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Article:	**Emotional Regulation, Decision Making, Self-Determination and Social Adjustment Among Asthma Patients. A Demographical Study**
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Abstract

Emotional regulation, decision making, self-determination and social-adjustment psychologically-based responses that assist an organism meet challenges and chances, and involve changes in individual experience, behavior, feeling and physiology. The present study was designed to highlight living place difference, marital difference and socio-economic difference among asthma patients on emotional regulation, decision making, self-determination and social-adjustment. For this purpose, data of N= 1000 asthma patients (male *n*= 500, female *n*= 500) was taken from different government, private, and semi government hospitals of Punjab Pakistan through purposive sampling. The information was obtained by Urdu version emotional regulation scale (Gratz& Roemer, 2004),decision making scale (Darden & Hall, 1996), self-determination scale (Wehmeyer, 1995) and social adjustment scale (Weissmanz&Bothwell, 1976). After the collection of data, t-test was used to analyze the data. The findings approximately supported the hypotheses. The results particularized that significant difference (**$p<.01$, ***$p<.01$) between emotional regulation, decision making, self-determination and social-adjustment in the terms of living place ((rural or urban) and also significant difference (**$p<.01$, ***$p<.01$) between emotional regulation, decision making, self-determination and social-adjustment in the term of marital status (married or unmarried) among asthma patients. Furthermore, attained significant difference (**$p<.01$, ***$p<.01$) between fourth constructs in the terms of socio economic difference (upper class or poor class) among asthma patients

Keywords: emotional regulation, decision making, self-determination, social adjustment Asthma patients

Introduction

Asthma is unique among the most public chronic illnesses of childhood or adulthood, distressing more than 6 million adults. Asthma is a long-lasting inflammatory lung illness that can cause frequent periods of cough, rattling and breathing trouble. During an serious asthma episode, the airway lining in the lungs develops inflamed and swollen. In adding, mucus production happens in the airline and muscles encircling the airway spasm. Mutual, these cause a decrease in air flow (Fleischer et al., 2016; Epstein et al., 2011;Spector&Nicklas, 1995).

Asthma is categorized by: Airway irritation: The airline converts red, swollen, and slim. Airway barrier: The muscles surrounding the air route tighten causing the airline to thin making it tough to inhale and exhale. Air network hyper-responsiveness: The muscles encompassing the airway answer more quickly and forcefully to small sums of allergens and pains (Kaur, 2016; Akhil, 2017).

Many environmental features have been linked with asthma's expansion and exacerbation, counting, allergens, air pollution, and extra environmental chemicals (D'amato&Cecchi, 2008). Smoking during pregnancy and after transport is allied with a greater threat of asthma-like signs (Elsom, 2014). Short oxygen quality from environmental influences such as traffic contamination or high ozone ranks has been related with both asthma expansion and improved asthma severity (Leikauf, 2002).

Population;

Questionnaires were used to collect data from different government, private, and semi government hospitals of Punjab Pakistan through purposive convenient sampling different hospitals of Punjab Pakistan. The total participants were 1000 patients. Correlation/ comparative research design was used to measure the relationship among emotion regulation, decision making, social adjustment, and self-determination in asthma patients and find out the predictive role, gender differences and residence differences in research variables.

Hypothesis:

1. There would be a significant difference in self-determination, decision making, social adjustment and emotion regulation in terms of living place among asthma patients.
2. There would be a significant difference in self-determination, decision making, social adjustment and emotion regulation in terms of marital status among asthma patients.
3. There would be a significant difference in self-determination, decision making, social adjustment and emotion regulation in terms of socio-economic status among asthma patients.

Methodology

Thecross-sectional research design was used.The sample size was 1000 (male=500, female=500) asthma's patients and collected from different governments, private hospitals and clinics of different hospitals or clinics of Punjab Pakistan in 2018-2020. Sample was designated by a purposive sampling technique. The inclusion criterion for the current finding was diagnosed asthmatic patients. Collected data was analyzed by applying t-test through the statistical package for social science version 25 (SPSS). In addition to a form for recording demographic and contextual characteristics of patients (age, gender, education, marital status, living area, economical status, treatment mode and duration of treatment) a reliable and valid questionnaire was applied including emotional regulations scale, decision making questionnaire, self-determination questionnaire and social adjustment scale.

Measures

The following measures were used to assess the levels of emotional regulation, decision-making, social adjustment and emotion regulation among asthma patient

Demographic Sheet

Demographic sheet was used to collect demographic information of participants related to such as age, gender, education level, duration of illness, duration of treatment, mode of treatment, living place, family structure and socio-economic status were taken as demographics.

Social Adjustment Scale

For measuring Social adjustment scale a simple measure of impairment in functioning (Weissman, 1976).

Emotional Regulation Scale

For measuring the Emotional regulation scale is a widely used self-report measure of subjective emotion ability (Thompson, 1994).

Self-determination scale

For measuring Self-determination scale (SDS) was designed to assess individual differences in the extent to which people tend to function in a self-determined way (Arc, 1995).

Decision-making scale

For measuring the Decision-making scale process acquired through experiences descriptive measure to define the conceptual domain of informed decision making (LDC Darden, 1996).

Operational Definition

Emotion regulation

Emotion regulation is the conscious or non-conscious control of emotion, mood, or affect. Conscious control is an active thought process or a commitment to behavior to control individuals' emotions, also known as a coping mechanism. Non-conscious control means thoughts and behaviors don't control, like temperament and how some people are just not very emotional (Gross, 2008).

Operationally the high score on emotion regulation scale indicates a high emotional regulation and low scores on the emotional regulation scale indicate poor emotional regulation of subjective.

Social adjustment

Social adjustment is an effort made by an individual to cope with the standards, values, and needs of a society to be accepted. It can be defined as a psychological process. It involves coping with new standards and values. In the technical language of psychology "getting along with the members of society as best one can" is called the adjustment (Jain, 2012).

Operationally the high score of social adjustment scale indicates a high ability of social adjustment and low scores of social adjustment scale indicate impairment social adjustment of the subject.

Decision making

Decision-making is the process whereby an individual, group or organization reaches conclusions about what future actions to pursue given a set of objectives and limits on available resources. This process will be often iterative, involving issue-framing, intelligence-gathering, coming to conclusions and learning from experience (Kaplin et al., 2019).

Operationally the high score on the decision-making scale indicates exceptional decision and low scores of decision-making scale indicates poor decision-making ability of subjective.

Self-determination

Self-determination, as a psychological construct, refers to volitional actions taken by people based on their own will, and self-determined behavior comes from intentional, conscious choice, and decision (Garrels et al., 2019).

Operationally the high score on self-determination scale indicates high self-determination and low scores of self-determination scale indicate poor self-determination of subjective.

Results

Table No 1

Independent sample t test of emotional regulations, decision making, self-determination and social adjustment in Asthma patients on living place (N=1000).

	Rural		Urban				95% C.I		
DV	*M*	*SD*	*M*	*SD*	*t*	*p*	*LL*	*UL*	*Cohen's d*
E.R	43.44	14.92	46.39	11.65	-3.49***	.000	-4.603	-1.293	0.2210
D.M	77.62	14.38	80.50	13.19	-3.23**	.001	-4.617	-1.132	0.2210
S.D	24.60	4.60	26.03	6.27	-3.89***	.000	-2.146	-.708	0.2660
S.A	104.74	11.45	106.66	13.19	-2.37**	.01	-3.513	-.336	0.1554

Note: M =Mean; CI = Confidence Interval; LL =Lower limit; UL= Upper limit; E.R= Emotional regulations, D.M= Decision Making, S.D= Self Determination, S.A= Social Adjustment.

Table no. 1 showed that there was significant difference on Emotional Regulations Scale

(ERS), [t (-3.49) = -3.32, p= .000] among rural and urban asthma patients.

There was significant difference on Decision Making Scale (DMS), [t (-3.23) = -3.18, p=.001] among rural and urban asthma patients.

There was significant difference on Self Determination Scale (SDS), [t (-3.89) = -4.14, p=.000] among rural and urban asthma patients.

There was significant difference on Social Adjustment Scale (SAS), [t (-2.37) = -2.44, p=.01] among rural and urban asthma patients.

Table No 2

Independent sample t test of emotional regulations, decision making, self-determination and social adjustment in Asthma patients on marital status group (N=1000).

	Married		Unmarried				95% C.I		
DV	*M*	*SD*	*M*	*SD*	*t*	*p*	*LL*	*UL*	*Cohen's d*
E.R	44.41	14.54	46.16	11.18	-2.106*	.03	-3.382	-.119	0.1349
D.M	77.51	14.01	81.52	12.67	-4.629**	.000	-5.716	-2.312	0.3226
S.D	24.96	13.11	26.96	5.21	-3.002**	.003	-1.791	-.375	0.2004
S.A	104.74	11.80	107.26	13.27	-3.177**	.001	-4.076	-.963	0.2006

Note: M =Mean; CI = Confidence Interval; LL =Lower limit; UL= Upper limit; E.R= Emotional regulations, D.M= Decision Making, S.D= Self Determination, S.A= Social Adjustment.

Table no. 2 showed that there was significant difference on Emotional Regulations Scale

(ERS), [t (-2.106) = -2.14, p=.03] among married and unmarried asthma patients.
There was significant difference on Decision Making Scale (DMS), [t (-4.629) = -4.654, p=.000] among married and unmarried asthma patients.
There was significant difference on Self Determination Scale (SDS), [t (-3.002) = -2.962, p=.003] among married and unmarried asthma patients.
There was significant difference on Social Adjustment Scale (SAS), [t (-3.002) = -2.962, p=.003] among married and unmarried asthma patients.

Table No 3

Independent sample t test of emotional regulations, decision making, self-determination and social adjustment in Asthma patients on Socio-economic group (N=1000).

	High		Low				*95% C.I*		
DV	*M*	*SD*	*M*	*SD*	*t*	*p*	*LL*	*UL*	*Cohen's d*
E.R	43.92	12.00	46.41	13.99	-3.00**	.002	-4.114	-.866	0.1910
D.M	77.88	12.72	80.71	14.49	-3.25**	.001	-4.538	-1.124	0.2075
S.D	25.09	5.15	25.80	6.15	-1.97**	.04	-1.422	-.005	0.1251
S.A	104.34	11.92	107.33	12.96	-3.79**	.000	-4.542	-1.443	0.2321

Note: M =Mean; CI = Confidence Interval; LL =Lower limit; UL= Upper limit; E.R= Emotional regulations, D.M= Decision Making, S.D= Self Determination, S.A= Social Adjustment..

Table no. 3 shows that there was significant difference on Emotional Regulations Scale (ERS), [t (-3.00) = -2.14, p= .002] among higher class and lower class asthma patients.

There was significant difference on Decision Making Scale (DMS), [t (-3.25) = -3.273, p=.001] among higher class and lower class asthma patients.
There was significant difference on Self Determination Scale (SDS), [t (-1.97) = -1.99, p=.04] among higher class and lower class asthma patients.
There was significant difference on Social Adjustment Scale (SAS), [t (-3.79) = -3.80, p=.000] among higher class and lower class asthma patients.

Discussion

In Pakistan we lack factual knowledge regarding the significant difference between emotional regulations, decision making, social adjustment and self-determination in terms of marital status, living area and Scio-economic status among asthma patients; therefore, this study was designed keeping in mind this gap in the literature. The results obtained supported approximately all hypotheses and gave research-based evidence for the initial assumptions as discussed below. The present study provides important implications for future work and policymaking related to enactment, restoration and inhibition programs to reduce the harmful psychological or medical effects of any future disasters related to the asthmatic patient.

The results of the present study support the first hypothesis and indicate that significant difference between emotional regulation, decision making, self-determination and social-adjustment in the terms of living area((rural or urban) among asthma patients. A previous study revealed that significant difference existed between rural and urban individuals on emotional regulation. Further rural youth exhibit positive emotional health and remain positive in their later age, the study underscores the important role that family, peers, school, and the community environment play for rural youth's emotional health over time (Wang et al., 2018).

Johnsen, (2011) conducted a study to explore the concept of emotion regulation in natural environment. Study demonstrated executive functioning and certain aspects of self-regulation are fundamental for emotion regulation, and research indicates that exposure to nature may have a beneficial impact on these functions, the previous context reveals that natural (rural) environment promote positive emotional regulation.Ames et al., (2014) did research on rural compared to urban home community results suggest that Proximal rural students report better social adjustment than urban students

Verma (2008) conducted a study on rural and urban elderly people; urban elderly were more satisfied with the past. Urban elderly experience more independence, better social relations, environment and total quality of life as compared to rural elderly. Through independence better social relation, environment and total quality of life urban elder people possess more social adjustment than rural elder people, it shows that previous literature are supporting with the results of current findings

The results of the current study supported the second hypothesis and indicated significant difference between emotional regulation, decision making, self-determination and social-adjustment in the terms of marital status among asthma patients.

Results also revealed a complex pattern and significant difference ($p < .05$) of emotional responses in unmarried individuals than married individuals (August, &Sorkin, 2010). So other studies find evidence of worse health behaviors during chronic illness among married individual (Franks et al., 2006, Helgeson et al., 2004, Thorpe et al., 2008). Another study explored significant difference in self-adjustment and decision making among married diabetic patients (Nell, 2014).

Shortly it can conclude through the above findings that significant difference of emotional regulation, decision making self-adjustment self-determination exist in unmarried individuals during illness.

No studies to date have investigated the significant difference on emotional regulation, decision making self-adjustment self-determination at in higher class asthma patient versus poor class asthma patient but current finding has explored that significant difference on emotional regulation, decision making self-adjustment self-determination between upper class asthma patient and poor class asthma patient.

But some researches are not in line with the current study, as previous studies were conducted on another population but the current study has been conducted on chronic asthma patients. Another reason that social and religious norms vary population to population and other environmental effects or cultural behaviors also become the cause of current results or differences..

Conclusion

There was significant difference *(**p<.01,***p<.01)* between emotional regulation, decision making, self-determination and social-adjustment in the terms of living place ((rural or urban) and marital status (married or unmarried) among asthma patients. Furthermore, significant difference *(**p<.01,***p<.01)* between emotional regulation, decision making, self-determination and social-adjustment in the terms Socio economic status (upper class or poor class) among asthma patients

Limitations and implications

The present study was conducted only on adolescents and adults while neglected other age groups and studied only age, gender, socioeconomic, living place, marital status and educational differences in asthmatic patients, while other demographic variables were not studied. Another limitation of the current research is that it did not give information on the interaction effect of demographic variables; it only gave comparative differences based on demographics. So, the next researcher may also try to find out the interaction effect.

The findings of the present study have direct implications for the social functions of asthmatic patients It gives more awareness concerning the importance of emotional regulation, decision-making self-determination and social adjustment about asthmatic patient The results of this study would help clinical psychologists, counselors and other medical health professionals in their diagnosis

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