A Pre-experimental Study to Assess the Effect of Affect Regulation Strategies on Affect Regulation among Adolescents with Deficient Affect in Selected Schools in Hoshiarpur, Punjab

Ravneet Kaur* and Ramanjit

1,2 Shri Guru Ram Dass College of Nursing, Hoshiarpur affiliated to Baba Farid University of health sciences, Faridkot, Affiliated To INC, Delhi India
ABSTRACT

Background: Adolescence is a time of significant developmental transition. They experience numerous developmental challenges, including increasing need for independence, transitioning through education and negotiating changing relationships with family, peers and a healthy identity. During this phase, adolescents use to have different emotions; one of the major consequences of alteration in expression of emotion properly is deficient affect. This will further lead to development of various psychiatric disorders. Affect regulation has been defined as “the ability to tolerate, be aware of, put into words, and use emotions adaptively, to regulate distress and promote needs and goals. Thus, it is very important to learn affect regulation strategies to regulate deficient affect.

Aim of the study

To assess the effect of affect regulation strategies on affect regulation among adolescents with deficient affect.

Materials and methods

Quantitative research approach and pre-experimental research design was used. The sample of 80 adolescents with deficient affect from a selected school of district Hoshiarpur, Punjab was taken with purposive sampling technique. The modified self-report affect regulation checklist was administered to the adolescents with deficient affect to collect data. The comparison between pre and post affect regulation scores was compared by using descriptive and inferential statistics.

Results

The results revealed that in Pre-test that half of the adolescents i.e. 53.75% were having restricted affect followed by 41.25% were with blunted affect and 5% having appropriate affect and in posttest majority of adolescents i.e. 72.5% were having appropriate affect, followed by 26.25% with restricted affect and a few i.e. 1.25% are having blunted affect. The post- test affect regulation mean scores i.e. (16.74) were more than that of pre- test mean scores (10.51). The difference was tested by ‘t’ test and found statistically significant at 0.001 level of significance. The findings led to the rejection of null hypothesis.

KEYWORDS

Affect regulation, Deficient affect

INTRODUCTION

Adolescence is a time of significant developmental transition that is considered to be second only to infancy in the magnitude of changes that occur. During this phase, adolescents use to have different emotions. The adolescent period is marked by increased involvement in risk behaviours. One systematic review of prevalence studies from around the world found median prevalence rates for all psychiatric disorders of 8.3% for preschoolers, 12.2% for preadolescents and 15.0% for adolescents. Typically, about half or just under half of the children and adolescents in these kinds of studies have affective disorders¹. Affect refers to the experience of feeling or emotion. Affect is a key part of the process.
of an organism’s interaction with stimuli. The affective domain represents one of the three divisions described in modern psychology: the cognitive, the conative and the affective. Affective states are considered psycho-physiological constructs and are split-up into three main categories: valence, arousal and motivational intensity. In everyday life people take actions to influence their mood or affective states, either to maintain or to change it. Some of the actions are intended to increase positive affect and some to decrease negative affect. Developmental approaches to behavioural disorders have frequently emphasized the role of emotions, such as anger and anxiety, and associated regulatory abilities. Similarly, in adolescents, difficulties regulating negative affect have been implicated in a range of psychological disorders, including the majority of non-substance-related Axis I disorders and virtually all of the personality disorders. The terms “affect regulation” and “mood regulation” is sometimes used but affect regulation is a broader concept, referring to the management of subjective feeling states in general. Affect regulation has been defined as “the ability to tolerate, be aware of, put into words, and use emotions adaptively, to regulate distress and promote needs and goals. The measures of affect regulation style consist of seven affect regulation strategies were assessed by asking subjects to rate how frequently they used each strategy to regulate their negative feelings in everyday life. The strategies were Active distraction), Cognitive engagement, Behavioural engagement strategy, Venting and expressing, Passive distraction and acceptance, Rumination and withdrawal and Waiting. As working in psychiatric unit and dealing with adolescents, the investigator has come to know about a growing problem among adolescents i.e. deficient affect which is not a clinical construct. This behavior leads to problems in their personal, academic and social grounds. There is need to introduce some interventions to regulate their affect by using affect regulation strategies like active distraction, cognitive engagement and behavioral engagement as well. The advantage of the cueing procedure is that it can be taught easily and transferred from one setting to another. Implementation of effective strategies is necessary to prevent the intensification of the involvement of young people. Besides all this study is to add to the literature on regulation strategies and interventions for adolescents with deficient affect.

OBJECTIVES

1. To assess pre-test level of affect regulation among adolescents with deficient affect.
2. To find out post test level of affect regulation among adolescents with deficient affect.
3. To compare pre-test and post-test level of affect regulation among adolescents with deficient affect.
4. To ascertain relationship between affect regulation and selected independent variables among adolescents with deficient affect.

MATERIALS AND METHODS

A Quantitative research approach and Pre-Experimental research design was used among the adolescents with deficient affect. The study included all the adolescent students of age ranging from 14 to 17 years. Written informed consent was taken from all study subjects, before enrolment in the study. The nature and the purpose of the study were explained briefly to the study population in the informed consent form and then the study population was selected using purposive sampling technique. Then, self structured tool i.e., rating scale to assess deficient affect was given to the study population to screen out adolescents with deficient affect. After that pre-test was taken using Modified Affect regulation checklist which was constructed after reviewing Standardized Affect regulation tool and mainly consist of 3 domains i.e. active and passive distraction, cognitive engagement techniques and physical techniques. The comparison between pre and post affect regulation scores was compared by using descriptive and inferential statistics.

RESULTS

The data was collected from a total of 80 subjects. The analysis revealed that most of the adolescents i.e. 62.5% were in the age group of 16-17 years. Out of all adolescents, most of them i.e., 68.75% were females whereas only 31.25% were males. As per education of adolescents 62.5% adolescents were in 11th-12th class, whereas few i.e. 37.25% were in 9th-10th class. As per educational status of parents almost half of percentage (i.e. 52.5%) of fathers and 45% of mothers were educated upto senior secondary. On the basis of occupation of parents, almost half of the percentage (i.e. 57.5%) of fathers were Laborers and whereas majority of mothers i.e. 75% were homemakers. Majority of adolescents i.e. 42.5 were in 2nd birth order. As per number of siblings, 45% of adolescents had 1 sibling. As per area of residence, majority i.e. 68.75% adolescents belongs to urban area.

It was found that in pre-test majority of adolescents (95%) had inappropriate affect (i.e. 53.75% with restricted affect and 41.25% with blunted affect) indicating a need for adolescents to learn affect regulation strategies to regulate their affect to prevent occurrence of various psychiatric problems. After interventions in post-test according to levels of affect regulation majority of adolescents i.e. 72.5% had appropriate affect, followed by 26.25% with
restricted affect and a few i.e. 1.25% with blunted affect. Hence, it can be inferred from the above findings that after receiving the affect regulation strategies, majority of adolescents (i.e. 72.5%) were having appropriate affect as compared to the pre-test findings. The results are depicted in the following tables.

**Table 1 Frequency and percentage distribution of Adolescents according to Level of Affect Regulation**

<table>
<thead>
<tr>
<th>Level of affect regulation</th>
<th>Pre-test (n=80)</th>
<th>Post-test (n=80)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Blunted Affect</td>
<td>33</td>
<td>41.25</td>
</tr>
<tr>
<td>Restricted Affect</td>
<td>43</td>
<td>53.75</td>
</tr>
<tr>
<td>Appropriate Affect</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The post-test mean affect regulation scores i.e. (16.74) were more than that of pre-test mean scores (10.51). The difference between pre-test and post-test mean scores was tested by „t‟ test and found statistically significant (18.679) at 0.001 level of significance.

Hence, it can be concluded from the above findings that difference was found in the mean affect regulation scores during pre-test and post-test and statistically it is significant at P <0.001 level of significance. The findings led to the rejection of null hypothesis.

**DISCUSSION**

The results of the present study revealed that the post-test mean affect regulation scores i.e. (16.74) were more than that of pre-test mean scores (10.51). The difference between pre-test and post-test mean scores was tested
by "t" test and found statistically significant at P<0.001 level of significance.

A similar supporting cross-cultural study was conducted by Haga, kraft and corby (2009) shows more specifically, cognitive reappraisal correlated positively with positive affect and negatively with negative affect while the opposite was true for distraction. The correlation between cognitive reappraisal and life satisfaction was positive and the correlation between altered moods is negative. A similar supporting study conducted by Adam A. Augustine predicted that the repair tasks (positive memories and positive reappraisal) would produce the strongest affect repair (i.e., decrease in negative and increase in positive affect). To examine this prediction several one-way analysis of covariance (ANCOVAs) were conducted, Results reveal a significant effect for both negative p < .001, and positive affect p < 0.01. Student’s t tests revealed that participants in the positive memories condition experienced greater decreases in negative affect and greater increases in positive affect.

Implications

Nursing education

- The findings of the present research can be used in seminars, workshops, conferences organized in nursing institutions to improve knowledge of nursing students regarding affect regulation strategies to regulate affect.
- The study can be helpful in nursing curriculum to provide opportunity for students to gain knowledge regarding affect regulation strategies & understand about the effectiveness or benefits of affect regulation strategies.

Nursing practice

- The study helps to obtain necessary information about important risk factors & develop the required competencies, skills to accurate administration of affect regulation strategies & their evaluation.
- Nursing personnel should utilize findings & impart the knowledge to teachers and parents in collaboration with school health & community health workers regarding deficient affect and available modalities to regulate it.

Nursing research

- The information contained in the present study can be valuable source of data for future researchers. It can help them in conducting research with large sample size in other different mental & psychological problems. This will help to bring the problem of deficient affect into light for further investigation by critically analyzing the various aspects of deficient affect and affect regulation strategies.

Recommendations
• A similar study may be replicated on a large sample to validate and generalize the findings.
• A similar study with structured interview method can be conducted for data collection rather than self-reporting method.
• A similar study can be conducted by administering video assisted module to students for better understanding.
• A true experimental study can be conducted to assess the effectiveness of affect regulation strategies on adolescents with deficient affect.

CONCLUSION

Based on the present study findings, the investigator observe that the difference had been found in the affect regulation mean scores during pre and posttest and it was statistically significant at 0.05 level of significance. Hence, it is indicated that affect regulation strategies had impact on deficient affect as it was simple, non-invasive and easily administered strategy can be used by health care professionals. So, we need to motivate and create awareness among the care providers regarding effective utilization of affect regulation strategies in regulating deficient affect among adolescents.

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REFERENCES