



The comparison of emotion regulation strategies and social adjustment of students with physical-motor disabilities and normal students

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ABSTRACT

disabilities deprives the person from participation in the overall process of personal and social life, of its independent activities and Cause balance due to damage, disrupt normal development and coordination of body On this basis The aim of this study was the Comparison of emotion regulation strategies and social adjustment in physical - motor disabilities and normal student. The present study Is causal- comparative and the population of study Included all of physical-motor Disabilities student and normal student and The sample of study included 217 students(84 physical-motor disabilities student and 133 normal student) that were Selected by The cluster sampling method. In order to collect the data, Used Gross and john emotion regulation questionnaire and scale adjustment Sinha and Singh. The results showed that physical-motor disabilities students significant differences in measures of emotion regulation (repression and re-evaluation) than students with normal ($p > 0/05$), as well as physical-motor disabilities in two subscales of social and emotional adjustment than normal students showed significant differences, but Was not observed Significant differences Between two groups of students($p > 0/05$). According to the results, we can say that There are significant differences between the physical-motor disabilities students and normal student in emotion regulation strategies and social adjustment.

Keywords: emotion regulation strategies, social adjustment, physical- motor disabled students, normal students

INTRODUCTION

Disability by the World Health Organization (WHO) International Classification of functional disability and health, as an umbrella term for injury, functional limitations and participation restrictions have been proposed (Lucas-Carrasco, Eser, Hao, McPherson, Green, Kullmann & Group, 2011), Cause dysfunction of body (Aurora, 2014) And deprives the person from participation in the overall process of personal and social life, of its independent activities (Salehi, tavakol, shabani & ziaei, 2014). Physical Disabilities as part of a wide range of disabilities, including people who use one of the organs or parts of organs fail for at least six months (Bahrapour, Ghamari & Majd, 2014). According to the statistics from the World Health Organization, nearly one billion people in the world suffer from physical disabilities (WHO, 2011) that More than two-thirds of these people live in the developing countries (Bahrapour & et al, 2014).

Disabilities in each aspect, Cause balance due to damage, disrupt normal development and coordination of body (Aurora, 2014), Mental and behavioral crisis to bring disabled people (solimani-denani, dehkardi, kakogoibari & moradi, 2011; Trani & Bakhshi) And associated with it low self-esteem and interpersonal problems (Salehi et al, 2014). Physical- motor disabled students due to their deficits have less ability to sympathy with others (Bhattacharjee & Chhetri, 2014), Are less accepted by their peers (Estévez, Emler, Cava & Inglés, 2013). and proportion of students normally have a lower level of social protection (Mithen, Aitken, Ziersch & Kavanagh, 2015). So feeling different from other people because of a disease or Chronic disorder can cause negative results in terms of performance and social adjustment of adolescents (Hsiao, Tseng, Huang & Gau, 2013).

Social adjustment as a measure of mental health (Rahmati, Adibrad, Tahmasian & Sedghpour, 2010) is defined as a compromise person with a social environment (Grosbois, Houssa & Mazzone, 2013) and enables people to understand and predict the behavior of others, to control their behavior and regulate social interactions (Shahi & Aojinegad, 2014). In general, social adjustment is necessary based on the needs and wishes with the needs and demands of the group that lives in harmony and balance (Rahmati et al, 2010). In adolescence due to peer relations and reduction of dependence on parents, social adjustment is important (Mazaheri & Afshar, 2009), so that social adjustment in adolescence underpins good practice, to facilitate the social role and satisfaction with life (Mahmoodi Kahriz, Bagherian & Heidari, 2014). On the other hand there is a problem of inconsistency in addition to the above factors, causing damage in social relations, the tendency to social deviations and decline in moral and cultural values of the people (Mahmoodi Kahriz et al, 2014).

While there are various definitions about the regulation of emotion, various theories over this issue agree that emotion regulation includes skills related to awareness and evaluation of emotions, regulate the emotions and excitement is compromised (Berking, Wupperman, Reichardt, Pejic, Dippel & Znoj, 2008). In other words, emotion regulation means managing the emotions that they are defined can influence the emotions of people experience what emotions, when they express their experience and how (Gross, 2014), which aims to regulate emotional responses is achieved by means of strategies (Halperin, 2014).

Emotion regulation strategies are defined as practices that reflect the way people cope with stressful situations or mishaps (Garnefski & Kraaij, 2006). With research in the field of emotional regulation strategies of emotional regulation were identified nine different strategies, that the two positive strategies including positive refocusing, refocusing on planning, positive reappraisal of view and negative strategies include self-blame, blame the other, rumination, and acceptance are catastrophizing (Taleh-Bekdash, Yahgobi & Yosefi, 2013).

With regard to the regulate emotion associated with success in various aspects of life (Jacobs et al, 2008) and since social adjustment are factors influencing academic performance (Rahmati et al, 2010), the present study follows to answer the two questions that: First, what is the difference between emotion regulation strategies and social adjustment of physical – motor disabilities students and normal students? And secondly, what is the connection between emotion regulation strategies and social adjustment of students there?

EXPERIMENTAL SECTION

The present study is causal-comparative and the population of study included all of physical-motor disabilities student and normal student and the sample of study included 217 students (84 physical-motor disabilities student and 133 normal student) that were selected by the cluster sampling method (in this way the first in Tehran, some regions and in each region a school, as an example study).

The instruments used in the study of emotion regulation questionnaire Gross and John (2003) and scale adjustment Sinha and Singh (1993) respectively.

A. questionnaire regulation emotion

This questionnaire built by Gross and John (2003) and has 10 items and two subscales that are: a) repression and b) emotional re-evaluation. Participants answers to each item based on the seven-point Likert scale from strongly agree to strongly disagree. The range scores on this scale is from 10 to 70. The internal consistency for the emotional inhibition in four different performances through Cronbach's alpha coefficient, respectively, 0/73, 0/68, 0/75, 0/76 are obtained. The reliability of this scale in the three months 0/69. Respectively.

Gross research and inner lives solidarity to reassess 0/79. And to suppress 0/73. Is obtained. In Iran, the Cronbach's alpha for reassessment 0/83. And to suppress / 79. Obtained.

B. Inventory Adjustment

The questionnaire that has made by Sinha and Singh in 1993, has 60 items and three subscales (social adjustment, emotional adjustment and adaptation training). The questionnaire seeks to provide students with high school students from poor compatibility with good compatibility in three areas (emotional, social and educational) separately. In the questionnaire response that Nshatgr compatibility, the score is zero, otherwise the first order placed.

The questionnaire was conducted on sample 1950 people (1200 male and 750 female) students in grades one, two and three schools were selected randomly.

The results of these calculations showed that the distribution of the normal type is no different. The coefficient of reliability in three ways coefficient (0/95), Test-retest reliability (0/93) And Kvdr-rychardson 20 (0/94) Were calculated.

RESULTS

Pearson correlation coefficient for the relationship between the components of emotional regulation, repression and reassess with social adjustment, showed that the total score set up excitement with a correlation coefficient is /34 and the correlation coefficient for suppression of emotional is / 56 and negative, Meaning that has the inverse relationship with social adjustment andAs well as the correlation of emotional re-evaluation as one of the exciting aspects of the emotion regulation is /58 that has a positive relationship with social adaptation.

Table 1 Correlation coefficients of the variables whit social adjustment

	social adjustment	sig
emotional re-evaluation	/58	/001
Emotional repression	/56	/001
Total emotional adjustment	/34	/002

Table 2 model summary

model	R	R square	Adjusted R square	Std. error of the estimate
	/59	/35	/35	7/8

In Table 2 can be seen that the value of R is set to show that the model /35 of change in the social adjustment is taken into account, meaning that the model /35 of the variance is justified.

Table 3 Anova

	Sum of Squares	df	Mean Square	F	Sig.
Regression	4054/3	2	2027/15	32/94	/0001
Residual	7384/6	215	61/53		
Total	11438/9	217			

According to Table 3 reports the variance analysis, since a significant ($p < 0/05$), respectively, then Total model is significant.

Table 4 coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	sig
	B	Std. Error	Beta		
Constant	31/65	5/1		6/1	
re-evaluation	/495	0/06	/582	7/8	/0001
Emotional repression	-/61	/09	-/505	-6/61	/0001
emotion regulation	/32	/11	/205	2/7	/008

In Table 4 it is seen that both variables reassessment and adjustment of the repression and total score of excitement in the model presented by the beta coefficient, a significant predictor ($05/0 > P$) for social compatibility.

Table 5 Multivariate Tests

	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Pillai's trace	.937	447.659	7.000	209.000	.001	.937
Wilks' lambda	.063	447.659	7.000	209.000	.001	.937
Hotelling's trace	14.993	447.659	7.000	209.000	.001	.937
Roy's largest root	14.993	447.659	7.000	209.000	.001	.937

Analysis of each of the dependent variables whit using of analysis alpha Bnfrvny (0/017) and degrees of freedom (1, 215) in table 6 showed that The only variable training as one of the dimensions of compatibility between the two groups physically handicapped - the motor is healthy and had no significant differences in the following:

variables	Mean difference	Std. error	f	sig
re-evaluation	22/65	/67	1141/9	/001
Emotional repression	16/27	/48	1109/5	/001
emotion regulation*	7/42	/58	158/6	/001
Emotional	10/4	/42	604/1	/001
Training	0/5	/35	2/1	/142
Social	11/1	/45	614/9	/001
adjustment*	22/5	/92	593/1	/001

The results show that there is a significant difference in the emotion regulation and social adjustment scores in the two groups of physical-motor disabilities and normal student. And also the components of emotional regulation, and suppression of both reassessments were no significant differences between the averages. As well as adaptation measures in the areas of emotional and social differences were observed between the two groups, but in terms of Training of physically- motor disabilities student and normal student are not statistically significant differences in the averages.

CONCLUSION

The aim of this study was the Comparison of emotion regulation strategies and social adjustment in physical - motor disabilities and normal student. The findings showed that there are significant differences in emotion regulation strategies (repression and re-evaluation) between physically-motor disabilities and normal student, Meaning that students with physical - motor disabilities towards normal students in the management and organization of emotional responses as well as the ability to cope with stressful situations and mishaps of life less. On explaining these findings, we can say that physically-motor disabilities students due to defects and disorders in the normal and harmonious development of body, When faced with traumatic events because of emotional problems, mental suffering, misunderstanding, due to the negative aspects of life and lack of control over his inner world and the outer negative strategies, inappropriate and inconsistent regulation of their excitement and emotional problems against damage are more, While normal students when facing with traumatic events because of the positive assessment of events, thoughts of the least important of the event, emphasis on the relativity happens compared to other events and sense of control over their internal and external world they use of favorable strategies regulation emotion and are less vulnerable. What has been said suggests that people who couldn't regulate their emotional response to the events of the day, more turmoil experience. This confusion can become anxiety disorders and depression, while appropriate skills in emotion regulation are linked in healthy relationships, better academic performance and physical health.

Other findings showed that were significantly different between physically-motor disabilities students and normal students in terms of social and emotional adjustment in two subscales, But in subscale training not difference between physical - motor disabilities students with and normal student. In explaining these findings can be said that due to defects and disorders that student with physically-motor disabilities have in Natural and harmonious development of body, As a result of various conditions such as progress counterparts, emotional breakdown and lack of motivation for the future in the way of performance and compatibility are chronic disorders.

When adolescents cannot successfully overcome the crises and challenges of development, will experience psychological distress and disorder and would emerge substantially during normal daily life social and emotional aspects. As well as physically-motor disabilities students - their motion perception are different from others, which means that its physical features are negative, they are more likely to experience social problems, the reactions of others get poorer and therefore lower overall consistency to express.

On the Other hand, educational achievement is an important aspect in this study which is consistent significant differences between students with disabilities and physical - motor and ordinary was found. These findings can be explained by Adler's approach. Adler is one of the factors contributing to mental or physical humiliation knows less real, He believes that physical impairment can affect a person's personality development to compensate for this defect or weakness in efforts to compel. The compensate reaction is important in later life for feelings of inferiority in order to cover up the failure and lack of physical organisms used to reach the new equilibrium and stable. Accordingly, the lack of correlation between physical defects and academic achievement is due to the use of compensation mechanisms and opportunity to failures and omissions by adolescents.

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