

## Emotion Regulation and Distress Tolerance as Predictors of Caregiver Burden among Informal Caregivers

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### ABSTRACT

The main aim of this study is to investigate the role of emotional regulation and distress tolerance skills in impacting caregiver burden among informal caregivers. Informal caregivers are the main providers of care for the elderly. Caregiving for elderly and individuals with chronic illnesses often entails significant emotional challenges, yet the extent to which the caregivers' ability to regulate emotions and tolerate distress influences experience of burden remains understudied. A purposive sample of 135 caregivers from Chandigarh, Panchkula, Mohali and Delhi NCR was studied. The results revealed that overall, emotional regulation and distress tolerance impact the experience of burden by informal caregivers.

**Keywords:** *Emotion Regulation, Distress Tolerance, Caregiver Burden*

Caregiving is the act of providing care for the daily needs of someone that may be unable to care for themselves. It addresses the physical and emotional needs of someone that requires continuous support and attention. Those individuals who provide such assistance and support are called caregivers. Caregivers fall into two broad categories: 'formal' and 'informal' caregivers. Formal caregivers are paid for their services and have had training and education in providing care. This may include services from home health agencies and other trained professionals; whereas, Informal Caregivers, also known as family caregivers, can include a family member, neighbour, friend, or anyone with a personal relationship with the care recipient who volunteers their time and has no formal training in providing care.

Caregiving is a complex health care activity and, despite it being an internally rewarding experience, being an informal caregiver can be a challenging role. One of the foremost challenges that caregiving poses is the emotional toll it takes on the caregivers. The responsibility of meeting the diverse needs of the care recipient, from assisting with daily activities to addressing medical concerns, places considerable physical and mental strain on the caregiver. This responsibility of providing consistent care can lead to emotional exhaustion and burnout of informal caregivers. During such times ability to regulate one's emotions and tolerance to distress posed by the environment becomes crucial in maintaining

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a supportive and nurturing caregiving environment and preventing caregivers from succumbing to the emotional toll associated with the caregiving role.

### REVIEW OF LITERATURE

In a study by Brandão, T. (2024) the paper explores how family caregivers of individuals with dementia regulate their emotions, considering factors such as neuropsychiatric symptoms (NPS), attachment orientations, and emotion regulation strategies. The researchers found that caregivers tend to utilise expressive suppression more than non-caregivers. They discovered that NPS and attachment avoidance were linked to the use of expressive suppression as an emotion regulation strategy. The findings underscore the importance of psychological interventions aimed at supporting caregivers in managing their emotions.

Chukwuemeka et.al. (2024) examined how social support moderates the relationship between emotion regulation, psychological distress, and psychological well-being among caregivers of mentally challenged children. Results revealed that social support significantly moderated the relationship between emotion regulation strategies (specifically cognitive reappraisal and expressive suppression) and psychological well-being.

A study by Riffin C. et. al. (2019) aims to explore the factors contributing to caregiver burden from a multi-factorial perspective. The findings revealed that more than half reported experiencing burden related to caregiving. It suggests that the nature of caregiving tasks undertaken by caregivers of older adults with various health conditions shapes their experience of burden more than the specific chronic conditions of the care recipients, except for dementia.

In a study by Palacio C. et. al. (2018) the psychological distress of cancer patients and their caregivers, exploring factors such as cognitive reappraisal and expressive suppression. The results suggested a close relationship between burden, emotional distress, and adjustment problems in caregivers of cancer patients.

In a study by Ram, D. (2017) aiming at exploring the relationship between distress tolerance, caregiving burden, and self-management of health in women with mental illness, severe level of burden was found to positively predict the value of self-management of health. These results suggest that distress tolerance and burden play a significant role in the self-management of health among women with mental illness in remission.

Jeffries et.al. (2016) explored the relationship between distress tolerance (DT) and specific emotion regulation strategies among undergraduate psychology students. The results showed that low distress tolerance significantly predicted greater use of suppression, avoidance, and rumination.

### *Theoretical Framework*

Within the Transactional Model of Stress & Coping (TMSC), Lazarus & Folkman (1984) proposed a framework to understand how individuals, particularly informal caregivers, perceive and manage stressors. Stress is viewed as a dynamic process shaped by the interaction between individuals and their environment. Emotional Regulation, the process of monitoring, evaluating and modifying emotional experiences, and distress tolerance, the ability to endure emotional distress without resorting to maladaptive coping mechanisms are

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key components within this model. Effective emotional regulation and high distress tolerance enables caregivers to appraise caregiving stressors positively and employ adaptive coping strategies, thereby reducing caregiver burden. Conversely, poor emotional regulation and low distress tolerance may exacerbate the perceived burden among caregivers. This interplay underscores the significance of emotional regulation and distress tolerance in influencing caregiver burden within the TMSC framework.

### METHODOLOGY

**Aim:** This paper aimed at studying how emotional regulation & distress tolerance skills of informal caregivers are related to caregiver burden and how they impact the burden caused by process of caregiving in them.

#### *Objective:*

- To study the relationship between emotional regulation and caregiver burden of informal caregivers.
- To study the correlation between distress tolerance and caregiver burden of informal caregivers.
- To assess the effect of emotional regulation and distress tolerance on caregiver burden of informal caregivers.

#### *Hypothesis:*

- There will be a significant correlation between emotional regulation and caregiver burden of informal caregivers.
- There will be a significant correlation between distress tolerance and caregiver burden of informal caregivers.
- There will be a significant effect of emotional regulation & distress tolerance on caregiver burden in informal caregivers.

#### **Research Design:**

Quantitative Quasi Experimental Research Design

#### *Tools:*

1. **Emotion Regulation Questionnaire (ERQ):** Developed by Gross & John in 2003. Researches have shown high internal consistency for ERQ's both sub scales of expressivity and reappraisal. Some studies reported good convergent validity. Excellent acceptable levels of reliability was shown in studies reporting at  $\alpha = .89-.90$  for cognitive reappraisal and  $\alpha = .76-.80$  for expressive suppression. (David, 2019).
2. **Distress Tolerance Scale (DTS):** Developed by Simons and Gaher in 2005. It has been shown to have good reliability, with internal consistency coefficients (Cronbach's alpha) typically ranging from 0.85 to 0.95. Test-retest reliability coefficients have also been found to be good, with correlations between scores obtained on two administrations of the DTS typically ranging from 0.60 to 0.80.
3. **Zarit Burden Interview (ZBI):** Developed by Zarit, Reever & Peterson in 1986. Inter-reliability has been estimated using Cronbach's alpha at 0.91. Test retest reliability is reported at 0.71. The Cronbach's alpha value for the ZBI items was 0.93.

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### **Variables:**

- Independent Variables: Emotional Regulation & Distress Tolerance
- Dependent Variables: Caregiver Burden

### **Sample:**

Data was collected from a sample of 135 informal caregivers aged between 25 - 60 years old using Purposive Sampling.

### **Inclusion Criteria:**

- Individuals 25 and above of age
- Individuals willing to give consent
- History of being a primary informal caregiver for at least the past 1 year.

### **Exclusion Criteria**

- Individuals above 60 years of age.
- Individuals are not willing to give consent.
- Formal Caregivers (those who are being paid to be the caregivers).
- History of being a primary informal caregiver for less than a year.

### **Statistical Analysis:**

The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 21. Descriptive Statistics, Correlation & Multiple Regression was performed to find the relationship & effect of independent variables on the dependent variable.

## RESULTS

**Table 1: Descriptive Statistics**

	Minimum	Maximum	Mean	Std. Deviation
	Statistic	Statistic	Statistic	Statistic
Cognitive Reappraisal	8.0	42.0	30.511	6.8577
Expressive Suppression	4.0	28.0	17.785	5.3047
Distress Tolerance	15.0	69.0	45.770	11.1870
Caregiver Burden	0.0	87.0	32.874	18.6293

**Table 2: Correlation Analysis: Represents the Pearson Correlation Coefficient between (1) Emotional Regulation (Cognitive Reappraisal & Emotional Suppression) & Caregiver Burden and (2) Distress Tolerance & Caregiver Burden.**

		Caregiver Burden
Cognitive Reappraisal	Pearson Correlation	.048
	Sig. (2-tailed)	.580
Expressive Suppression	Pearson Correlation	.155
	Sig. (2-tailed)	.073
Distress Tolerance	Pearson Correlation	-.338
	Sig. (2-tailed)	.000

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**Table 3. Multiple Regression Table: Represents multiple regression analysis between Emotional Regulation (cognitive reappraisal & emotional suppression), distress tolerance & caregiver burden.**

Regression Weights	B coefficient	t-value	p-value
CR on CB	.031	.130	.897
ES on CB	.261	.833	.407
DT on CB	-.533	-3.788	.000
R <sup>2</sup>	.120		
F(3,131)	5.971		

### DISCUSSION

The present study is aimed at exploring the influence of emotional regulation and distress tolerance skills of informal caregivers on the caregiver burden experienced by them. The sample consisted of 135 informal caregivers aged between 25 to 60 years old.

Caregiving is a challenging a task, which requires day-to day instrumental financial, social, and emotional support for the caregiver as well as as the care recipient (Graessel et.al. 2014). In such times, effective emotional regulation and distress tolerance skills become necessary, as they help informal caregivers positively appraise the stressors posed by the demanding environment.

Table 1 represents descriptive statistics of cognitive reappraisal, emotional suppression, distress tolerance and caregiver burden.

**H1. There will be a significant correlation between emotional regulation (cognitive reappraisal & emotional suppression) and caregiver burden of informal caregivers.**

Pearson correlation analysis was used to find the relationship between emotional regulation (cognitive reappraisal & emotional suppression) and caregiver burden of informal caregivers.

According to Table 2, the correlation between cognitive reappraisal & caregiver burden was found to be low, positive & statistically not significant at 0.05 level ( $r = .048$ ;  $p < 0.05$ ). This means that as cognitive reappraisal increases, caregiver burden tends to increase slightly as well, but this increase is almost negligible.

According to Table 2, the correlation between emotional suppression & caregiver burden was found to be very low, positive & statistically not significant at 0.05 level ( $r = .155$ ;  $p < 0.05$ ). This indicates that there is no relationship between emotional suppression & caregiver burden.

Thus, H1 is rejected.

**H2. There will be a significant correlation between distress tolerance and caregiver burden of informal caregivers.**

Pearson correlation analysis was used to find the relationship between distress tolerance and caregiver burden of informal caregivers.

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According to Table 2, the correlation between distress tolerance & caregiver burden was found to be low, negative & statistically significant at 0.05 level ( $r = -.338$ ;  $p < 0.05$ ). This indicates that distress tolerance & caregiver burden have an inverse relationship and as distress tolerance increases, caregiver burden decreases and vice versa. The relationship between these two cannot be attributed to random chance.

Thus, H2 is accepted.

### **H3. There will be a significant effect of emotional regulation & distress tolerance on caregiver burden in informal caregivers.**

Multiple Regression was used to find whether emotional regulation (cognitive reappraisal and emotional suppression) & distress tolerance would have a significant impact on caregiver burden.

According to Table 3, the dependent variable caregiver burden was regressed on predicting variables emotional regulation (cognitive reappraisal & emotional suppression) & distress tolerance, to test whether they had a significant impact on caregiver burden. Overall, the results showed the utility of the predictive model was significant,  $F(3,131) = 5.971$ ,  $R^2 = .120$ ,  $p < .001$ . All of the predictors explain a large amount of the variance between the variables (12%). The results showed that cognitive reappraisal and emotional suppression of participants were not significant positive predictors of caregiver burden ( $B = .31$ ,  $t = .130$ ,  $p = .897$ , and  $B = .261$ ,  $t = .833$ ,  $p = .407$ , respectively). The results showed that distress tolerance ( $B = -.533$ ,  $t = -3.788$ ,  $p < .001$ ) was a significant negative predictor of caregiver burden.

Thus, H3 is accepted.

These findings suggest that while emotional regulation strategies like cognitive reappraisal and emotional suppression may not directly impact caregiver burden, an individual's ability to tolerate distress appears to play a significant role in their experience of caregiver burden. This highlights the importance of considering psychological factors such as distress tolerance in understanding and potentially alleviating caregiver burden.

### **Limitations**

1. **Sample Size:** The study was conducted on a relatively small sample of 135 informal caregivers. Thus, it cannot be generalized on larger population.
2. **Sample Homogeneity:** The sample mostly consists of informal caregivers belonging to Chandigarh, Panchkula, Mohali and Delhi NCR. Generalizing the results on a group of samples from different areas may be challenging.
3. **Social Desirability Bias:** Due to the presence of the researcher, informal caregivers may have provided responses they perceive as socially desirable, thereby inflating or deflating the reported levels of emotion regulation, distress tolerance and caregiver burden.

### **Recommendations**

1. **Developing Targeted Interventions:** These interventions could include psycho educational programs, stress management workshops, or mindfulness-based interventions.

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2. Incorporate Coping Skills Training: Integrating coping skills training into caregiver support programs to improve emotional regulation and distress tolerance. Providing caregivers with practical strategies for managing difficult emotions, coping with stressors, and building resilience in their caregiving role
3. Offer Education on Self-Care: Educate caregivers about the importance of self-care and the role it plays in maintaining emotional regulation and distress tolerance. Encourage caregivers to prioritize self-care activities such as exercise, relaxation techniques, and socializing to prevent burnout and maintain psychological well-being.
4. Promote Peer Support Networks: Facilitate the formation of peer support networks or online communities where caregivers can connect with others facing similar challenges. Peer support can provide validation, empathy, and practical advice, helping caregivers build resilience and cope more effectively with caregiver burden.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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