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Stress, Cognitive Distortions, And Emotional Dysregulation Among Psychologists

Aqsa Iftikhar[1], Bareera Saeed[*2], Sheeza Chaudhry[3], Sehrish Hassan[3]

Abstract

This quantitative study aimed to assess the relationship between stress, cognitive distortion, and emotional dysregulation among psychologists. A convenient sampling method was employed to collect data from 200 psychologist from different clinical settings aged between 25 and 50 years (M=36.38, SD=4.70).Participants filled out demographic questionnaire and self-report scales, which included Perceived Stress Scale, Cognitive Distortion Scale, and Emotional Dysregulation Scale. Results revealed significant correlations between self-criticism, predictive thinking, and emotional dysregulation. Perceived stress demonstrated a positive association with emotional dysregulation, emphasizing its notable impact.

Keywords: *Stress, Cognitive Distortion, Emotional Dysregulation*

Introduction

The field of psychology plays a pivotal role in promoting the well-being of individuals, yet it is disheartening that the mental health of psychologists often goes unnoticed. These dedicated professionals, whether working as counselors or therapists, strive to assist others in navigating challenges and emotional difficulties. However, the demanding nature of their work can significantly impact their well-being (Wahass, 2005; American Psychological Association,2008).

Stress and cognitive distortion are closely intertwined, particularly among college students who are at risk of experiencing perceived stress and cognitiv[1]e distortion, both of which can profoundly affect their health (Dhanalakshmi et al., 2015). Severe stress can lead to a distortion of time, influencing behavior and even survival (Hancock et al., 2005). Previous research has highlighted the interaction between depression levels, stressful life experiences, and cognitive distortion among college students (Childers Michael et al., 1985). Stress has been shown to detrimentally impact cognitive abilities, such as processing speed and working memory, leading to cognitive interference and attention depletion (Lake et al., 2011).

In the practice of psychology, striking a balance between caring for clients and safeguarding one's well-being is an ongoing challenge (Franco & Glória, 2019). Unfortunately, psychologists often forget to prioritize their mental health, potentially compromising the quality of care they provide to clients. To prevent such mental health issues and promote high-quality work, psychologists must pay attention to signs that may impair their mental well-being. The challenges and stress inherent in their work can lead to emotional

[1]ABA Therapist, Cornerstone School Global, Campus, Lahore
[2]Lecture, Department of Humanities, COMSATS University Islamabad, Lahore Campus
[3]Behavarist Therapist, Cornerstone School Global, Campus, Lahore
Corresponding Author:
Bareera Saeed*[3], bareerasaeedwarraich@gmail.com

dysregulation and cognitive distortion, underscoring the importance of self-care in this demanding profession.

A study contucted by El-Shokheby in 2020 to investigatethe association between academic stress and cognitive biases in secondary school teachers in the Dilam region of Saudi Arabia both before and after they started working there. The sample consisted of 120 women, 63 fourth-year student teachers, and 57 multi-year secondary school teachers. A strong direct connection was shown between cognitive distortions and academic stress

Harrison (2023) examines how stress is created in young people who are at high risk of developing anxiety disorders. What she finds is that anxiety and potentially stressful life events are correlated. We observed that anxiety symptoms and cognitive distortions strongly predicted one-year total dependent stress, while an anxiety disorder diagnosis and symptoms predicted one-year dependent interpersonal stress in our analysis of 136 at-risk participants whose parents had been diagnosed with anxiety disorders. Interestingly, six-year independent stress was significantly predicted by both the diagnosis and symptoms of anxiety. The results bolster the stress generation model in young people at high risk by highlighting the critical roles played by anxiety symptoms and cognitive distortions, even though their effects are transient (Harrison et al., 2023).

Ouhmad, El-Hage, and Combalbert in 2021 conducted a study. This study focused on the interaction between PTSD, cognitive disorders, and emotion management strategies, as well as the differences in the trauma spectrum related to emotion regulation and cognitive disorders. The study included 100+ adults aged 18+ and divided them into three groups (1) PTSD, 2) trauma survivors, and 3) non-trauma survivors. Various tools were used to evaluate different aspects: LEC-5, PCL-5, CERQ, DES, and EDC-A. The results reported that participants with PTSD had significantly higher PCL and dissociation scores than those in other groups (Ouhmad et al.2021).

Stress exposure is anticipated to lead to the usage of emotion-regulation techniques centered on maladaptive responses, which, being less effective, might fail to modulate the negative emotions associated with stressful experiences (Gross, 1998; Gross and John, 2003).

Importantly, emotion regulation deficits mediate the relationship between peer victimization, stressful life events, and subsequent increases in internalizing symptoms (McLaughlin and Hatzenbuehler, 2009; McLaughlin et al., 2009), underscoring the bidirectional nature of the stress-emotion dysregulation relationship.

The study looked at a cognitive-emotional paradigm that showed how cognitive distortion and alexithymia might affect how prior trauma and psychiatric co-morbidities relate to Chinese university students. The General Health Questionnaire, Toronto Alexithymia Scale, Cognitive Distortion Scale, and PTSD Checklist for DSM-5 were all completed by 1,001 participants. After adjusting for confounders, the results showed that PTSD because of prior trauma was substantially linked to an increase in mental co-morbidities (Siqi Fang &Chung, 2019). Emotion dysregulation, a construct that has gained attention relatively recently in mental health research, sheds light on how emotions, influenced by cognitive distortions, can have profound effects on psychological well-being (Aldao et al., 2010).

Another study concentrated on the impacts of mentalization, emotional dysregulation, alcohol consumption, and cognitive distortions on adolescent gamblers for the first time. The South Oaks

Gambling Screen Revised for Adolescents, the Reflective Functioning Questionnaire and Difficulties in Emotion Regulation Scale, the Gambling Related Cognitions Scale, and the Alcohol Use Disorders Identification Test were among the assessment tools used to gather data from secondary schools on 396 students, 69.2% of whom were female. The findings clearly showed that youths' misconceptions about their emotional states, their inability to

exercise selfcontrol when they were angry, and their gambling-related cognitive distortions were all major contributors to their problematic gambling (Ciccarelli, 2020).

A more study was conducted to understand how students' attachment patterns and dissociative experiences are mediated by cognitive emotion control and cognitive distortion techniques. This study employed a correlation strategy and was descriptive in nature. 329 students 187 females and 142 boys were chosen as the study's sample using convenience sampling. The dissociative experiences, attachment styles, cognitive distortion, and emotion regulation questionnaires were employed to carry out the research. The findings demonstrated a substantial ($P < 0.01$) direct impact of safe style, isolation avoidance, and scared style on dissociative episodes, with values of -0.15, 0.17, and 0.21. Preoccupied style had no discernible direct impact (Taheri et al., 2021).

James Gross (1998) reintroduced the idea of emotional regulation to the field of cognitive science about the control of emotions. Psychologists who suffer from cognitive distortions often misinterpret or exaggerate emotional triggers, which causes them to experience intense feelings that may be beyond proportion to the situation. Emotional regulation plays a vital role in maintaining good physical and mental health (Gross & Muñoz, 1995).

The current study examined how these two student populations' perceptions of stress and their use of emotion management techniques related to one other, as well as whether there are any differences in the use of these strategies between Chinese international college students studying in Ireland and Irish college students. Compared to Irish pupils, Chinese students reported using expressive suppression and cognitive reappraisal more frequently. The Emotion Regulations Questionnaire and the Perceived Stress Scale were the two psychological measures included in this investigation (Gross & John, 2003; Cohen et al., 1983). For both Chinese and Irish students, there was a statistically significant negative correlation between stress levels and the regular application of cognitive reappraisal. In Irish college students, but not in Chinese students, there was a strong positive correlation between stress levels and the regular application of expressive suppression (Sun & Nolan, 2021).

The aim of this research was to explore the potential association between cognitive distortions (CDs) and cognitive emotion regulation strategies (CERS) in a non-clinical young adult population. The study involved 96 participants (48 women) aged between 18 and 39 years who completed the French versions of the Adult Cognitive Distortions Inventory and the Cognitive Emotion Regulation Questionnaire. The findings revealed a positive relationship between acceptance and CERS, while a negative correlation was observed between education level and some cognitive distortions and catastrophizing. Men were more likely than women to utilize positive maximizing, requalification as negative, acceptance, and placing blame on others (Deperrois & Combalbert, 2021).

The goal of the current study was to investigate the connection between cognitive distortion and clinical symptoms of OCD modified by emotion dysregulation, along with a history of child abuse. 201 students were chosen for the sample using a multi-stage cluster sampling method. Data for this study were gathered using the Difficulty in Emotion Regulation

Scale, the Child Abuse Scale, the Obsessive-Compulsive Inventory-Revised, and the Cognitive Distortions Scale. The structural model exhibited a strong fit with the data, as demonstrated by the Pearson correlation coefficient and structural equation modeling. The results of the bootstrap test demonstrated the substantial indirect effects of cognitive distortion and child maltreatment on the clinical symptoms of OCD, which are caused by emotion dysregulation (Hosseini,

This study aimed to investigate the potential link between distorted thought patterns and psychological distress (such as anxiety, stress, or depression) among college students who were studying online during the COVID-19 pandemic. A total of 643 participants aged between 18 and 29 were recruited through a convenient sampling method. The participants

completed a questionnaire that included the depression, anxiety, and stress scale, as well as a cognitive distortions scale in Urdu, which measured their distorted thought patterns. The results showed that distorted thought patterns related to stress-producing thinking, self-criticism/self-blame, and rigid thinking were predictors of stress among university students who were studying remotely during the COVID-19 pandemic (Shakil, 2022).

The presented study discovered a link between students' psychological distress and emotion dysregulation. A correlation study design was employed to examine the findings of 400 students, 200 of whom were male and 200 of whom were female, spanning the ages of 15 to 25, from various Lahore educational institutions. Dysregulated emotions and psychological problems were identified using the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) and Kessler's scale of psychological distress (Kessler, 2002). Furthermore, the findings indicated that psychological discomfort was positively predicted by emotion dysregulation. (Dastagir, Rashid & Israr 2020).

This study investigated how common cognitive distortions were among Pakistani teenagers. The How I Think Questionnaire was given to 1258 individuals who were selected by purposive sampling, were enrolled in various public sector colleges in the Rawalpindi Division and ranged in age from 16 to 22. Based on their answers on the HIT-Q, the individuals were categorized into three groups: non-clinical, borderline, and clinical range. This questionnaire assesses four different categories of cognitive distortions: self-centeredness, minimizing or mislabeling, assuming the worst, and placing blame on others. According to the findings, teenagers in Pakistan suffer greatly from erroneous thought processes, and every college in Punjab, Pakistan, must create a counseling center immediately (Ishrat & Naz, 2020).

Psychologists play an important role in helping individuals with mental health issues, controlling their symptoms, and enhancing their standard of living. The proposed research aims to address this gap by examining the connection between cognitive distortion and emotional dysregulation among mental health professionals. Specifically, the study seeks to explore the extent to which cognitive distortion and emotional dysregulation are related.

The proposed research aims to investigate the relationship between cognitive distortion and emotional dysregulation among mental health professionals. The rationale for this research stems from the fact that psychologists are often required to manage complex emotional, stressful, and cognitive processes in their work. The impact of these processes on their own mental health and well-being is often overlooked, with most research focusing on the impact on clients or patients.

Method

This study used a correlational research approach to look at how stress, cognitive distortion, and emotional dysregulation relate to each other among psychologists from Pakistan.The sample comprised 200 participants who are working as psychologists (N = 200), including both genders females (n= 85) and males (n=115) with an age range of 25 to 60 years (M = 36.38, SD = 4.70). Convenient sampling techniques were used to collect the data. Participants were given the questionnaire either in person or through Google Docs from different clinical settings, such as private and government practice, hospitals, clinics, or community mental health centers in Lahore, Pakistan. To ensure the eligibility of participants, a screening questionnaire was included in the survey form, following the predefined inclusion criteria of the study. The participant selection for this study focused on psychologists. It was a requirement that participants be practicing psychologists with a minimum of a master's degree in psychology. Additionally, participants were expected to have a minimum of two years of clinical experience working as psychologists. To ensure the relevance of the study findings, participants were specifically chosen from clinical settings such as private practices, hospitals, clinics, or

community mental health centers. The age range for participants was set between 25 and 50 years, encompassing a broad range of professional experiences and perspectives within the field of psychology.

To maintain the eligibility of participants, specific criteria were utilized to screen out individuals who did not meet certain conditions. Participants with a history of severe mental illness or neurodevelopmental disorders that could potentially impact their cognitive or emotional functioning were excluded from the study. Similarly, individuals with a history of substance abuse or dependence were also excluded. These exclusion criteria were implemented to maintain the integrity and validity of the research findings by focusing on participants who were less likely to have confounding factors that could impact their cognitive and emotional functioning. Following Scales were used.

Cognitive Distortion Scale-Urdu (Shakil et al. 2013**).** The ICP Cognitive Distortion Scale-Urdu is a reliable and valid tool designed to assess cognitive distortions within the Urdu-speaking population of Pakistan. This Likert scale consists of 18 items and exhibits strong internal consistency, with a Cronbach's alpha of 0.85, indicating its reliability in psychological assessment. Additionally, the scale demonstrates good temporal stability (r = 0.574) and split-half reliability (a = 0.815), supporting its consistent performance over time and across different administrations. The scale is divided into four subscales: Stress-Creating Thinking Style, Self-Criticism/Self-Blaming Thinking Style, Predictive Thinking Style, and Critical Thinking Style. Internal consistency values for these subscales are 0.825, 0.553, 0.623, and 0.566, respectively. Using a rating system ranging from 1= Absolutely not applicable to 5= Absolutely applicable, the scale's versatility makes it suitable for use in both clinical and nonclinical populations.

Emotional Dysregulation Scale-Urdu (EDS-short): (Powers et al. 2014). A 12-item self-report tool named the Emotion Dysregulation Scale (EDS) is used to evaluate the behavioral, cognitive, and affective elements of emotion dysregulation. Items are rated by respondents using a 7-point Likert scale, where 1 represents "Not true" and 7 represents "Very true." The scale displays dependability in psychological assessment, guaranteeing consistent and dependable measurement, with a strong internal consistency (Cronbach's alpha = 0.76). The EDS has demonstrated its usefulness in forecasting a range of psychopathological diseases, such as symptoms associated with substance misuse, symptoms of post-traumatic stress disorder, borderline pathology, symptoms of depression, and the frequency of attempted suicide. In addition, the scale has demonstrated incremental validity in these predictions when compared to the Difficulties in Emotion Regulation Scale (DERS). Its relevance to a variety of clinical populations has been confirmed, demonstrating its value as a diagnostic and educational tool for emotion dysregulation.

Perceived Stress Scale-Urdu Cohen et al. (1983). The Urdu version of the Perceived Stress Scale (PSS-10) is a widely utilized instrument designed to assess the perception of stress in individuals. The scale was originally developed by Dr. Sheldon Cohen and is used to measure the degree to which situations in one's life are appraised as stressful. This 10-item Likert scale is a self-report measure that covers various aspects of stress perception and responses. Respondents rate each item on a 5-point Likert scale, ranging from 0 (Never) to 4 (Very Often). The psychometric properties of the Urdu version indicate good reliability and validity, with internal consistency. The PSS-10 Urdu version has been employed in diverse populations, demonstrating its applicability in assessing perceived stress across various cultural and demographic contexts.

Procedure

The research consisted of two parts, the first of which involved the translation of the Emotional Dysregulation Scale from English to Urdu. Prior permission was obtained from

the author before beginning the translation process. The translation was carried out in three steps, which involved the forward translation of the tool from English to Urdu, the formation of a committee to address any inadequate translation of the items, and the backward translation of the tool from Urdu to English. Psychometric properties of the scale were then checked, and 100 participants were approached for cross-language validation. These participants were divided into three groups, with each group being administered three conditions independently -
OriginalUrdu-English, English-Original-Urdu, and Urdu-English-Original. A time interval of one week was implemented between administering the second and third versions of the scale during each trial to control for potential learning effects. Participants were given ample time to complete the scales without any time limit, and their queries were addressed before they were asked to answer honestly while being assured of the confidentiality and privacy of their information. Finally, participants were thanked for their cooperation and help, and a correlational analysis was conducted to examine the empirical evidence supporting the content equivalence of the three versions of the Emotional Dysregulation Scale.

The second part of the research was conducted systematically, starting with obtaining permission from the authors of the scales used for data collection. Formal authority letters were obtained from the Department of Humanities and presented to the director of the centers visited. Before administering the scales, the participants formally consented to ensure that their information would be kept confidential and would only be used for the current study. The participants were also informed that they had the right to withdraw from the study at any time. The researcher explained the importance of the research and the nature of the tools, and each set of questionnaires required approximately 15-20 minutes to complete. The researchers visited various clinical settings to collect data.

Results

The current study aimed to investigate the relationship among psychologists between stress, cognitive distortions, and emotional dysregulation. Data analysis was conducted using SPSS version 26, organized into three distinct phases. Initially, in the first phase, reliability analyses were performed on all measures, employing Cronbach's alpha. Descriptive statistics were computed to study variables. To assess internal consistencies, Cronbach's alpha values were calculated for the scales used in the study.

In the second phase, a Pearson product-moment correlation analysis was carried out to examine the relationships between cognitive distortion, stress, and emotional dysregulation. This step provided insights into the associations between cognitive distortion, stress, and emotional dysregulation. Moving on to the third phase, hierarchical multiple regression analysis was employed to understand the combined effects of stress and cognitive distortion on emotional dysregulation. This comprehensive analysis allowed for a nuanced exploration of the intricate interplay between these psychological factors. The structured approach, starting with reliability analyses and progressing to correlation and regression analyses, ensures a thorough examination of the relationships under investigation.

Descriptive statistics of demographic variables are given in Table 3

Table 3 Demographic Characteristics of the Sample (N=200)

Variable	f%	M(SD)

Age		36.38(4.70)
Education (in years)		18.22(1.81)
Gender		
Female	85(42.5)	
Male	115(57.5)	
Family System		
Nuclear	109(54.5)	
Joint	91(45.5)	
Experience		
2-3 years	45(22.5)	
4-5 years	101(51.5)	
More than 5 years	54(27.0)	
Marital status		
Single	107(53.5)	
Married	87(43.5)	
Divorced/widowed.	3(1.5)	
Separated	3(1.5)	

Note: For Gender; 1 =Male, 2 = Female. For Family system; 1 =Nuclear, 2 =Joint system. For Work settings; 0 =Government, 1 =Private, 2 = Clinics. For Years of Experience; 1 =2-3years, 2 =4-5years, 3 =more than 5years. For Marital Status, 0 =married,1 =single, 2 =widowed, 3 =separated.

Table 2 Descriptive Statistics of Study Variables (N=200)

Variable	No.of items	A	M	SD	Range
Cognitive distortion	18	0.88	3.96	0.61	2.63-4.79
Stress creating thinking.	9	0.80	3.97	0.66	2.11-4.89
Selfcriticism/selfblame	3	0.62	3.93	0.81	1.33-5.00
Predictive thinking	3	0.46	3.98	0.72	2.00-5.00
Rigid thinking	3	0.50	3.95	0.74	1.00-5.00

Perceived stress	10	0.82	3.05	0.59	1.10-4.00
Emotional dysregulation	12	0.61	4.37	0.78	1.08-6.25

Note. M=Mean, SD=Standard Deviation

All scales showed good reliability, which is above 0.6. Alpha values ranging from .46 to .88 seem to be acceptable according to the criterion for judging alpha (Streiner, 2018). It was hypothesized that there would be a significant correlation between stress, cognitive distortion, and emotional dysregulation. The intercorrelation between demographic factors and study variables is shown in Table 3.

Table 3 Correlation of Demographics with Study Variables (N=200)

	1	2	3	4	5	6	7	8	9	10
1. Gender	_	.076	.156*	.060	-.121	-.034	-.073	-.106	.053	.210**
2. Age		_	.020	.021	-.139*	-.086	-.037	-.111	.041	.114
3. Work Setting			_	-.138	-.024	.044	-.022	.009	-.186**	-.216**
4.No years of work experience				_	.043	.029	.021	-.134	.052	.033
5. Self-Creating Thinking					_	.704**	.670**	.640**	-.007	.046
6. Self-Criticism						_	.552**	.544**	-.012	.074
7. Predictive Thinking							_	.579**	.077	.132
8. Rigid Thinking								_	.030	.097
9. Emotional									_	.565**

dysregulation	
10. Perceived stress scale	_

Note. *p<.05, **p<.01, ***p< .001

Table 3 demonstrates the relationships among different variables. Gender shows positive correlations with age and predictive thinking but is negatively correlated with work setting and emotional dysregulation. Age is positively correlated with gender and self-creating thinking but negatively correlated with work setting, rigid thinking, and emotional dysregulation. Self creating thinking and self-criticism are strongly positively correlated with each other and with predictive thinking, while also displaying negative correlations with gender and rigid thinking.

Predictive thinking is positively correlated with years of work experience and self-criticism but negatively correlated with emotional dysregulation. Rigid thinking is positively correlated with self-creating thinking and self-criticism but negatively correlated with age, work setting, and emotional dysregulation. Emotional dysregulation is negatively correlated with rigid thinking.

Perceived stress is positively correlated with emotional dysregulation.

Table 4 Hierarchal Regression for emotional dysregulation (N=200)

Variables	B	95% CI for B LL	UL	SE B	B	R^2	ΔR^2	
Step 1							.002	.002
Constant	4.12	3.25	4.98	.43				
Age	.007	-0.17	.03	.012	.04			
Step 2							.32	.31
Constant	2.23	1.42	3.04	.41				
Age	-0.004	-.02	.01	.01	-.02			
Perceived Stress	.74	.59	.90	.07	.56			
Step 3							.32	.005
Constant	2.43	1.38	3.48	.53				
Age	-.005	-0.2	.01	.01	-.03			

Perceived Stress	.74	.59	.90	.07	.56
Stress Creating Thinking	-.02	-.26	.20	.11	-.02
Self-Blame/Self-Criticism	-.06	-.22	.98	.08	-.06
Predictive Thinking	.06	-.11	.24	.09	.06
Rigid Thinking	-.013	-.18	.15	.08	-.01

Note. CI = confidence interval; U. = lower limit; UL = upper limit; familismo = the collective importance of family unity that emphasizes interdependence and solidarity; Mex Am margin = Mexican American

marginalization. *p < .05. **p < .01. ***p < .001.

Table 4 investigated the impact of various factors on emotional dysregulation in psychologists, focusing on perceived stress and cognitive distortions such as stress-creating thinking, selfcriticism, predictive thinking, and rigid thinking. The results were analyzed in three steps. In Step 1, age was found to have a negligible effect on emotional dysregulation, explaining only 0.02% of the variance (R^2 = .002, F (1, 198) = .34, p > 0.05). Age did not significantly predict emotional dysregulation (β = .04, p > 0.05). Moving to Step 2, the inclusion of perceived stress alongside age resulted in a substantial increase in explanatory power, with an R^2 value of .32 and a significant F statistic (F (2, 197) = 46.26, p < .001). Age negatively (β = -.02, p > 0.05), and perceived stress positively (β = .56, p < .001) predicted emotional dysregulation.

In Step 3, the introduction of additional cognitive distortion variables maintained the R^2 value at .32, indicating that age, perceived stress, stress-creating thinking, selfblame/selfcriticism, predictive thinking, and rigid thinking collectively explained 32% of the variance in emotional dysregulation (F (6, 193) = 15.45, p < .001). Age, stress-creating thinking, selfblame/self-criticism, and rigid thinking negatively predicted emotional dysregulation, while perceived stress and predictive thinking positively predicted it. The ΔR^2 value of .005 suggested a minimal increase in the variance explained by models 1, 2, and 3, with ΔF (4, 193) = .35, p > .005. Notably, stress-creating thinking, self-blame/self-criticism, and rigid thinking were identified as negative predictors of emotional dysregulation, whereas predictive thinking was identified as a positive predictor. In conclusion, this comprehensive analysis underscores the nuanced interplay of age, perceived stress, and cognitive distortions in predicting emotional dysregulation among psychologists.

There is a significant correlation between Cognitive distortion (self-criticism and predictive thinking) and emotional dysregulation. There is a positive correlation between perceived stress and emotional dysregulation. The results show a strong correlation between Cognitive Distortion (stress-creating thinking) and perceived stress. The results indicate the impact of stress on emotional dysregulation among psychologists. The results indicate the impact of cognitive distortion (self-criticism and predictive thinking) on emotional dysregulation among psychologists. Stress-creating thinking, self-blame/self-criticism, and rigid thinking were negative predictors of emotional dysregulation, whereas predictive thinking was a positive predictor.

Discussion

This research aimed to examine whether there is a correlation between cognitive distortion, stress, and emotional dysregulation among psychologists. The study involved the use of various scales, including Cognitive Distortion (measuring stress-creating thinking, selfcriticism/self-blame, predictive thinking, and rigid thinking), Perceived Stress Scale, and Emotional Dysregulation. It was hypothesized that a notable association exists between stress and emotional dysregulation in the context of psychologists.

Secondly is a significant relationship between stress and cognitive distortion among psychologists. Thirdly is a significant relationship between cognitive distortions and emotional dysregulation among psychologists. Fourth, Stress positively impacts emotional dysregulation among Psychologists. Fifty, Cognitive distortion (Self-Creating Thinking, predictive thinking, and. Self-Criticism) significantly contributes to emotional dysregulation in Psychologists. Pearson product-moment and correlation were assessed through structure equation modeling through SPSS analysis. This chapter includes a discussion of findings in light of previous literature reviews and relevant research. Moreover, the conclusion, limitations, suggestions, and implications of the current study are given at the end of this chapter. It was hypothesized that there is a significant relationship between stress and emotional dysregulation among psychologists. The findings of the study revealed that initiative is a positive predictor of stress and emotional dysregulation among psychologists. Previous studies like Ewing A, 2018 demonstrated that emotional control has a major indirect impact on NSSI following stressful events. Through the regulation of emotions, an increased frequency of NSSI indicated a higher probability of stressful events in a bidirectional relationship.

Messman-Moore, T. L., & Bhuptani, P. H. (2017) demonstrated significant component in the relationship between PTSD, child maltreatment, and other comorbidities appears to be emotion dysregulation. Adults with PTSD and comorbidities related to maltreatment as children are recommended to receive treatment (All rights reserved; PsycInfo Database Record (c) 2021 APA).

Emotion dysregulation appears to mediate the correlation between violent behavior and stressful life events and peer victimization according to longitudinal mediation models (Herts K.L., McLaughlin K.A. & Hatzenbuehler M.L., 2012).

It was hypothesized that is a significant relationship between stress and cognitive distortion among psychologists. The findings of the study revealed that is a positive relationship between stress and cognitive distortion among psychologists.

Previous studies like El-Shokheby A.M.A., 2020 demonstrated the close relationship between academic stress and cognitive distortions. Kennedy D, 2012 predicted by previous studies in parent and nonparent groups, a demonstrated significant relationship between depressed symptoms and levels of perceived competency and distorted thinking. Before and during the entrance of real work, the previous study showed that teachers at the intermediate stage had slight cognitive distortions and an acceptable level of academic stress. The findings suggested that expertise and experience had a substantial impact on academic performance (Ali, 2020).

It was hypothesized that there is a significant relationship between cognitive distortions and emotional dysregulation among psychologists. The findings of the study revealed that initiative is a positive predictor of cognitive distortion and emotional dysregulation among psychologists. Previous studies by Hosseini K and Soleimani E, 2021, demonstrated that cognitive distortion and child maltreatment have a substantial positive predictor of clinical symptoms of OCD, which are caused by emotion dysregulation. The immediate effects of child abuse on emotion dysregulation, the effects of child abuse on OCD clinical symptoms, the consequence of cognitive distortions on OCD clinical symptoms, and the effects of child abuse on emotion dysregulation were all approved in this study.

Paul J. Geiger, M.S., Jessica R. Peters, M.S., Ruth A. Baer, 2015 Increases in cognitive distortions under cognitive load may explain the positive link between BPD traits and reported difficulties with goal-directed conduct when disturbed. These findings provide broad evidence for the role of BPD-related cognitive distortions in recognizing the challenges associated with BPD characteristics in goal pursuit.

It was hypothesized that there is a significant relationship between Stress and emotional dysregulation among psychologists. Findings of the study revealed that initiative is a Stress that positively impacts emotional dysregulation among psychologists. Since the perceived stress scale has a history of validity and reliability (Cohen, Kamarck, & Mermelstein, 1983), we decided to use it. The benefit of PSS is its adaptability to various contexts and topic kinds, as well as its inclusion of items that gauge stress levels and responses to stressful events (Cohen & Williamson, 1988). The fact that other studied stress scales for students pursuing health professions exclusively address academic pressures, neglect to include personal problems or reactions to stressful circumstances (psychosocial difficulties), and have limited generalizability are significant limitations.

The current investigation discovered a link between emotion dysregulation and psychological suffering in pupils. Furthermore, emotion dysregulation was found to predict psychological distress (Dastagir, Rashid, & Israr 2020). Musetti A , Gori A, Alessandra A, Topino E, Terrone G, Plazzi G , Cacioppo M , and Franceschini C, 2021 demonstrated that raised psychological stress and emotion dysregulation fully mediated the link between POPU and sleeplessness. In Irish college students, but not in Chinese students, there was a strong positive correlation between stress levels and the regular application of expressive suppression (Sun & Nolan, 2021).

It was hypothesized that there is Cognitive distortion (Self-Creating Thinking, predictive thinking, and. Self-Criticism) significantly contributes to emotional dysregulation among psychologists. The findings of the study revealed that initiative is a positive predictor of Cognitive distortion (Self-Creating Thinking, predictive thinking, and. Self-Criticism) and emotional dysregulation among psychologists. Previous studies like the findings unambiguously demonstrated that in addition to cognitive distortions associated with gambling, uncertainty about mental states and challenges maintaining self-control when feeling bad were significant contributors to problematic gambling in teenagers (Ciccarelli et al, 2021).

The findings demonstrated a substantial direct impact of safe style, isolation avoidance, and scared style on dissociative episodes, with values of -0.15, 0.17, and 0.21. (Taheri et al.2021). There were significant variations in cognitive distortions and emotion regulation between normal individuals and depressive patients, as well as between patients with obsessivecompulsive disorder and normal individuals (Javida & Mohammadi, 2017).

Conclusion

The main objective of this research was to explore the correlation between Cognitive Distortion (including stress-creating thinking, self-criticism/self-blame, predictive thinking, and rigid thinking), Perceived Stress Scale, and Emotional Dysregulation, using a quantitative approach to generalize the results to a wider population. The study supports the hypothesis that there is a substantial link between stress and emotional dysregulation among psychologists. Stress significant relationship with cognitive distortion among psychologists. Cognitive distortions and emotional dysregulation are significant predictors in the present research. Stress positively impacts emotional dysregulation among Psychologists. Fifth, Cognitive distortion (Self-Creating Thinking, predictive thinking and. Self-Criticism) significantly contributes to emotional dysregulation in the present sample.

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