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**THE RELATIONSHIP BETWEEN ANXIETY AND DIFFICULTIES IN
EMOTION REGULATION WITH GENERAL HEALTH AND
PSYCHOLOGICAL HARDINESS IN STUDENTS OF ISLAMIC AZAD
UNIVERSITY, TONEKABON BRANCH (2011-2012)**

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ABSTRACT

In recent decades, emotion regulation and its impact on people dealing with various problems have been considered by researchers. The aim of this research is studying the relationship between anxiety and difficulties in emotion regulation with general health and psychological hardiness in students of Islamic Azad University, Tonekabon Branch (2011-2012). This research is a correlational study. 160 students selected randomly from the female students of Tonekabon Azad University. To collect the data, we used Beck Anxiety Inventory (BAI), Difficulties in Emotion Regulation Scale (DERS), General Health Questionnaire (GHQ), and the Ahvaz Hardiness Inventory (AHI). To analyze the data, we used correlation and stepwise multiple regression and canonical correlation ways. It was found there was significant positive correlations between anxiety and general health ($P < 0/01$), significant negative correlations between anxiety and psychological hardiness ($P < 0/01$), and significant canonical correlation between anxiety and dimensions of difficulties in emotion regulation with general health and psychological hardiness. And also it was found between anxiety and dimensions of difficulties in emotion regulation with general health, based on the result of stepwise regression analysis, anxiety and goals in general health were the most effective variables entered to regression equation ($P < 0/01$). The findings indicate the importance of anxiety and emotion regulation in maintaining students' psychological hardiness and general health. Also these two variables can explain in a high rate the changes of hardiness and health in different students' conditions.

Key Words: *Anxiety, Emotion Regulation, General Health, Psychological Hardiness*

INTRODUCTION

Emotional problems involve high percentage of people of different communities. Of these problems, depression, anxiety, hostility and interpersonal sensitivity can be mentioned. Range of symptoms of clinical depression, including depressed mood, apathy towards pleasures of life, lack of motivation from the loss of vital energy, feelings of fatigue, thoughts of suicide, etc. are included. Anxiety encompasses symptoms such as nervousness, feeling of pressure and vibration in the body, sudden fear, feeling of panic, fear and concern about the future and some other physical aspects. Hostility includes thoughts, feelings or actions that indicate negative mood associated with anger and interpersonal sensitivity means feeling of inadequacy and inferiority to other people, feeling of discomfort and uneasiness in relationship with others and underestimating of self (Ashtiani, 2009).

One aspect of emotional health is having effective emotion regulation skills. Emotion regulation is an internal exchange process which it can help people manage and control one or more components of the emotion itself consciously or unconsciously. People through their experiences regulate their behaviors and arousal states (Berking *et al.*, 2008). Gross believed difficulties in emotion regulation indicate the manner of response to the environment, events or experiences that are different from responses expected from the normal range of emotion. From evolutionary perspective, emotion regulation is an important prerequisite for many psycho-social functions, such as cognitive processing, probe behavior, social skills and problem solving (Diamond and Aspinwall, 2003).

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Undoubtedly, mental health plays an important role in ensuring the dynamism and efficiency of a society. Since students are talented group of society, their mental health has a significant role in learning and increasing scientific knowledge (Saki, 2002). Psychological hardiness and mental health are kinds of variables that can regulate anxieties and their impacts (Joseph *et al.*, 1997). Kobasa *et al.*, (1983) defined hardiness as combination of beliefs about self and world which has three component commitment, control and challenging. It leads to belief in change, transformation and the dynamics of life, taking the attitude that every event does not necessarily mean a threat to security and to human health, and having cognitive flexibility and tolerance for ambiguous situations and stressful even (Maddi, Wadha, Haier, 1996).

Entering university associates with a lot of changes in people and their social relationship. In such circumstances which often combine with the pressures and concerns, performance and productivity of individuals are affected (Lethinen, 1990). Changes in family relationships and friends, eating and sleeping habits and loneliness have reverse effect on some students (Ross, 1999). It seems that the interaction between a variety of stressors, and more importantly how their perception of this phenomenon can lead to stress or concern. This subject plays an important role on type and number of existing sources of social support and cultural impact (Chambers, 1998). Self acceptance, self love (White, 2001), converted to a human being who is physically healthy, intellectually sound, mentally happy, socially balanced, economically productive and culturally responsible are characteristics of mental health; they are located in a number of issues that are conceptually related to psychological hardiness. The importance of this role is that students form not only main fields of experts in scientific, technical and artistic areas in each country, but also this group are future managers and leaders of society. On the other hand, the assessment of the future students will be responsible for the education of the next generation and they can indirectly involve in the perfection of society (Marzabadi, 2010).

Mannin (2006) believed individual differences in the manner of emotions, leading to formation of the avoidance response, in some people who experience much excitement cause difficulties in identifying and accepting of their emotions. That people consider emotions non-obvious and consider themselves with no effective strategies for regulate emotion, and hence they are prone to emotional disorders. So deficit in emotion regulation and vicious circle of concern can lead to the continuity of disorder (Salters Pedneault, *et al.*, 2006).

Zargar and colleagues (2011) in their study select randomly 193 students of Imam Khomeini University of Qazvin. It showed that clarity factor had negative relationship with subscales and the total scores of mental health and acceptance factor had positive relationship with both of them. Highest correlation was related to acceptance and its relationship with anxiety symptoms and total scores of scale mental health. Total score of deficit in emotion regulation had significant positive relationship with total score of mental health and all its total subscales. But for the awareness and strategies factor, there wasn't significant correlation. On the other hand, worry score had positive significant correlation with all subscales and total score of mental health. Amani and colleague (2011) resulted that emotion regulation factor of personality was a significant predictor variables for anxiety, while other five personality variables were not significant predictors factors. Collectively, these findings emphasized on the key role of emotion regulation that plays in the etiology and maintenance of anxiety disorders. Aminian (2010) selected 145 available female samples in Ahvaz. It showed that there was positive significant relationship among psychological stressors and eating disorders and factors of psychological stressors in the field of mental appetite and mental bulimia. Also there was significant negative relationship between body image and eating disorders.

Halajian (2011) in his research selected 440 samples randomly. Results in a significant level of $0.001/0 > P$ showed that there was positive significant relationship between emotion regulation and exam anxiety. But there was negative significant relationship between metacognition and exam anxiety as well as between optimism and exam anxiety. Hong (2007), Result showed that worry had positive correlation with body health and high level of worry was correlated with increase symptoms of depression and anxiety. Ehrng,

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Quack, (2009) showed that injury severity in traumatic stress disorder had significant relation with all variables that measure deficit in emotion regulation.

Mathis and Lecci (1999), also concluded that hardiness was better predictor variable for mental health and there was negative significant correlation between hardiness and number of referrals to the health center. Kobasa and other researcher (Maddi, 1990; Wiebe, 1991, Klag and Bradley, 2004) concluded hardiness was a source of inner strength that can reduce harmful effects of stress on health. Bingham and Stryker (1995) believed that the factors affecting girl's hardiness came more from within the family while the boy's social and school factors may also be involved. Some research also showed that there was negative significant relationship between resiliency and hardiness with anxiety and depression and indicated that abiding people can overcome types of adverse effects (Inzlicht and colleagues, 2006). Kalantar (1998), Verdi (2001) and Homai (2000) showed that there was negative significant correlation between psychological hardiness and mental disorder likes anxiety, depression and physical complaints.

According to the aim of the study and research background the following hypotheses were tested.

Hypothesis 1: There is relationship between anxiety and dimensions of emotion regulation with health and psychological hardiness of students.

Hypothesis 2: There is relationship between anxiety and dimensions of emotion regulation with general health of students.

Hypothesis 3: There is relationship between anxiety and dimensions of emotion regulation with psychological hardiness.

MATERIALS AND METHODS

This research is co relational study; needed information is collected by field operations (use questionnaire, refer to journals and scientific resources). Statistical Society was all female students of Islamic Azad University, Tonekabon Branch (90-91). The total samples were 1,800 people; of this number 860 were boys and 940 girls. For this research the sample consisted of 160 female students of Azad University, Tonekabon Branch, who was selected by stratified random sampling.

Beck Anxiety Inventory (BAI): This inventory includes 21 items and its scoring is based on likert scale that is used for measuring the severity of an individual's anxiety in 1981. Cronbach's alpha coefficient was 0/92 and validity coefficient test was 0/75 in international studies (Beck and colleagues 1998, as cited in Kaviani, 2008) and cronbach's alpha coefficient was 0/92 and validity coefficients for the same split half was 0/91, this calculated in Iranian studies (Kaviani, 2008).

Difficulties in Emotion Regulation Scale Questionnaire (DERS): This inventory is designed to assess multiple aspects of emotion regulation and its deficit. The version of 36 item used to assess anxiety disorder in connection with worry has six subscales.

(Nonacceptance): Nonacceptance of emotional responses, (Goals): Difficulties engaging in goal directed behavior, (Impulse): Impulse control difficulties, (Awareness): Lack of emotional awareness, (Strategies): Limited access to emotion regulation strategies, (Clarity): Lack of emotional clarity.

Higher scores in each of these subscales indicated having a more difficult in component measured. Rate of internal consistency for all scales was 0/93, for each scales, it was more than 0/ 88 and retest validity was 0/88 (Gratz and Roemer, 2004; Alavi, 2010).

Ahvaz Hardiness Inventory (AHI): This inventory is designed and validated by Kiamarcy, Najarian and Mehrabizade Honarmand (1997). It has 27 questions and its measuring is likerty based. This questionnaire is in the range of 0 to 81. High score on this questionnaire indicates high psychological hardiness in person. Kiamarcy *et al.*, (1998), calculated reliability coefficients of the questionnaire in retest method and Cronbach's alpha method respectively 0/84 and 0/76. Verno *et al.*, (2010), calculated the validity of this questionnaire in concurrent validity with three criterion scales of public anxiety, depression and Maslow's self-actualization inventories. Coefficients obtained were respectively 0/65, 0/67 and 0/69 and all the coefficients in the 001/0> P were significant.

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General Health Questionnaire: It is a 28 questions inventory that assesses the mental health of individuals. It has 4 subscales depression, anxiety, social dysfunction and somatic symptoms. The credibility of this inventory was 0/70 to 0/90 and its validity was estimated 0/55. The correlation coefficients among the subtests of the questionnaire varied between 0/72 to 0/80 (Taghavi, 2002).

RESULTS

Statistical component of the variables studied are presented in Table 1. As we see, the more problems person had, the less psychological hardiness he had. It is truth for other components, like problems related to anxiety, physical symptoms, sleep problems, social functioning, and symptoms of depression and dimension of emotion regulation. So the hypotheses were confirmed in this study include:

There is relationship between anxiety and dimension of emotion regulation with general health and psychological hardiness.

There is relationship between anxiety and dimension of emotion regulation with general health.

There is relationship between anxiety and dimension of emotion regulation with psychological hardiness.

Table 1: Statistical characteristics of, anxiety, dimensions of emotional regulation, general health and psychological hardiness variables

Variables	Average	Standard Deviation
Anxiety	47/46	13/08
Non acceptance	13/81	5/63
Goals	15/15	4/31
Impulse	16/01	5/11
Awareness	15/66	4/10
Strategies	19/68	5/99
Clarity	10/74	3/78
Physical Symptom	7/940	5/20
Sleep Disorder	8/64	6/75
Social Functioning	9/31	4/37
Depression Symptom	5/31	5/87
Psychological Hardiness	50/48	10/26

Table 2: Correlation among dimensions of emotional regulation, dimension of general health and psychological hardiness variables

The criterion variable	Physical Symptom	Sleep Disorder	Social Functioning	Depression Symptom	Psychological Hardiness	Nonacceptance	Goals	Impulse	Awareness	Strategies	Clarity
Anxiety	224**	**	0/186*	/220**	/504**	0/037	12	162*	0/120	0/053	/134
Non Acceptance	0/122	/158*	-0/162*	0/149	-0/118	-	-	-	-	-	-

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Goals	/166*	**	-0/013	0/182*	-0/116	-	-	-	-	-	-
	0	0/232									
Impuls	267**	0/043	-0/111	0/203*	-0/187*	-	-	-	-	-	-
e	0/										
Aware	0/066	0/109	0/020	0/108	0/009	-	-	-	-	-	-
ness	-										
Strateg	/176*	/158*	-0/064	/217**	-0/125	-	-	-	-	-	-
ies	0	0		0							
Clarity	0/082	0/102	0/070	/169**	-0/071	-	-	-	-	-	-
				0							

*p<0/05 **P<0/01

For analyzing multiple correlation coefficients of these components, canonical correlation analysis result are presented as follows.

Table 3: Focal analysis of correlation coefficients or factor loads focal of anxiety dimensions of emotional regulation, general health and psychological hardiness variables.

Standard Canonical Coefficients										
Variables	Root 1		Root 2		Root 3		Root 4		Root 5	
	1r	1lr	2r	22r	3r	33r	4r	44r	5r	55r
Predictor variable										
Anxiety	-0/933	0/807	-0/019	0/0003	-0/281	0/079	0/162	0/026	0/110	0/012
Non	-0/304	0/092	0/180	0/032	0/796	0/633	0/121	0/015	0/033	0/001
acceptance	-0/385	0/327	0/301	0/090	0/436	0/190	-0/394	0/155	-0/606	0/367
Goals	-0/419	0/175	-0/394	0/155	0/723	0/522	-0/324	0/105	-0/018	0/0003
Impules	-0/063	0/003	0/434	0/188	0/018	0/003	-0/334	0/111	0/670	0/448
Awareness	-0/374	0/139	0/099	0/009	0/587	0/344	-0/470	0/221	-0/024	0/0005
Strategies	-0/249	0/060	0/131	0/018	0/017	0/002	-0/683	0/466	0/221	0/049
Clarity										
The criterion variable										
Physical	-0/471	0/221	-0/452	0/204	0/322	0/103	-0/379	0/144	-0/572	0/327
Symptoms										
Sleep Disorder	-0/430	0/184	0/788	0/620	0/156	0/024	-0/105	0/011	-0/399	0/159
Social	-0/228	0/051	-0/060	0/004	-0/881	0/776	-0/364	0/132	-0/188	0/035
Functioning										
Depression	-0/464	0/215	0/130	0/017	0/310	0/096	-0/719	0/517	0/393	0/154
Symptoms										
Psychological	0/849	0/720	0/207	0/043	0/151	0/022	-0/420	0/176	-0/190	0/036
Hardiness										

Generally, predictive variables justify correlation variance of the first focal to the 27/9 percent, correlation variance of the second focal to 17/8 percent, correlation variance of the third focal to 20/5 percent, correlation variance of the fourth focal to 19/6 percent and correlation variance of the fifth focal to 14/2 percent.

In the following, for the estimation of anxiety, dimensions of emotion regulation and general health scores of students, we used stepwise multiple regression approach. The results related to ANOVA test significant of total regression model are shown in table 4 and multiple regression analysis of indicators is shown in table 5.

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Table 4: ANOVA test for significance of regression

Statistically significant changes in the source	Sum of squares	Degrees of freedom df	Ms mean square	F Test	Significant level
Anxiety variable regression	3554/681	1	3554/681	21/249	0/001
Remaining	26431/513	158	167/288		
Sum total	29986/194	159	-		
Regression of anxiety and goals variables	4865/641	2	2432/820	15/205	0/001
Remaining	25120/553	157	160/004		
Sum total	29986/194	159	-		

Table 5: Step by step multiple regression analysis of indicators

Variables	R	R ²	B	β	T	Significant level
Anxiety	0/344	0/119	0/361	0/344	4/610	0/001
Goals	0/403	0/162	0/671	0/211	2/862	0/001

According to the results in Table 4, F calculated of anxiety variable was significant in 0/01 level ($f(1,158) = 21/249$, $p=0/01$ and F calculated of anxiety and goals variables is significant in 0/01 ($f(2, 157) = 15/205$ $p=0/01$). According to the results in Table 6, t calculated for surveying slope of regression line (b) for anxiety variable was significant in 0/01 level ($t=4/610$). And also, t calculated for goal variable was significant in 0/01 level ($t=2/862$), so predictive power of anxiety and goal variables for general health was statistically significant.

Also, for the estimation of anxiety, dimensions of emotion regulation and psychological hardiness scores of students, we used stepwise multiple regression approach. The results related to ANOVA test significant of total regression model are shown in table 6 and multiple regression analysis of indicators is shown in table 7.

Table 6: ANOVA test for significance of regression

Statistically significant changes in the source	Sum of squares ss	Degrees of freedom df	Ms mean square	Ms mean square	Significant level
Anxiety variable regression	4251/531	1	4251/531	53/755	0/001
Remaining	12496/413	158	79/091		
Sum total	16747/944	159	-		

Table 7: Stepwise multiple regression analysis of indicators

Variables	R	R ²	B	β	t	Significant level
Anxiety	0/504	0/254	-	-	-7/332	0/001
			0/395	0/504		

According to the results in Table 6, F calculated of anxiety variable was significant in 0/01 level ($f(1,158) = 53/755$, $p=0/01$, so with 99% probability we came to this conclusion that there was relationship

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between anxiety and psychological hardiness and anxiety variable had predictive power of criterion psychological hardiness. According to the results in Table 7, t calculated for surveying slope of regression line (b) for anxiety variable was significant in 0/01 level ($t=-7/332$), so predictive power of anxiety variable for psychological hardiness was statistically significant.

DISCUSSION

The aim of this study was to surveying the relationship between emotion regulation with its major components, namely anxiety, general health and psychological hardiness. Results showed that anxiety, as the first factor, of emotion regulation, goals, impulse and strategies components, was able to predict general health and psychological hardiness. This was coordinated with the research that showed the relationship of these factors with general health (Mennin, 2006; Salters Pedneault and colleagues, 2006).

According to the research hypotheses and as the achieved relations have shown, there was relationship between dimension of emotion regulation and general health, and also there was significant negative relationship between anxiety and psychological hardiness. The impact of difficulties in emotion regulation on creating psychological pressure was coordinated with generalized anxiety of researchers (Mennin, 2006; Salters Pedneault and colleagues, 2006). On the other hand, high anxiety was correlated with increasing in depression symptoms; sleep disorder, physical symptoms and decreasing of general health. This also was coordinated with earlier research of Hong 2006. The significant negative relationship between physical symptoms, anxiety, social functioning and depression symptoms with psychological hardiness was in line with findings of Funk and Hoston (1984), Matis and colleagues (1999), Kllak and Brudly (2004), Enzelicht (2006) and Kalantar (1998).

Also, there was relationship between anxiety and dimension of emotion regulation with general health, and its correlation and stepwise regression showed that the predictive power of anxiety and goal variable for general health was statistically significant; the (Rs) of anxiety and goals were respectively 11/9 and 16/2 percent, so anxiety and goals were predictive variables of students' general health. This was in line with Zargar's (2011) findings. And, there was relationship between anxiety and dimension of emotion regulation with psychological hardiness; its correlation and its stepwise regression showed that anxiety as the most effective variable has entered to the regression equation. It predicts -50/4 percent of criterion variables (psychological hardiness). Hardiness is the result of knowledge that a person has access to more resources to respond to stressors and it makes a person to consider the stressors realistically. Whatever one's sense of control over stressful events and anxiety is rising, the incidence of anxiety, especially in social situations is reducing. Hong (1995) examined the relationship between psychological hardiness and mental pressure and concluded that hardiness regulated mental pressure. This role of hardiness is related to strong person's strength, control, commitment and confidence resources. This person consider change of life positive.

Vardi (2001), in his study indicated that there was a significant negative correlation between hardiness and mental disorder like anxiety, depression and somatic complaints. So we can say that people who have been impaired in the field of general health component, they may have a lower hardiness in dealing with stressful events and use coping strategies regression.

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