

Emotion Regulation and Reflections on Psychiatric Nursing

Duygu Düzenleme ve Psikiyatri Hemşireliğine Yansımaları

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Abstract

It is not possible for the human being who experiences many emotions and gives meaning to these emotions for a day, to live a life away from experiencing emotions. A thought of not seeing the person we love with us, seeing our parents and even touching any object causes an emotion to appear. The adventure of defining and making sense of emotion from the earliest ages to the present day continues today. When emotion is evaluated as processes that provide adaptation by shaping human behavior, excesses seen in emotion are evaluated as diseases, and the needs of individuals to understand, live, sustain and stop emotions are gathered under the concept of emotion regulation. This concept does not only concern psychiatric nurses closely for the clinics in which they work, but it is also an answer to the needs and regulations of their own feelings. For this reason, the aim of this review is to evaluate the concept of emotion regulation from the emotion theories and evaluate its reflections on psychiatric nursing.

Keywords: Emotion, emotion theories, emotion regulation, psychiatric nursing

Öz

Bir gün boyunca pek çok duygu deneyimleyen ve bu duygulara anlam yükleyen insanoğlunun duyguları deneyimlemekten uzak bir hayat yaşaması mümkün görünmemektedir. Sevdiğimiz insanı yanımızda görememenin bir düşüncesi, anne-babamızı görmek, hatta herhangi bir nesneye dokunmak bile bir duygunun ortaya çıkmasına neden olmaktadır. En eski çağlardan günümüze kadar uzanan insanın duyguyu tanımlama ve anlamlandırma serüveni, günümüzde de devam etmektedir. Duygu, insan davranışını şekillendirerek adaptasyonu sağlayan süreçler olarak değerlendirildiğinde duyguda görülen aşırılıklar hastalıklar olarak değerlendirilmiş, bireylerin duyguları anlama, yaşama, sürdürme ve durdurmaya ilişkin ihtiyaçları kendisini duygu düzenleme kavramı altında toplamıştır. Bu kavram psikiyatri hemşirelerini sadece çalıştıkları klinikler açısından yakından ilgilendirmemektedir, aynı zamanda kendi duygularına ilişkin anlam ve düzenleme ihtiyaçlarına da bir cevap olmaktadır. Bu nedenle bu derlemenin amacı, duygu düzenlemeye kavramını duygu teorilerinden itibaren ele alarak, psikiyatri hemşireliğine yansımalarını değerlendirmektir.

Anahtar sözcükler: Duygu, duygu teorileri, duygu düzenleme, psikiyatri hemşireliği

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EMOTIONS are with us in several areas of our lives. Especially in recent years, the number of studies on emotions, cognitive psychology, neuroscience, and sociology has increased (Dixon 2009). As a result of this increase, emotion has gone beyond being a concept; new concepts such as emotion regulation, emotional awareness, and emotional intelligence have also emerged.

So what are emotions really? Views on the functions of emotions have been going on since the time of Socrates. The biological perspective brought by Darwin, followed by Freud's psychoanalysis, and the emphasis on cognitive theories in the last century, have shaped the meaning we gave to emotions and changed our relationships with emotions. The ideas that emotions are products of cognitive processes draw attention to many different points. After Arnold introduced the appraisal theory to the world, the link between emotion and appraisal has led to the emergence of many multi-level theories about appraisal (Shargel 2017). However, technology continues to cause a change in our social interactions and the emotions we experience. In recent years, the products of artificial intelligence technologies are increasingly being included in our social environment. In addition to the existing applications related to emotional robots and emotion technologies, the number of applications and tools containing more advanced technologies will gradually increase in the coming years (Hortensius et al. 2018).

We live and experience our emotions in interaction with people in a social environment where our lives exist. In addition, in this interaction, emotions, which are powerful motivational systems for people, are mutually shaped. Researchers studied in emotions have led to the emergence of the concept of emotion regulation by asking questions about how all these situations affect our emotion regulation style. It is stated that emotion regulation has been discussed as a new concept since the 1980s (Gross 1999). Although this concept has emerged regarding emotions are not always adaptive processes and the necessity of regulating negative emotions, the issue of regulating positive emotions has also come to the fore (Tugade and Fredrickson 2007).

When carefully evaluated, it is seen that we are constantly regulating our emotions throughout the day. Probably this is why emotion regulation has been a very fast-growing field. Many strategies and views have been on emotion regulation developed and started to be used in many areas. In particular, psychiatric nurses used these strategies when working with schizophrenia patients (Won et al. 2012), working with pediatric patients (Bowie 2010, Taş 2018), working with dependent individuals (Tekin 2020) and developed them for psychiatric nursing. Therefore, this review article aims to examine the reflections of emotion regulation concept on psychiatric nursing, starting with the theories of emotion.

Concept of emotion

Although the concept of emotion is a concept studied by many theorists and researchers, it still cannot be said to have a clear definition. For this reason, it appears as a concept that has different meanings for centuries (Kleinginna and Kleinginna 1981).

When the concept of emotion is analyzed etymologically, the Greek word “pathos” emerges first. One use of this word meant emotion (Knuuttila 2014). Today, the word used as “emotion” in western languages is thought to be derived from the word “emovere”, which means to move, out in Latin. This term is the origin of many words in western languages. It is stated that words such as “Esmotion”, “esmouvoir” were used in France before passing to the English literature (Stolberg 2019). In the following years, it is seen that “esmouvoir”, which means provocation in Old France (12th century), began to be used in the middle period France (16th century) as a physical movement, (social) moving, stirring, agitation (Online Ethymology Dictionary 2020). Especially in the medieval age, when religious views were dominant, terms such as passions, affection, and sentiment were used instead of the concept of emotion. Since the 18th and 19th centuries, when scientific developments started, the perspectives on concepts moved away from the influence of religious motifs, and with the effects of the developed theories, the word emotion reached its current use (Dixon 2009).

Emotions have been interpreted from different angles by different theorists and researchers during the scientific development of human beings. Some theorists argued that the meaning of the concept of emotion is uncertain, while others define it as complex processes. Taking advantage of the definition differences, Paul and Anne Kleinginna brought together 92 different definitions of emotion in 11 categories in their study in 1981 (Kleinginna and Kleinginna, 1981). After all these categories they put forward, Paul and Anne Kleinginna (1981) proposed a common definition of emotion: *“Emotion is a complex set of interactions among subjective and objective factors, mediated by neural-hormonal systems, which can give rise to affective experiences such as feelings of arousal, pleasure/displeasure; generate cognitive processes such as emotionally relevant perceptual effects, appraisals, labeling processes; activate widespread physiological adjustments to the arousing conditions; and lead to behavior that is often, but not always, expressive, goal directed, and adaptive.”* (Kleinginna and Kleinginna 1981).

Emotion theories

Today, many scientists believe that emotions are crucial to our lives, and without them, we would not be able to sustain our survival. Emotions are an experience that holds people together socially, helps us determine priorities in relationships, enables us to communicate with the environment, and plays important functional roles for systems such as attention, decision-making, communication, and behavior regulation. In order to get to know all these definitions, functions, and situations better, emotion theories have been put forward. Emotion

theories are testable statements about exactly how emotions are formed (Niedenthal and Ric 2017).

In ancient Greece, the views on emotions were broadly based on a cognitive basis (Price 2010). In the 400s BC, Plato divided emotions into pleasure and non-pleasure and stated that emotions constitute a motor movement in all situations (Strongman 2003). According to Aristotle, all the emotions of the soul affected the body and appeared as psychosomatic reactions (Knuuttila and Sihvola 2014, Price 2010). Aristotle listed 12 different emotions and advocated learning how to feel emotions in order to lead a good life (Knuuttila 2014). According to the Stoic philosophers, emotions in their most basic form are the result of wrong appraisals of pleasure, pain, passion, and fear (Gill 2010). Ibn-i Sina (A.D. 980-1037) and Iranian medical scholars believed that emotions originated from the heart and the part of the soul, which they defined as the animal pneuma (Ruh-e Heyvani). According to them, many emotions such as fear, anger, pleasure, and sadness are related to this part of the soul (Mosaddegh et al. 2013).

The development of evolutionary theories of emotion is rooted in Charles Darwin's theories (Niedenthal and Ric 2017, Strongman 2003). Darwin studied the images of animals associated with emotions and developed hypotheses about the causes of emotional expressions by comparing them with humans (Niedenthal and Ric 2017). William McDougall (1871-1938) elaborated on these ideas and preferred to use the term instinct rather than emotion. For example, he defined the feeling of disgust as "an instinct to throw vomit out of the mouth" (McDougall et al. 1914). After their studies in different cultures, Ekman et al. stated that, in all cultures, six different emotions, including happiness, surprise, fear, sadness, anger, and disgust, are universally expressed with the same facial expressions and classified these emotions as "basic emotions" (Ekman et al. 1972). Plutnik (1980), who believes that the concept of emotion is important for animals as well as for humans, states that emotions have functional properties. According to him, emotions play a role in helping organisms cope with the survival problems created by the environment (Plutnik 1980).

Darwin's views on evolutionary origins also led to the emergence of physiological-evolutionary theories. For example, French Physiologist Claude Bernard argued in the 1860s that an interactive process operated between the brain and the heart and that this produced emotions (Dror 2014). According to the emotional theory of psychologist William James (1842-1910) and neurologist Carl Lange (1834-1900), after the object is perceived, afferent impulses transmit information to the cortex, and emotion is formed. In other words, as bodily changes occur, emotion is formed. Walter Canon (1871-1945) and Philip Bard's "thalamic theory of emotion" emphasizes that the thalamus and hypothalamus are very important centers in the formation of emotional response (Dalgleish et al. 2009) and the brain is the main center for the functioning of emotions (Dror 2014).

According to psychoanalytic theories, emotions are archaic syndromes. It is defined as a product of impulses and instinctive energies. According to psychoanalytic theories, the first emotion is anxiety, the first fear is the fear of experiencing traumatic situations. The idea that our own instinctive desires can be dangerous derives from this fear (Fenichel 1945). Although emotions are handled in a very central position in psychoanalytic therapies, it is stated that emotions are not studied sufficiently (Yavuz 2009).

According to Averill, one of the sociology-based theorists of emotion, “emotions are social constructs and can only be fully understood at a social level of analysis” (Averill 2012). Sociologically, emotions are explained as socially and culturally learned products. The meanings of emotions are understood by people as they are learned socially. According to sociological theorists, to understand what emotions mean, it is necessary to look at what they have achieved socially. This is the only way to discover culturally specific rule systems that determine how, when, and by whom emotions are experienced and expressed (Cornelius 2000).

As quoted by Adams (2012), Skinner, one of the behavioral theorists, has been criticized for not dealing with the subjective or emotional side of life and for clustering emotions as situations that only emerge as a secondary reality at the end of reality. Still, Skinner also took the view that emotions matter when viewed as the consequences of our circumstances. Thus, he argued that we should regulate the conditions for people to enjoy life, show subjective well-being, and show positive emotions (Adams 2012).

Existential theorists, unlike other theorists, do not consider emotions as healthy or unhealthy, they argue that the way individuals experience and relate to their emotions should be addressed. There is no universally correct way to assess this, but avoiding emotions is not a solution. Human beings have emotions: this is a simple existential description. From this perspective, emotions are an experience that everyone experiences regardless of culture. If natural feelings are resisted or rejected, the person’s life often becomes problematic (Hoffman and Cleare-Hoffman 2011).

According to cognitive theories, emotion is explained through cognitive processes; Emotions emerge as a result of the appraisal, schemes, perceptions, and the meaning attached to them. Some theorists have tried to explain emotions by combining these processes with physiological, evolutionary, and motivational processes. In general, cognitive theories of emotion have gained importance in research on emotions in the 21st century and paved the way for many new developments. According to the Two-Factor Emotion Theory of Stanley Schachter (1922-1997) and Jerome Singer (1934-2010), emotions consist of two contents: physiological arousal and cognitive label about it. In other words, the person first experiences physiological arousal then gives a cognitive meaning to this arousal, and as a result, emotion is experienced (Niedenthal and Ric 2017). Caroll Izard’s (1923-2017) Differential Emotions Theory states that personality consists of five sub-systems that are different from each other and these systems are

in constant interaction with each other. Emotions are considered as one of these sub-systems (Izard 1997).

Psychologist Magda B. Arnold's (1903 - 2002) theory pioneered the idea that "emotions are produced by an appraisal process". According to Arnold, a complete theory of emotion should deal not only with emotional experience but also with emotional action and emotional expression. With these views, Arnold is also regarded as the pioneer of modern cognitive theories (Reisenzein 2006). The debates on the theory caused new perspectives to come to the concept. Lazarus, Scherer, Smith and Ellsworth, Frijda, Oatley, and Johnson-Laird are theorists who accepted and developed the concept of appraisal (Moors et al. 2013).

In the Belief-Desire Theory of Emotion, which basically belongs to the cognitive emotion theories, beliefs, and desires are considered as basic representative mental states that cannot be reduced to each other: In short, according to Belief-Desire Theory of Emotion, emotions are the products of beliefs and desires (Reisenzein 2009). Meta-Emotion, developed by Gottman et al. (Gottman et al. 1996, Norman and Furnes 2014). According to them, meta-emotion is the emotions and thoughts people have about their feelings, such as guilt for being angry.

Traditional Beck cognitive therapy emphasizes changing the emotions by examining the validity of thoughts and changing the appraisal of the situation. It is therefore linked to negative automatic thoughts that can be changed through Socratic Questioning (Leahy 2007). Robert Leahy extended the schema model, which is the basis of this model, to include appraisals of the nature of thinking and experience. Thoughts and beliefs such as finding emotions as absurd and meaningless, seeing emotions such as anger and sadness as weakness, avoiding sharing their feelings by thinking that others will not understand, and being ashamed of feelings are the results of the individual's emotional schemes (Leahy et al. 2011).

As a result, emotions are defined in many different ways, such as facilitating decision-making, preparing the individual for rapid motor response, and providing information for behaviors. Modern theories of emotion point out that, emotions play a significant role in adaptation. When examined from this point of view, it is revealed that emotions do not always have functions that help the individual, but need to be regulated.

Emotion regulation

Emotion regulation is the ability of an individual to observe, appraisal, control, and change emotional responses in order to achieve a goal. When the person is faced with an uncomfortable emotion, it is to bring this emotion to a level where they are not uncomfortable. In order to bring this feeling to the desired level, the person can increase the intensity of the emotion, reduce the effect of the emotions, or make it continue. Hence, emotions can be controlled and the person copes with their emotions (Leahy et al. 2011).

The origin of the concept of emotion regulation is rooted in the Psychoanalytic perspective and the stress-coping tradition. Basically, all ego defenses are coping strategies designed to address conflicts over particular emotions (Plutnik 1980). From a psychoanalytic perspective, emotion regulation processes are closely related to how and to what extent defense mechanisms are used. According to the stress-coping tradition, when a threat is re-appraised, emotions are changed by constructing a new relational meaning of the stressful encounter (Lazarus 2001). Emotion regulation processes are also arranged in this way.

Gross is one of the theorists who developed the broadest model of emotion regulation. Gross's Emotion Regulation Model suggests that we use different strategies at different points when we experience situations that generate emotion. The model consists of five steps and two parts. Antecedent focused emotion regulation includes attempts to control or change an emotion before it emerges. Response-focused emotion regulation refers to changing the subjective, expressive, or physiological aspects of emotion when the experience is already occurring (Gross 1999).

Many strategies related to emotion regulation such as helping others, exercising, seeking social support, cognitive re-appraised, social comparisons have been identified (Gross 1999). Beyond all this, the use of strategies has preventive effects on the development of anxiety and depression disorders in individuals such as; positive intervention including positive interpretation of an event in terms of supporting personal development; positive focus, which helps to steer clear of the negative event and to think about things that create good feelings; changing the perspective that emphasizes the relativity of the event relative to other events; acceptance that allows you to accept the feelings experienced; a focus on planning that allows thinking about the necessary steps to deal with the adverse event (Niedenthal and Ric 2017).

Acceptance and Commitment Therapy (ACT), which is accepted as one of the third generation approaches, is accepted as a part of the Cognitive Behavioral Therapy (CBT) family but differs from CBT with its way of processing emotion-thought and behavior and its philosophical-scientific background (Hayes et al. 2006, Yavuz 2015). ACT focuses on accepting, not changing the individual's internal experiences such as emotions, thoughts, memories, and images (Yavuz 2015). In this context, emotion regulation is one of the causes of pathological behavior, according to ACT (Blackledge and Hayes 2001). ACT does not refuse to regulate emotions but expresses that certain cultural, social, or learned situations such as emotional suppression and avoidance pose a problem (Blackledge and Hayes 2001). In this context, accepting emotions as they are and evaluating emotions only as emotions seems to be the most effective emotion regulation strategy.

Dialectical Behavior Therapy (DBT) developed by Linehan mainly focuses on emotion regulation processes. DBT, which is accepted as one of the third generation therapies, gives

positive results in individuals who have difficulties in emotion regulation (Üstündağ-Budak et al. 2020). DBT is also based on Ekman's approaches and accepts that emotions are a product of adaptation processes. According to DBT, to understand and regulate emotions; Internal and external stimuli that stimulate emotions should be determined, verbal and non-verbal expressions, responses containing emotional expressions, and secondary emotions emerging towards these responses should be determined (Linehan et al. 2014).

Mindfulness originates from the Buddhist tradition and is based on the philosophy of being aware and living the moment without judgment. It is based on the awareness of the individual's emotions, thoughts, and actions with pure and clear attention (Aktepe and Tolan 2020). The link between mindfulness and emotion regulation is associated with the non-judgmental acceptance of emotional stimuli and emotions. In this way, the individual realizes the emotion and the effects of emotion before engaging in emotional behavior. Thus, observing, recognizing, and accepting emotions are seen as the first steps of the emotion regulation process (Teper et al. 2013).

Emotion regulation and reflections on psychiatric nursing

Care is a multidimensional component and constitutes the core of nursing. Nurses who provide holistic care to the individual, including biological, psychological, sociological, and cultural, have the opportunity to closely observe the emotions of the individual. For a specialist psychiatric nurse, observing the emotions experienced by the patient provides important data for the interventions for emotion regulation skills. Interventions for emotion regulation skills include many attempts such as teaching healthy emotion regulation patterns, enhancing emotion regulation by improving emotional memory, and determining the meanings and causes of emotions. Psychiatric nurses take part in both preventive, therapeutic, and rehabilitative treatment processes in line with these needs.

Emotions play an important role in psychiatric illnesses. Fluctuations in emotion are also found in many psychiatric diagnosis clusters. In addition, recent developments suggest that psychiatric illnesses are caused by emotions that are more intensely experienced than normal. Excessive health anxiety can cause hypochondria, extreme fear can cause phobia, extreme sadness can cause depression (Oatley and Johnson-Laird 2014). In short, changes in emotion constitute the main factors of many diseases such as schizophrenia, psychosomatic diseases, personality disorders, and mood disorders (Lane and Schwartz 1987). For this reason, studies on emotion regulation in psychiatric nursing are also covered in a wide range from mood disorders, alcohol-substance addiction, anxiety disorders to mental disorders in children. (Ünal and Çam 2005, Bowie 2010, Oflaz 2015, Baysan-Arabacı et al. 2018).

Since emotion regulation provides stress management and adaptation and increases resilience (Min et al. 2013), it is important to teach emotion management skills to individuals

with mental disorders. All of these are effective in dealing with interpersonal, social, and psychological problems that come as a result of the disease. In short, individuals with these skills can overcome their problems more easily. Psychiatric nurses should provide guidance on this issue. The North America Nursing Diagnosis Association (NANDA) taxonomy proves that under a nursing diagnosis of impaired mood regulation, nurses can independently take action related to mood and emotion. (NANDA 2020). Among these initiatives are to enable the patient to express his/her emotion, to help the patient to recognize his/her emotions, to help him/her cope with his/her emotions, to appraisal positive and negative coping methods, to develop positive coping methods, and to provide training for the patient to regulate his/her emotions. For example, the individual may sometimes have difficulty in making sense of the problems and feelings he/she experiences. At this point, psychiatric nurses can explain the importance of recognizing and understanding emotions by planning training for the individual.

Patients with schizophrenia may have difficulty regulating their emotions due to the problems brought about by the disease. For example, schizophrenia patients are thought to have a higher frequency of experiencing negative emotions, which is associated with hallucinations and delirium (O'Driscoll et al. 2014). It has been reported that patients with schizophrenia also have problems recognizing emotions from facial expressions in general, especially fear and disgust (Kohler et al. 2003). Psychiatric nurses working with schizophrenia patients must recognize these difficulties that patients experience in recognizing and regulating emotions and made interventions. Won et al. (2012), who carried out one of these interventions, stated that the emotion regulation skills nursing program they prepared for schizophrenia patients had positive effects. They applied emotion regulation training, which they adapted to psychiatric nursing interventions, to schizophrenia patients who visit the community mental health center for eight weeks. Emotion regulation skills, which are very important in the rehabilitation processes of schizophrenia patients, have been found to be a useful nursing intervention to improve the emotional expressions and social relationships of schizophrenia patients. Dissemination and development of this program, which is thought to help nurses to provide effective nursing care and thus support the well-being of patients, has been recommended (Won et al. 2012).

It is reported that depression and anxiety patients use non-adaptive emotion regulation strategies such as self-blame, catastrophizing, blaming others, and rumination (Min et al. 2013). It is stated that individuals with depression have emotion regulation difficulties, use dysfunctional emotion regulation strategies more frequently, and use the "appraisal from a different perspective" function less frequently. In addition, studies indicate that there are differences in emotion acceptance compared to individuals without depression (Ehring et al. 2008). Hence, emotion regulation skills and teaching these skills are important. When working with patients with depression receiving treatment in the clinic, psychiatric nurses can implement individualized care interventions for the problems patients experience in understanding, recognizing, and regulating emotions.

Studies in the field of emotion regulation are also increasing on individuals with alcohol-substance use disorders. Many studies are indicating that alcohol and substance use are associated with emotion regulation (Sutherland and Shepherd 2001, Acheson et al. 2011). For example, in a review study, the difficulties experienced by alcohol-substance addicts in emotion regulation were evaluated in terms of nursing care and interventions (Baysan-Arabacı et al. 2018). Tekin (2020), in her master's thesis on individuals with substance use disorder, evaluated the close relationships, emotion regulation difficulties, and awareness levels of individuals and examined their effect on treatment motivation. According to the results of the research conducted with 182 individuals in total, it was determined that emotion regulation difficulties are related to treatment motivation (Tekin 2020). Based on all these nursing interventions, psychiatric nurses working in AMATEM (Treatment Center for Alcohol and Substance Addiction) services can also address emotional regulation difficulties in the care that patients with substance use disorders provide for recovery and prevention of relapse throughout the treatment process (Tekin 2020).

When nurses planning care for children with emotional regulation problems and implement interventions in line with the planned care, they should focus on the emotional expressions of the child. The emotions expressed by children are important and reliable to plan the care. For example, in order to improve nursing care, Bowie (2010) conducted interviews with children between the ages of 5.5-12 and collected empirical evidence that children's self-expression can be considered as a criterion for emotion regulation (Bowie 2010). Bowie's (2010) study reveals that children aged at least 5.5 years can provide self-regulation information about strong emotions, and this information may be more accurate than adult observations. This shows that nurses can develop interventions regarding emotion regulation skills for children.

It is also observed that in psychiatric nursing, emotions are studied separately. Among these, the emotion of anger appears as the most common and studied emotion (Eser Taşçı and Üstün 2011, Partlak 2016, Bilge and Keskin 2017). In addition, it is seen that the emotion of shame and guilt are studied in terms of directing nursing care and increasing the quality of care (Çam and Ayakdaş Dağlı 2017).

Nurses should engage in emotion regulation skills not only for patients but also for themselves. According to the results of the study conducted to measure the emotion regulation skills of nurses in the workplace, it was stated that the difficulties experienced by nurses in emotion regulation cause effects such as daily emotional exhaustion in the workplace (Blanco-Donoso et al. 2017). It has been stated that nurses are partially able to control negative emotions, show emotions as they are, cope, and manage anger (Arslan 2017). In a study examining the effect of emotion regulation training to cope with stress given to nurses working in two different intensive care units in Iran, emotion regulation training was found to be effective in reducing the work stress of intensive care nurses (Saedpanah et al. 2016). All these studies, which put nurses' difficulties in emotion regulation into account,

are of particular importance for nurses who have the role of teaching emotion regulation skills to the individual.

Nursing students, on the other hand, emerge as future nurses, as a group that must learn emotion regulation skills from the ground up. Studies show that students experience many emotional problems such as making decisions about the patient and dealing with financial problems brought about by their student life, so it is important to learn how future nurses also use emotion regulation strategies. In an emotion regulation study conducted with nursing students, the mediator role of awareness and working memory was examined. The results of the study in which eighty student nurses participated showed that awareness may affect student nurses' working memory capacity and their ability to regulate emotions (Dubert et al. 2016). Beycan-Ekitli (2019), using the Gross's Emotion Regulation Model in his doctoral dissertation, made attempts on student nurses' expression of anger. He stated that her attempts by integrating the model with musical rhythm studies can be used in all dimensions of anger emotion in the long and short term (Beycan-Ekitli 2019). Drawing attention to the important roles of psychiatric nurses in emotional intensity, control, and expression, the study laid the groundwork for new nursing interventions.

Psychiatric care is not only a biopsychosocial-cultural process but also a process in which the family participates in care. Psychiatric nurses also attempt to address the patient's family. For example, Altan-Sarıkaya (2017) evaluated the effectiveness of the Emotional Development Psychoeducation Program applied to the caregivers of patients with mental disorders in his doctoral thesis. As a result of the interventions applied to the experimental group for nine weeks, it was stated that the caregivers had an increase in emotion management skills compared to the caregivers who did not participate in the training program. It was also emphasized that emotion management training for caregivers of patients can be used as an effective tool in solving important nursing problems such as dealing with feelings towards families and understanding emotional distress (Altan-Sarıkaya 2017).

Specialist psychiatric nurses who are qualified to perform therapy can take special interventions that can be integrated into nursing care for the problems experienced by patients with therapy techniques such as Cognitive Behavioral Therapy (CBT) and Emotion-Focused Therapy (EFT). For example, psychiatric nurses can use CBT techniques to teach emotion regulation skills by discovering the relationships between CBT techniques and the patient's unreal thoughts and negative emotions (Demiralp and Oflaz 2007). In emotion-focused therapy, emotions are the main ingredient and the therapist realizes their application in empathy, positive respect, and harmony. Primary and secondary emotions are tried to be exposed and their functionality is discussed. It is tried to determine which emotions arise in which situations and what triggers this emotion (Goldman et al. 2006). Nurses with practical qualifications can also benefit from emotion-focused therapy while working with the patient's emotions.

Surprisingly, little is known about the precise mechanisms of the effects of apparently emotion regulation therapies and interventions. It is not clear to what extent various treatments affect emotion formation and emotion regulation differently. Clarifying the exact mechanisms of action for each of these interventions also emerges as an important future challenge (Gross 2015). In addition, a recent study emphasizes that emotion regulation strategies should be considered as poly regulation (Ford et al. 2019). Psychiatric nurses should also consider all these developments while managing psychiatric care.

Conclusion

Nurses make many attempts to address emotion regulation problems experienced by individuals with mental disorders. While master's and doctoral dissertations for emotion regulation skills in the field of psychiatric nursing in Turkey are often observed, it is noteworthy that the small number of individual research studies on this subject. Individuals with mental disorders are in contact with psychiatric nurses every day in clinics and most of them need the training to recognize, understand, and regulate their emotions. Meeting these needs of individuals will only be possible with psychiatric nurses having sufficient knowledge in this field.

For psychiatric nurses, the emotions experienced by the patients are an important process that should be followed during both the treatment in the clinic, and the treatment is carried out remotely. In all this process, it is important to show an individual-specific approach because the adaptive or maladaptive methods used by individuals vary according to personal characteristics, the nature of the disease, and the culture. Considering that emotions are important triggers for an individual's behavior, the patient gaining the skills of recognizing, understanding, and managing his/her emotions and gaining control of the treatment is achieved by the psychiatric nurses gaining the patients' emotion management skills. For this, psychiatric nurses should first be able to recognize, understand, and manage their own emotions. There is also a need to create a supportive process with regular research and training between nurses on emotion regulation. With the introduction of these skills from the student years, the quality of the care process may increase.

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