

Emotional regulation, Thought control and Coping mechanism among Smokers and Non smokers

Aadila Subair, Jessa James*

Post Graduate Department of psychology, Kristu Jyoti College of Management and Technology, Chethipuzha, Kottayam, Kerala 686104

Abstract

Tobacco is the foremost preventable cause of death and disease in the world today killing half of people who use it. The aim of the present study is to examine the emotional regulation, thought control, and coping mechanisms among smokers and non- smokers. Smoking reduces lung function, which lowers immunity and makes it more difficult for the body to fight off several diseases. Because smoking damages upper airways and lowers pulmonary immune, function, using e-cigarettes, smokeless tobacco, pan masala, and similar items can increase the risk and severity of pulmonary infections. Excessive smoking can lead to psychological- distress and impairment. This includes impaired emotional regulation, thought control and failure to use coping styles. For understanding these changes, a quantitative study was conducted to examine the emotional regulation, thought control, and coping strategies among smokers and non-smokers. The sample of present study consist of 30 smokers and 30 non-smokers with the age group of 20-35 years. The samples were collected using convenient sampling. Emotional Regulation Questionnaire (ERQ), Thought Control Questionnaire (TCQ), and Brief Cope were used in the study as tools. The data was analyzed using SPSS. Mann Whitney U test were used to analyze the data. The study found that there is no significance between the emotional regulation, thought control, and coping mechanism among smokers and non- smokers. But by analyzing the mean score it was found that the brief control, and emotional regulation were high among non-smokers when compared to smokers and thought control were high among the smokers.

Key words: *emotional regulation, thought control, brief cope, smokers, non-smokers, tobacco.*

Introduction

Tobacco is the foremost preventable cause of death and disease in the world today, killing half of the people who use it. According to the Global Adult Tobacco Survey-India (GATS2), over 27 crore people use tobacco in India, making it the world's second-largest producer and consumer of tobacco products. According to the WHO Global Report (2012) on "Tobacco Related Mortality," In India, tobacco use is a contributing factor in 7% of all fatalities among those aged 30 and older. Tobacco use affects the nation's economic development in addition to the deaths and illnesses it causes. According to studies done by this Ministry, the total economic costs associated with tobacco use from all illnesses and deaths in 2011 were INR 104,500 crores, which is a significant financial burden for a developing nation like India to bear.

The use of tobacco enhances the severity of respiratory disorders and puts people at risk for various respiratory infections. Over 7000 compounds, including over 69 that are known to cause cancer, are found in tobacco smoke, including secondhand smoking. Different immune cell types involved in both a broad and specific immunological response are suppressed by the chemicals in tobacco smoke. Smoking reduces lung function, which lowers immunity and makes it more difficult for the body to fight off several diseases. Because smoking damages upper airways and lowers pulmonary immune function, using e-cigarettes, smokeless tobacco, pan masala, and similar items can increase the risk and severity of pulmonary infections.

Excessive smoking can lead to psychological distress and impairment. This includes impaired emotional regulation, thought control and failure to use coping styles. The capacity to control emotion is important for human adaptation. Some people keep their emotions from showing during social interactions. The authors' analysis suggests that expressive suppression should disrupt communication and increase stress levels. Suppression also reduces rapport and inhibits relationship formation. As in smokers and non – smokers, smokers have no idea of which emotions they have, when they have them, and the amount that they experience. As in non - smokers they have a good emotional regulation when compared to smokers. The Emotion Regulation Questionnaire (ERQ) mainly measures cognitive reappraisal and expressive suppression. Cognitive reappraisal is defined as a form of cognitive change that involves constructing a potentially emotion eliciting situation in a way that changes its emotional impact (Lazarus & Alfert, 1964). Expressive suppression is a form of response modulation involving inhibiting ongoing emotion expressive behavior (Gross, 1998). The promotion and maintenance of smoking behavior is determined by important psychological factors and negative effects. Most of the adult population believe that smoking could alleviate unpleasant feelings, greater positive mood, and fewer depressive symptoms. They are not ready to face the problem, rather they suppress it and use alternative methods like cigarette smoking to mitigate anxiety, tension aroused due to social situations. Frequent suppression was related to longer smoking behavior.

Emotional regulation can also have an effect on thought control. thought control in smokers and non – smokers are different, thought control can be defined as a person's ability to inhibit one's own unpleasant or unwanted intrusive thoughts. Smokers mainly use thought suppression to control their thoughts and behavior. When compared to non – smokers with smokers, smokers are less able to control their thoughts. The thought control questionnaire (TCQ) by Wells and Davies (1994) represents a unique measure of habitual strategies to control one's unwanted thoughts, but its psychometric properties have not yet been exhaustively tested. Increased amounts of intrusive or negative and subjectively uncontrollable thoughts have been identified as a key -characteristics among smokers. Cognitive functioning of thought control processes may help to explain the relative inability of smokers to control their thoughts. Thought suppression is described as a potentially dysfunctional strategy that can bring about paradoxical and counterproductive effects.

Effective use of coping strategies among smokers is also impaired when compared to non – smokers. Coping strategy is an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one's reaction to such a situation. Smokers are not ready to face problems, instead they approach problems in different ways.

The Brief COPE inventory was adapted by Carver C. S (1997) with a 28 items self – report questionnaire designed to measure effective and ineffective ways to cope with stressful life events. People put effort into minimizing distress associated with negative life experiences termed as coping. Brief COPE helps us to know how patients are emotionally responding to a serious circumstance. The scale mainly measures problem focused coping, Emotion focused coping, and Avoidant coping. Avoidant coping include subscales of denial, substance use, venting, behavioral disengagement, self-distraction and self-blame. Approach coping include subscales of active coping, positive reframing, planning, acceptance, seeking emotional support, and seeking informational support. problem focused coping includes active coping, use of informational support, planning, and positive reframing. Emotional focused coping includes use of emotional support, venting, humour, acceptance, self-blame, and religion.

Objectives

The objective of the study is to assess significant differences in emotional regulation, thought control and coping mechanisms among smokers and non - smokers.

Hypotheses

Alternate hypothesis: There exist a statistical difference in emotional regulation, thought control and coping mechanism among Smokers and Non – smokers.

Null hypothesis: There exist no statistical difference in emotional regulation, thought control and coping mechanism among Smokers and Non – smokers.

Method

This study explored the emotional regulation, thought control and coping mechanisms among smokers and non -smokers. For this purpose, a survey has been conducted among smokers and non-smoker. The age of the participant was 20-35 years. The sample of the study consists of 30 smokers and 30 non-smokers. The inclusion criteria were smokers of age 20 to 35 who continuously or gradually smoked. The study excluded ex-smokers of age 20 to 35.

Administration

All the participants were asked to fill the questionnaire provided along with personal information. There are three questionnaires. The first one is Emotional Regulation Questionnaire (ERQ), second one is the Thought Control Questionnaire (TCQ), and Brief Cope. Ask the participant to read the instruction carefully and mark the appropriate response. No questions are allowed to be left unmarked.

Scoring

The scores of ERQ assess cognitive reappraisal and social suppression. Items that measure reappraisal are 1,3,5,7,8,10 and Items that measure suppression are 2,4,6,9. The TCQ measures five factors that correspond to different strategies for controlling unwanted thoughts. The five factors are distraction, punishment, worry and Re - appraisal. These sub- scales are scored simply totaling the numbers endorsed by respondents. The social control sub - scale contains three reverse scored items (5, 8 and 12). A total TCQ score can be obtained by summing the individual sub - scales. Brief coping includes three subscales that are problem focused coping, Emotion focused coping and avoidant coping. Scores are presented for three overarching coping styles as average scores (sum of items scores divided by number of item), indicating the degree to which the respondent has been engaging in that coping style.

Procedure

The questionnaires were administered to the participant through online. Prepared google form containing all essential details regarding the questionnaires. Confidentiality is maintained through the google form and makes sure that all demographic data and all the questions in the questionnaire are filled before collecting the response. There is no time limit provided for them. The data collected were converted into spreadsheets, and analyzed using the statistical software SPSS – 25 Version. Descriptive statistics was done as well as inferential statistics in which Mann Whitney U- tests were done to analyze the difference between two groups .

Statistical analysis

The data was analyzed using SPSS. Mann Whitney U test was used to analyze significant differences between two independent groups.

Results**Table 1**

Mean rank, U- value, and P-value of the emotional regulation, thought control, and brief control among smokers and non- smokers.

Variable	Group	Mean of rank	Sum of rank	U- Value	P-Value
Emotional Regulation	Smokers	27.14	868.50	340.500	0.109
	Non-smokers	34.34	953.50		
Thought Control	Smokers	31.34	1009.00	415.000	0.624
	Non – Smokers				
Brief cope	Smokers	29.32	821.00		
	Non smokers				
		27.39	876.50	348.500	0.140
		34.05	953.50		

Discussion

Table 1 indicates the mean rank, U-value, and P-value of emotional regulation, thought control, and brief cope of smokers and non-smokers. The mean rank of emotional regulation of smokers is 27.14 and of non-smokers is 34.34. The U-value of emotional regulation is 340.500. The P-value of emotional regulation is 0.109.

The mean rank of thought control in smokers is 31.53 and 29.32 for non-smokers. The U value of thought control is 415.00. The P-value of thought control is 0.624.

The mean rank of brief cope in smokers is 27.39 and for non-smokers is 34.05. The U-value of brief cope is 348.500. The P-value of brief cope is 0.140.

In the modern world tobacco is the foremost preventable cause of death and disease. Using tobacco causes many biological and psychological problems. Most people are not aware about the psychological causes of tobacco. This research aims to study some of the psychological causes of tobacco like problems with emotional regulation, thought regulation and coping mechanisms among smokers and non - smokers. The table shows no significant difference between smokers and non-smokers in emotional regulations, thought control and coping mechanisms. This may be due to the fact that using tobacco could help people to regulate their emotional and thought control thereby having good coping mechanisms. By using tobacco they could have a good well established healthy control just like non - smokers. By analyzing the result with mean score there exist significant differences in smokers and non - smokers.

Coping mechanisms, emotional regulation and thought control of smokers is less than non - smokers due to the use of tobacco may reduce anxiety at the initial stage of use but continuous use of tobacco may reduce the initial effects and gradually lead to other psychological distress. Continuously occurring negative thoughts and intrusive thoughts may increase in smokers. Thus may also affect self-control of behaviors such as rethinking a challenging situation. Rethinking helps to reduce anxiety and anger. In the case of a smoker rethinking is not possible therefore they couldn't reduce anxiety and anger.

This indicates that they can't exert control over one's own emotional state. Smokers have less ability to control their own unpleasant or unwanted intrusive thoughts compared to non - smokers. Due to

high stimulations in the brain areas caused by excessive use of tobacco. All these may lead to less effective coping among smokers. They may not have effective control over their internal and external stressful situations. The mean score indicates that the psychological component like emotional regulation, thought control and coping mechanisms are high in non - smokers.

Implications

The study implies that there are no significant differences in emotional regulation, thought control and coping mechanisms among smokers and non - smokers.

Conclusion

Smokers have less emotional regulation, thought control and coping mechanism compared to non – smokers

Limitation of the study

- The study was conducted in a very short span of time.
- Only adult populations were included in the study
- Sample size were small not generalized in larger population

Scope for Further Study

Further study can be done in casual smokers and moderate smokers. Age group can be extended for further study.

References

- [1] Action on Smoking and Health (2013). *Smoking and reproduction*. London. ASH; Retrieved from http://www.ash.org.uk/files/documents/ASH_112.pdf
- [2] Evans, W.D., Hersey, J., Ulasevich, A., & Powers, A. (2000). What youth think about smoking: Results from the 1999 National Youth Tobacco Survey American Legacy Foundation, Washington, DC.
- [3] Hughes JR, Hatsukami DK, Mitchell JE, Dahlgren LA. Prevalence of smoking among US Department of Health and Human Services. *Health Consequences of Smoking Cessation: A Report of the Surgeon General*. Washington, DC: Government Printing Office; 1994:124.
- [4] Romer, D., & Jamieson, P. (2001). Do adolescents appreciate the risks of smoking? Evidence from a national survey. *Journal of Adolescent Health*, 29(1), 12-21.