination of open and closed questions to specify negative and positive emotions during the deterioration of physical and mental health in order to analyse the satisfaction level with various aspects of life and the ability to manage emotions; as well as to distribute respondents into the groups with different economic statuses.

STATISTICS

The following statistics has been applied – Pearson's chi-squared test, Student's t-test, and Kruskal-Wallis test. Data processing and statistical significance were analysed using IBM SPSS Statistics 20 software package.

SAMPLE

The sample (n=315) consisted of 45.1% males, and 54.9% females, among which 55.6% were students who studied in higher educational institutions of Ukraine, and 44.4% were unemployed young people who were registered in employment service. Two groups of the respondents – with low (n=108) and high economic statuses (n=119) were taken under for further analysis.

RESULTS

First of all, we divided our respondents into three groups with different levels of the subjective indicator of economic status: low – 29.2%, medium – 39.7%, and high – 31.1%. According to the objective indicator of economic status, the sample was also divided into three groups: low – 27%, medium – 45.4%, and high – 27.6%. Respondents who had averages on both the objective and subjective indicators of economic status (n=65), as well as young people (n=23) with a "contradictory" combination of these indicators (one of them at a high level of manifestation, and the second low or on the contrary) were labeled to the intermediate (n=88) group. This group was excluded from further research due to the lack of statistically significant differences compared to other experimental groups.

Thus, only two experimental groups were included under the final analysis: low (n=108) and high (n=119) economic status. The procedure of experimental groups' formation is presented in the table below (Tab. 1), where: 1 – low economic status; 2 – intermediate group; 3 – high economic status, the acronym SEB stands for subjective and economic well-being.

As a result of statistical processing of the obtained data, we found that the group with low economic status consisted

Table I. The combination of the objective and subjective indicators of economic status

Objective indicator (criterion - income level)	Subjective indicator (criterion - SEB level)		
	low	medium	high
Low (≤ 1000 UAR/month)	1	1	2
medium (1000-2000 UAR/month)	1	2	3
high (≥ 2000 UAR/month)	2	3	3

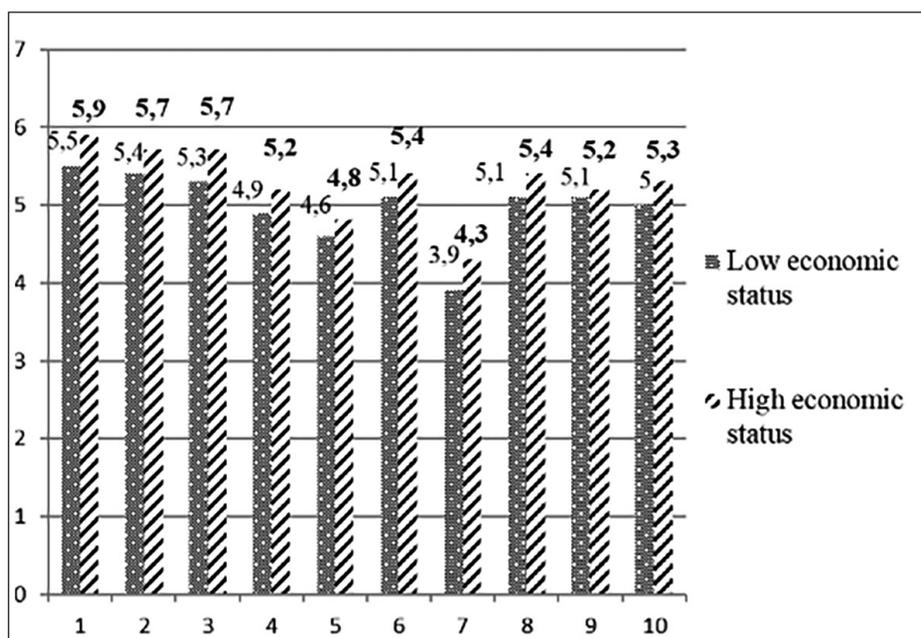


Fig. 1. The differences in the youth's mood in healthy state (mean value)

of 53.7% female and 46.3% of male respondents, and the group with high economic status – 42.9% and 57.1% of males and females respectively. The use of non-parametric Kruskal-Wallis test suggested that gender did not affect the affiliation of young people to groups with low, high economic status or to the intermediate group ($p \geq 0.8$).

The conducted theoretical analysis states that socially deprived groups tend to have bad habits more frequently than the other groups of people [8]. We decided to check this hypothesis in our sample using Pearson χ^2 test. The procedure revealed that the occurrence of bad habits is higher among young people with low economic status compared to the ones with high economic status (42.8% vs. 30.2%), that is, $p \geq 0.01$. This result actually confirms the previous findings in the literature: representatives from the group of low economic status are indeed vulnerable in the context of maintaining mental and physical health.

During the next stage of our research, we wanted to compare youth's frame of mind in a healthy and unhealthy state, specifically how they react emotionally to health changes. The anxiety level in situations associated with deteriorating health is above the norm in both groups, but young people with low economic status tend to show more negative, dysfunctional emotions ($M=42.5$, $SD=13$)

than youth with high economic status ($M=38.7$, $SD=10$), which is confirmed at a statistically significant level ($t=2.4$, at $p \leq 0.02$).

The affective component of the attitude to health manifests through different emotions. Figure 1 details the data on functional emotions of youth in a healthy state, where: 1 – calm; 2 – pleasure; 3 – happiness; 4 – joy; 5 – a sense of absence of any threat; 6 – indifference; 7 – lack of anxiety; 8 – self-confidence; 9 – freedom; 10 – inner satisfaction.

Statistically significant differences in the groups studied are observed among such emotions as happiness ($t=0.3$, $p \leq 0.01$) and calm ($t=1.7$, $p \leq 0.1$), which are more common for young people with high economic status.

It was also important for us to find out what emotions characterize the youth during the deterioration of physical and mental health. Mean values of each emotion is shown in Figure 2, where: 1 – lack of peace; 2 – feeling sorry; 3 – concern; 4 – guilt; 5 – sadness; 6 – fear; 7 – irritability; 8 – depression; 9 – anxiety and nervousness; 10 – shame.

The presented data demonstrates that youth tend to lack peace, and feel anxiety and sadness frequently when their health deteriorates. These emotions manifest in both study groups of young people at a high level. However, statistically significant differences between the groups with low and high

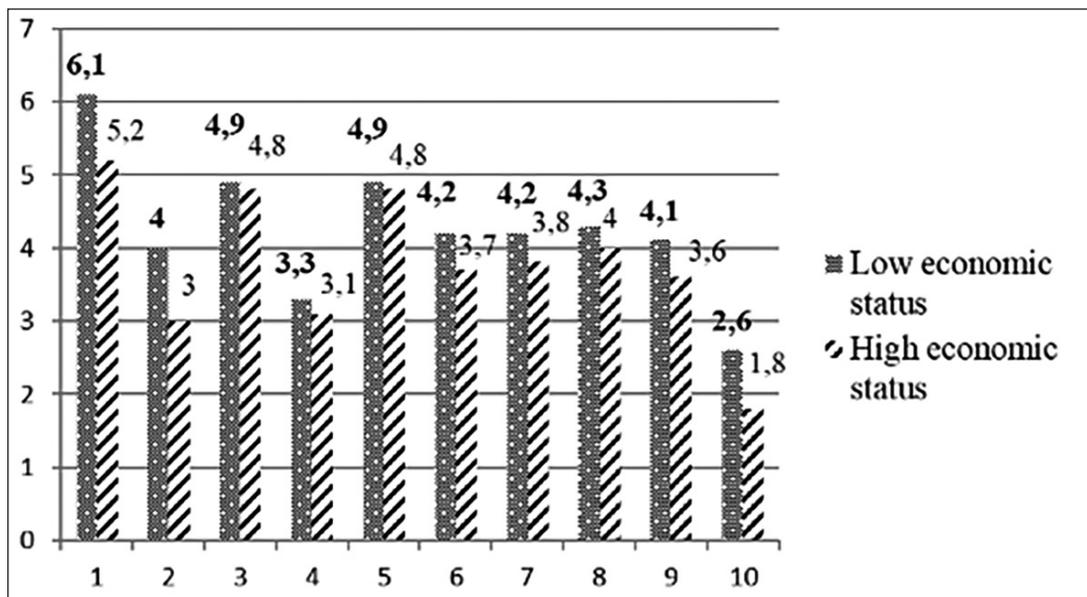


Fig. 2. The differences in the youth's mood in unhealthy state (mean value)

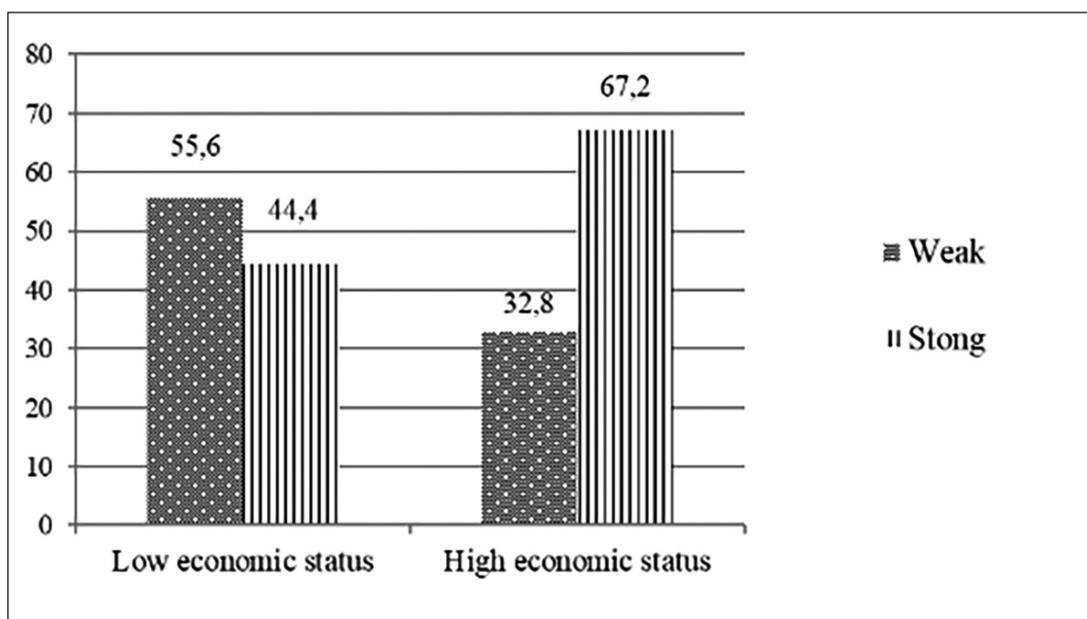


Fig. 3. Manifestation of emotional self-regulation of the youth with low and high economic status (%)

economic status were found for the emotions of fear ($t=2.1$, $p\leq 0.03$), anxiety ($t=2$, $p\leq 0.04$), and irritability ($t=1.8$, $p\leq 0.07$).

The figure below demonstrates the differences in the manifestation of emotional self-regulation of youth with different economic statuses (Fig. 3).

It is apparent from Fig. 3 that 67.2% of respondents with high economic status have a fairly high tendency to emotional self-regulation, which is significantly different from the level at which it is manifested in the group with low economic status – 44.4%. Conversely, slightly more than a half (55.6%) of respondents with low economic status tends to have problems with emotional self-regulation while interacting with others; for the purpose of comparison, only 32.8% of young people with high economic status have a low tendency to do so. These differences between the experimental groups are confirmed at a statistically significant level ($\chi^2=11.9$, $p\leq 0.001$).

DISCUSSION

In the recent years, there has been a considerable interest in terms of maintaining mental health [2-4, 8, 9]. Muzdybaev, Krueger, and some co-workers investigated the role of economic factor in a person's attitude towards health. They demonstrated the effect of objective and subjective determinants of the psychological well-being of an individual [10, 11]. In particular, it was found that young people with a high status, being freed from any financial or economic difficulties, had a number of interpersonal problems.

According to a survey conducted by E. Shinyaeva O. and A. Padiarova, such personal qualities as being practical, networking, entrepreneurial, communicative, and easy-going were among the most important features that helped the respondents to achieve rapid economic growth. The lowest ranks were assigned to the following qualities:

hard-working, talented, and physically healthy [12]. In our view, these findings indicate that young people with high economic well-being tend to have an exploitative and instrumental attitude towards their own health as they ignore the simple benefits from being healthy. This contradictory attitude to health actually forced us to get into the details of the problem of emotional self-regulation of young people with low and high economic statuses.

According to the results of our research, the mood (frame of mind) in healthy and unhealthy state differs in two experimental groups. The emotional aspect of health (mood) of the young people with high economic status is characterized by the predominance of positively marked, functional emotions, while young people with low economic status concentrate more on negative emotions, which usually accompany their unhealthy physical state. Moreover, young people with low economic status have a wider range of dysfunctional emotions. In the affective sphere, the attitude to health of young people with high economic status is marked by the predominance of positive emotions over the negative ones, even when the state of health is stable and there is no reason for any concern. Despite the results obtained, we still lack explanations such as why young people with low economic status tend to fix on negative emotions and if there is a correlation between their skill to recognize and verbalize these emotions, and their ability to manage emotional balance.

The extent to which a person is able to care about his/her health on the physical, intra and interpersonal levels can be an indicator of his/her emotional self-regulation. It is often manifested in communication, when a person can control anger, irritation, cope with mood swings when interacting with others, find internal resources in a changing situation, show independence in making important decisions, and manage his/her own time and life in general. The complexity of these abilities is a direct sign of stable mental health. As shown by our survey, the ability towards emotional self-regulation among youth with low economic status is weak — members of this group find it hard to cope with resentment, and are more likely to blame others for their troubles, rather than looking for a reason in themselves, which in fact evokes feelings of helplessness and loss of control over the situation.

CONCLUSIONS

The economic status of youth is understood as a socio-psychological construct formed by the combination of objective and subjective indicators, the criterion of which, respectively, is the income level and the level of subjective economic well-being of youth. The frame of mind that accompanies healthy or unhealthy state indirectly characterizes the ability of young people to cope with their affective manifestations. Young people with high economic status demonstrate more positive, functional emotions about their health than the opposite group. Conversely, young people with low economic status tend to get more embarrassed, anxious or irritated when their health deteriorates.

We have revealed statistically significant differences in the ability towards emotional self-regulation between young people with low and high economic status — the latter group is able to control anger and resentment when communicating with others; they are more likely to find internal psychological resources. When their health deteriorates, they are prone to show independence, and manage their own time and life, which is indicative of stable mental health.

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The work is a fragment of the research project "Socio-psychological factors in overcoming poverty as a lifestyle", state registration No. 0111U001263.

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Conflict of interest:

The Authors declare no conflict of interest.

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Received: 24.05.2021

Accepted: 08.10.2021

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