

Self-esteem and Cognitive Emotion Regulation of Young Adults in Bangladesh

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ABSTRACT

The present study investigated the relationship between self-esteem and cognitive emotion regulation strategies of young adults in Bangladesh. A sample of 150 (80 male & 70 female) young adults, age ranged was 19-27 ($M = 21.2$, $SD = 2.96$) years, were selected purposively from different public university of Dhaka City in Bangladesh. In order to measure the variables, a self-developed demographic questionnaire, adapted Bangla version of cognitive emotion regulation scale (Garnefski, Hossain, & Kraaij, 2017) and self-esteem scale (Ilyas & Huque, 2007) were administered on the respondents. The cognitive emotion regulation scale has 9 subscales: positive refocusing, refocus on planning, positive reappraisal, putting into perspective, acceptance, self-blame, rumination, catastrophizing, and other blame. Obtained data were analyzed using descriptive and correlational analyses through SPSS version 20. The highest and lowest mean scores of cognitive emotion regulation strategies were positive reappraisal ($M = 13.69$) and blame other ($M = 9.71$) respectively used by young adults. Results indicated that there were significant positive correlations among self-esteem and positive refocusing ($r = 0.293$, $p < .01$); refocus on planning ($r = 0.165$, $p < .05$); positive reappraisal ($r = 0.233$, $p < .01$) and putting into perspective ($r = 0.240$, $p < .01$). The findings also revealed significant negative correlation exist between self-esteem and acceptance ($r = -0.162$, $p < .05$), self-blame ($r = -0.197$, $p < .05$); rumination ($r = -0.350$, $p < .01$), catastrophizing ($r = -0.382$, $p < .01$), and other blame ($r = -0.180$, $p < .05$). Further, the finding also indicated that high and low self-esteemed adults were used reappraisal and worry focused strategies. Therefore, self-esteem of adults may be improved through psychological intervention.

Keywords: Cognitive emotion regulation, Self-esteem, Young adult

Cognitive emotion regulation refers to the regulation of emotion in conscious manner (Garnefski & Kraaij, 2007) by cognitive processes during or after experienced a negative event (Garnefski, Kraaij, & Spinhoven, 2001). Several models have been developed in

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describing cognitive emotion regulation. Among them the most comprehensive model of cognitive emotion regulation strategies is provided by Garnefski and colleagues in 2001 (Garnefski & Kraaij, 2007). They outlined nine cognitive strategies of regulating emotion as (1) positive refocusing, (2) refocus on planning, (3) positive reappraisal, (4) putting into perspective, (5) acceptance, (6) self-blame, (7) rumination, (8) catastrophizing, and (9) other blame. They considered acceptance, positive reappraisal, putting into perspective, positive refocusing, refocus on planning as adaptive cognitive coping strategies and self-blame, blaming others, rumination, catastrophizing as maladaptive cognitive coping strategies. Here '*positive refocusing*' considered as a cognitive process in which an individual focus on positive experiences what they have experienced,, '*refocus on planning*' referring the thoughts about what steps to take in order to deal with the event, '*positive reappraisal*' referring the thoughts of positive attributing, '*putting into perspective*' referring the thoughts there are worse negative things in the world comparing to experienced events '*acceptance*' referring the thoughts to accept the reality what has happened, '*self-blame*' referring the thoughts where an individual attributes the occurrence of a stressful event to oneself, '*rumination*' referring being preoccupied about the negative event, '*catastrophizing*' referring the thoughts about how terrible the event has been experience, and '*other-blame*' referring the thoughts of putting the blame on others. Following the nine cognitive coping strategies Garnefski and colleagues developed the Cognitive Emotion Regulation Questionnaires (CERQ) in 2001 to operationalize cognition emotion regulation of the respondents. It is a self-report Questionnaires.

Self-esteem refers to person's overall sense of self- worth how person valuing and perceiving themselves (Hewitt, 2009). It holds the belief about ones' self. In psychology, self-esteem reflects a person's positive or negative subjective emotional evaluation and attitude toward the self as in how we feel about it (Smith, Mackie, & Claypool, 2014). Baumeister, Smart, and Boden (1996) introduce the characteristics of healthy and low level of self-esteem. They mentioned that people with healthy level of self-esteem firmly believe in certain values and principles, and are ready to defend them even when finding opposition, feeling secure enough to modify them in light of experience, are able to act according to what they think to be the best choice, trusting their own judgment, and not feeling guilty when others do not like their choice, do not lose time worrying excessively about what happened in the past, nor about what could happen in the future. They learn from the past and plan for the future, but live in the present intensely. On the other hand a person with low self-esteem tend to be show some characteristics as heavy self-criticism and dissatisfaction on them, hypersensitivity to criticism, an exaggerating the magnitude of past mistakes or exaggerated fear of mistakes, pessimism and a general negative outlook etc. They need positive external experiences (compliments from friends) to counteract the negative feelings and thoughts that constantly outbreak them. To deal with emotions people engage in different cognitive emotion regulation strategies and these strategies impact their feelings and well-being.

Self-esteem is an important psychological factor which affects to cognitive regulation of emotion. Persons wellbeing as self-esteem has been found to be correlated with adaptive regulation strategies of university students (Panahia, Yunusb, & Panahic, 2016). High self-esteem mostly correlated with adaptive strategies and low self -esteem is correlated with maladaptive strategies. Self-blame is one kind of maladaptive cognitive strategies because it undermines self-esteem and fills feelings of helplessness (Burt & Katz, 1988). Individual with low self-esteem likely experience more negative effect when thinking about themselves it might increase the ruminative thought. The reviewed research on the impact of self-esteem, emotional expressivity, and emotion regulation on performance suggests that further

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empirical research in different areas is still needed to answer not only the question of whether they influence performance, but also when and how.

Rationale of the study

This study was aimed to find out the relationship of self-esteem and cognitive coping strategies of adult students. Though the number of studies in this field is very few and does not fulfill its necessity. If we take our country in account this is rare in Bangladesh. But as a culturally and economically different country like as Bangladesh whereas people have to face many challenges throughout their lives, particularly, in adult period. People in our country are also less conscious using their coping strategies in a particular situation and it is often seen to neglect their mental health. So, now it is crucial to address the relationship among cognitive emotion regulation strategies and self-esteem. Findings of the present study will contribute to conduct new research, help to take specific steps to meet the challenges facing by adult people and boost to make new policy for better well-being.

Objective

The present study was designed to investigate the relationship between self-esteem and cognitive emotion regulation strategies. The specific objective were

- i) To investigate the relationship among self-esteem and cognitive emotion regulation strategies namely positive refocusing, refocus on planning, positive reappraisal, putting into perspective, acceptance, self-blame, rumination, catastrophizing, and other blame
- ii) To explore the relationship among self-esteem and reappraisal focused, and worry focused cognitive emotion regulation strategies
- iii) To findout which cognitive emotion regulation strategies was used maximum in different level of self esteem

METHODOLOGY

Participants

This research was conducted on a sample of 150 (80 male & 70 female), young adults selected from different public universities of Dhaka city, whose ages ranged from 19 to 27 years (mean age 21 years and 2 months; SD= 2.96). While the universities were selected purposively, the respondents within each institution were selected conveniently. The present study was conducted by following the cross- sectional survey design.

Measuring Instruments

For present investigation two key instruments, adapted Bangla version of Cognitive emotional regulation scale and Self-esteem scale were used for data collection. These are as follows:

- **The adapted Bangla version of Cognitive emotional regulation scale.** An adapted Bangla version (Garnefski et al., 2017) of the cognitive emotion regulation scale was used for the present investigation originally developed by Garnefski, and Kraij in 2001 (Garnesfski & Kraaij, 2007). This tool comprises 36 items for measuring coping strategies covering cognitive emotion regulation of an individual. Total number of items of the scale comprised 9 subscales which measures nine different aspects of cognitive emotional regulation i.e. 1. self-blame (items 1,10,19,28); 2. Acceptance (items 2,11,20,29); 3.rumination (items 3,12,21,30); 4. Positive refocusing (items 4, 13, 22, 31); 5. refocus on planning (items 5,14,23,32); 6. positive reappraisal

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(items 6, 15, 24, 13); 7. Putting into perspective (items 7,16,25,34); 8.catastrophizing (items 8,17,26,35); 9.other blame (items 9,18,27,36). Further, the cognitive emotion regulation questionnaire (CERQ) were divided into two composite scale. “Total Reappraisal focused strategies” consist of four subscale- positive refocusing, refocus on planning, positive reappraisal, putting into perspective, and “Total worry focused strategies” consists of three sub scale-self-blame, rumination, catastrophizing. Respondents responses on each item was measured using a Likert scale that ranged from “never” (1), “sometimes” (2), “regularly”(3), “often”(4), to “almost”(5). For each subscale score 4 to 20, indicates the extent to which a certain cognitive emotion regulation strategies is used. Reliability (Cronbach) values of this Bangla version are ranged from 0.68 to 0.83(Garnefski et al., 2017).

- **The adapted Bangla version of Self-esteem scale.** The adapted Bangla version (Ilyas & Huque, 2007) of the self-esteem scale (Rosenberg, 1965) was used to measure the feeling of self-worth or self-acceptance of adolescents’ and adults. This measuring tool contains 10 items (5 positive & 5 negative) rated on a four-point response format (‘strongly agree’, ‘agree’, ‘disagree’, and ‘strongly disagree’. For positive items, score “1” indicate ‘strongly disagree’, score “2” indicate ‘disagree’, score “3” indicate ‘agree’ and score “4” indicate ‘strongly agree’. For negative items scoring was in reverse order. The sum of the score of all items was the total score of the scale for an individual. Resulting in a scale range 10 to 40 with higher score indicate high self-esteem. The reliability of the Bangla version of the self- esteem scale was found significant ($r = 0.87$) which indicates high internal consistency of the Bangla version scale. Further, the content validity of the Bangla version of the tool measured through the subject experts’ opinions selected from two public universities.

Procedure

Standard data collection method was followed in the present study. At first, permission was taken from participant and necessary rapport was established. Before participate in the task they were informed about the purposes and necessity of the present study in the context of Bangladesh. Following permission, questionnaires were administered. Respondents finished the surveys at their own paces. The respondents were assured that their responses will be kept confidential and that there is nothing like right or wrong responses to any question. Finally, respondents were encouraged to ask questions coming in their minds during the task and they were informed of their right to withdraw from the study at any time. On average, respondents spent 30 minutes to complete the task. All the respondents were expressed gratitude toward and given a gift for their cooperation. However, it is mentionable that, a code number was given to each questionnaire before the data were examined. The data were stored in a secure area and access to the data was limited to the research team.

RESULTS

The present study was designed to investigate the relationship between self-esteem and cognitive emotion regulation strategies of young adults in Bangladesh. Obtained data were analyzed using descriptive and correlational statistics through SPSS 20 version. The results were provided in Table 1 through 2.

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Mean and standard deviations of self-esteem and CERQ subscales

The highest and lowest mean scores of cognitive emotion regulation strategy subscale were indicated young adults used mostly positive reappraisal ($M = 13.69$) and less used of blame other ($M = 9.71$) respectively. Mean and standard deviations of all scales are provided in table 1.

Table 1. Mean and standard deviations of self- esteem and CERQ subscales (N=150)

Variables	<i>M</i>	<i>SD</i>
Self esteem	28.47	3.77
Positive Refocusing	12.02	3.60
Refocus on planning	13.64	2.53
Positive Reappraisal	13.69	2.90
Putting into perspective	12.67	3.13
Acceptance	11.63	2.86
Self-blame	10.41	2.80
Rumination	12.43	3.26
Catastrophizing	10.71	3.23
Other blame	9.71	2.78

Pearson correlations

As shown in Table 2 there is significant positive correlation was found among self- esteem and positive refocusing ($r = .293, p < .01$), refocus on planning ($r = .165, p < .05$), positive reappraisal ($r = .233, p < .01$), and putting into perspective ($r = .240, p < .01$) of CERQ subscales. That means high self-esteem is related to positive refocusing, refocus on planning, positive reappraisal, putting into perspective, and positive reappraisal cognitive emotion regulation strategies. On the other hand, there is significant negative correlation is observed among self-esteem and the some components of cognitive emotion regulation respectively acceptance ($r = -.162, p < .05$), self-blame ($r = -.197, p < .05$), rumination ($r = -.350, p < .01$), catastrophizing ($r = -.382, p < .01$), and other blame ($r = -.180, p < .05$) in respectively. The result indicates that, person who has high self- esteem are rarely produced self- blame, they have rarely a tendency to accept faults, rarely attached in negative thinking involving in the current events, rarely put blame on the surrounded system and culture for the negative events that happened. It was also found positive correlation with self-esteem and “total Reappraisal focused strategies” ($r = .340, p < .01$) and negative correlation was found with self-esteem and “total Worry focused strategies” ($r = -.402, p < .01$) composite scale of cognitive emotion regulation scale. It describe adult who have high self-esteem were used reappraisal based regulations which was adaptive cognitive emotion regulation strategies and adult with low self-esteem were used worry focused based regulations strategies that was maladaptive cognitive emotion regulation strategy. The correlation coefficient is shown in following table.

Table 2. Pearson correlations among self-esteem and CERQ subscales

Variables	<i>r</i>
1. Self-esteem	-
2. Positive Refocusing	0.293**
3. Refocus on Planning	0.165*
4. Positive Reappraisal	0.233**
5. Putting into Perspective	0.240**
6. Acceptance	-0.162*
7. Self-blame	-0.197*

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Variables	<i>r</i>
1. Self-esteem	-
8. Rumination	-0.350**
9. Catastrophizing	-0.382**
10. Other Blame	-0.180*
11. Total Reappraisal Focused Strategies	0.340**
12. Total Worry Focused Strategies	-0.402**

Note: **correlation is significant at the .01 level (2-tailed).

*correlation is significant at the .05 level (2-tailed).

DISCUSSION

Aim was to study the relationship of self-esteem and cognitive emotion regulation strategies of adult students in Bangladesh. The findings supported that self-esteem was positively correlated with adaptive emotion regulation strategies (Min, 2013). Yalçinkaya-Alkar (2017) found that, the more frequent use of refocusing on planning and higher levels of self-esteem were related to lower levels of depression and also maladaptive cognitive emotion regulation strategies (self-blame, blaming others, rumination, and catastrophizing) were mediated by self-esteem on depressive symptoms. Another study indicates positive reappraisal (Nowlan, Wuthrich, & Rapee, 2015), is related to improve mental health for adults.

Individuals with high self-esteem use better self-regulation strategies than low self-esteem people (Baumeister, Campbell, Krueger, & Vohs, 2003). In other words, person who have high self-esteem may have more functional responses than person with low self-esteem (Cifuentes-Férez & Fenollar-Cortés, 2017). Higher self-esteem, well-being, psychological health, and social functioning are associated with adaptive cognitive emotion regulation strategies (Cifuentes-Férez & Fenollar-Cortés, 2017). In briefly, Individuals who generally use reappraisal as adaptive regulation strategies are more likely to experience and express greater positive emotion and fewer negative emotions (Cutuli, 2014). Person with high self-esteem may engender a broadened state of awareness that facilitates empowering interpretations of stressful life events. It may help to cope well with problems (Mikulincer, 2013). Whereas those who tend to use maladaptive regulation strategies are more likely to experience and express fewer positive emotions, though they experience greater negative emotion. Maladaptive cognitive emotion regulation strategies is related to worse social functioning, coping abilities, well-being, and lower self-esteem (Cutuli, 2014).

This result suggested that adaptive cognitive emotion regulation strategies are significant factors for coping in adulthood. This study provide suggestions for interventions. It suggested that self-concept enhancement techniques would be helpful to changing maladaptive cognitive emotion regulation. This intervention may reduce the risks of developing psychopathology during adulthood as previous study found maladaptive cognitive emotion regulation strategies were mediated by self-esteem on depressive symptoms (Yalçinkaya-Alkar, 2017). Also, it is necessary to develop mental health promotion programs in order to enhance adaptive emotion regulation strategies. However, this was the first study that focused on such relationships in context of Bangladesh. Finally, further studies needed to help adult to change their cognitive style.

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