

Emotional regulation and clinical symptomatology when experiencing the illness of a close person

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Introduction

In human life, emoticons have a central roles adaptive functioning and in healthy psychological development [1]. The inability for emotional regulation increases the probability to develop deficits on social, relational, academic, and laboral areas [2]. The emotional regulation difficulty is deeply related to the development of several psychological disorders, increasing the vulnerability of those who experience negative situations [3]. Several studies, including in Portugal, have verify the relation between several psychopathological symptoms, that are described in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the emotional dysregulation [4]. Those researches highlight that the post-traumatic stress triggers persistent malaise on individual, due to the negative sensations, which interferes with their normal functioning [5].

Objective

- The main objective of the current study was to analyze the association between emotional regulation and clinical symptomatology in individuals who witnessed the illness of a close person.

Method

Sociodemographic questionnaire

Inventory of Psychopathological Symptoms (BSI) [6]

Scale of Difficulty of Emotional Regulation (DERS) [3]

Posttraumatic Stress Disorder Checklist (PCL-5) [7]

266
(83.6%)
Individuals



52 (16.4%)
Individuals



Ages between 18 and 89 years old ($M = 29.69$, $SD = 13.23$). Concerning the experience of witnessing the illness of a close person 141 (44.3%) participants responded positively

Results

Table 1
Mean, Standard Deviation, Cronbach's Alpha coefficient and Pearson Correlations between Emotional Regulation, Posttraumatic Stress Disorder Symptoms and Clinical Symptomatology Subscales ($n = 318$)

Dimensions	alpha	<i>M</i>	<i>SD</i>	2	3	4	5	6	7
1. Emotional Regulation	.82	82.92	22.74	.57	.41	.59	.61	.60	.55
2. PTSD symptoms	.87	17.10	16.40	—	.62	.61	.65	.70	.65
3. Somatization	.95	4.85	5.19	—	—	.65	.59	.64	.74
4. Obsessions and Compulsions	.95	6.79	5.17	—	—	—	.70	.71	.68
5. Interpersonal Sensitivity	.95	4.27	4.10	—	—	—	—	.80	.73
6. Depression	.95	6.43	5.94	—	—	—	—	—	.73
7. Anxiety	.95	6.23	5.34	—	—	—	—	—	—

Notes: Cronbach's Alpha; *M* = Mean; *SD* = Standard Deviation

The following groups were compared to find statistically significant differences (G1: participants who witnessed the illness of a close person, G2: participants who did not witness that event).

- There were not statistically significant differences between the groups in emotional regulation [$F(1.316) = .061$, $p = .806$] and in clinical symptomatology and Posttraumatic Stress Disorder (PTSD) symptoms [$F(1.316) = .054$, $p = .816$].
- Analysing the relation between emotional regulation, clinical symptomatology and PTSD symptoms, there were statistical significant correlations in all variables.
- Regarding the correlation between emotional regulation and PTSD symptoms, there were a significant and negative association ($r = .57$, $p < .001$).
- Concerning the correlation between emotional regulation and all of the subscales in clinical symptomatology, there were significant and negative associations (e.g., $r = .41$, $p < .001$ in the somatization subscale).
- There were significant and positive associations between PTSD symptoms and all of clinical symptomatology subscales (e.g., $r = .62$, $p < .001$ in the somatization subscale).

Discussion

We verified that individuals with more difficulties of emotional resolution had more clinical symptoms and symptoms of PTSD, which is corroborated by the literature [3].

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