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Beyond the Walls: The Role of Sense of Community and Emotional Regulation in Mental Health

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Abstract

This study examines the relationship between sense of community, emotional regulation, and mental health among residents of the Walled City of Lahore. The research highlights the role of community connectedness and emotional regulation in promoting psychological well-being within an urban, culturally rich population. A cross-sectional research design will be used. The sample consisted of 200 young adults aged 24-27 years (100=males, and 100=females), selected through purposive sampling from the Walled City of Lahore. Standardized instruments were used for data collection, including the Sense of Community Index-2 (Chavis et al., 2008), the Emotional Regulation Questionnaire (Gross & John, 2003), and the Depression Anxiety Stress Scale (DASS-21) (Lovibond & Lovibond, 1995). Data will be analyzed using SPSS, employing correlation analysis, multiple regression analysis, and independent samples t-tests. The study aims to address a significant gap in Pakistan's mental health research by focusing on an underrepresented community.
***Keywords**: Sense of community; emotional regulation; mental health; Walled city of Lahore;*

Introduction

Community health also encompasses the physical or mental presence of an individual living together with others in a particular environment, and it is affected by social network relationships, cultural practices, economic constraints, and the availability of health resources. In urban community living may be a determinant of health outcomes because the close relationship of people often promotes life and induces stress based on overcrowding, air social responsibility burden (MedDocs Publishers, 2019).

The walled city of Lahore is a very densely populated area with massive buildings and houses surrounding It, where life happens on the streets and squares, in dark alleys

and small lanes. Research on place attachment in such areas show that resident develop strong emotional and social bonds with traditional gathering houses, which may affect health and wellbeing levels (Zahid & Misirlisoy, 2021).

Theoretically, arrange of psychological approaches, including cognitive, behavioral, and neurological theories, have been employed to understand the mechanism of emotional regulation. Cognitive theories strongly emphasize the role of appraisal processes in emotional and regulatory experiences, suggesting that individuals emotional and regulatory experience are shaped by their appraisal of the situation. Behavioral theories focus on the role of reinforcement and learn coping styles in shaping individuals' emotional expression. The interaction between the prefrontal cortex and the amygdala have been identified as the key mechanism by which higher order cognitive processes regulate emotional impulses arising from the limbic system (Ochsner & Gross, 2005; Etkin et al., 2015). These integrated models of emotional regulation indicates that emotional regulation is not a unitary psychological construct but a complex, multifaceted Construct that encompasses behavior, cognition, and brain function.

Mental health is described as a state of well being in which people recognize their strength, are able to manage usual stresses of life, and make their contribution to the community (World health organization, 2018). Mental health has been described as a continuum for languishing 2 flourishing, with focus on positive functioning rather than the absence of illness (Keyes, 2002). In Pakistan, systematic reviews have found a high prevalence of common mental disorders like anxiety and depression, and have identified the main barriers as the lack of trained professionals, economic constraints, end the stigma associated with seeking psychological care(Mirza & Jenkins, 2004). National debates further emphasize that the lack of effective policy implementation and in equitable distribution of services are also responsible for poor outcomes in mental health (Malik & Bokharey, 2015). Because of these structural and cultural issues, community based and culturally adapted approaches have been increasingly acknowledged as effective, as they help reduce stigma, increase accessibility, and aligned with local belief systems and social structures (Patel et al., 2011; Rahman et al., 2008).

Sense of community is the psychological and emotional tier that individual feel within a group or geographically area. It involves feeling of belongingness, integration of needs, add emotional ties that are generated through interaction with other members (McMillan & Chavis, 1986, as cited in Peterson et al., 2008). In model studies, sense of community has been defined not only as a subjective feeling of association but also as a multidimensional construct that effects well being, social support, add collective action (Gusella et al., 2018). Ecologically, sense of community is a psychosocial resource that enhances social capital and promote resilience to stressors in both urban and rural settings.

Empirical research carried out over the last decade has shown the positive correlation between sense of community and psychological wellbeing. For instance, people who experienced are stronger sense of community have been found to have higher level of life satisfaction and lower levels of anxiety, depression, and loneliness (Lee & Robbins, 2016). Search findings have been supported in various populations, including university students, residents of neighborhoods, and older people, and it appears that sense of community is a factor that leads to emotional stability and social integration (Gonzalez et al., 2015). Research has also shown that sense of community is a factor that leads to perceived social support, which act as a protective factor against psychological distress, as it provides people with resources to cope with adversity (Hagerty et al., 1996, as cited in Pretty et al., 2011).

Social structures and environmental contexts or also important factor that influence sense of community. Urban neighborhoods with higher level of social bonding,

local identity, and civic engagement are likely to have higher levels of collective efficacy and neighborhood cohesion (Sampson, 2012). Conversely, neighborhoods that are characterized by social disorganization, rapid demographic turnover, or lack of public spaces tend to have lower levels of sense of community and higher developed social isolation (Manzo & Perkins, 2016). Environmental factors such as presence of accessible communal spaces, pedestrian friendly design, and culturally significant landmarks have been found to be associated with higher levels of neighbor interaction and long term community attachment (Lewicka, 2011).

Cross cultural studies also highlight the university and the variability of sense of community in different social cultural contexts. In collectivistic societies, where the emphasis is on interdependence and community, individuals may find stronger sense of belonging in their family and social ties than in geographically bounded neighborhoods (Kim et al., 2020). On the other hand, in individualist societies, sense of community may be more closely tied to voluntary association and symbolic bonds then to describe social structures. However, across this cultural variation, Research have been found that sense of community continues to be a strong predictor of subjective wellbeing (Yu et al., 2011).

However, recent measurement gains have also increased the method by which sense of community is measured and utilized in studies. For instance, traditional Mayers such as the sense of community index (SCI) Have been updated and improved to enhance psychometric properties and allow for cross cultural validation (Perkins et al., 2014). For instance, the Sense Of Community index-2(SCI-2) has shown enhanced reliability and construct validity across diverse populations, making it possible to conduct more valid research on community processes and psychological outcomes (Peterson et al., 2019). These advances have made it possible to not only measure over all sense of community but also its various components, including membership, influence, integration, add emotional identification.

Crucially, research on sense of community have been considered in the terms of both predictor and outcome variable in studies investigating community development, public health, and social policy. Within the specific area of neighborhood interventions, the enhancement of sense of community has been linked to greater civic engagement, collective problem solving, add empowerment, which, in turn, contribute to improved wellbeing and decreased social disorder
(Speer & Hughey, 2012). Furthermore, longitudinal research has indicated their changes in sense of community predict changes in the psychological and social functioning of resident's overtime, suggesting that it is a dynamic resource rather than a stable trait (Cleary et al., 2017).

In conclusion, sense of community continues to be a fundamental concept in the study of complex interplay between interpersonal relationships, social contexts, and cultural factors and their impact on psychological wellbeing.The concept has been applied not only to physical neighborhood but also to virtual communities, professional organizations, and voluntary associations, as people seek to belong and find meaning in their lives.In the study of urban communities, the concept of sense of community can be used examine the impact of historical neighborhood, cultural heritage, add social practices on mental health.

Emotional regulation is very important for maintaining psychological wellbeing, especially in situation of collective stress, such as public health crisis or uncertain economic situation, according to research conducted in Pakistan.Studies on youth and college students in Pakistan indicate that individual with adaptive strategies for dealing with emotions are more resilient, optimistic, and sound in their mental health than those who employ strategies of avoidance or suppression. Open expression of emotion may

sometimes be discouraged by cultural norms of emotional control, which may fact psychological outcomes (Zaman et al., 2021; Khalid & Qadir, 2018).

The cognitive and behavioral Processes that individuals employ to regulate the intensity, temporal characteristics, an expression of their emotions are referred to as emotional regulation. according to gross process model, the primary process is that individual's employee to control their emotions are techniques such as expressive suppression and cognitive reappraisal. Although maladaptive techniques of emotional regulation, such as persistent suppression, are associated with stress and depression, adaptive techniques of emotional regulation, particularly reappraisal, are associated with positive psychological outcomes. In situations where social density and environmental stress are factors, the ability to effectively regulate one's emotion is critical (Gross, 1998; John & Gross, 2004).

The Gross Process Model, which distinguishes between regulatory strategies based on antecedent focused and response focused strategies, is a generally accepted model of emotional regulation. situation selection, situation modification, attention deployment, and cognitive reappraisal are examples of antecedent focused strategies that occur before the completion of the emotional response. after the completion of the emotional response, response focused strategies occur, which typically include the regulation of emotional expression (Gross, 1998; Gross, 2014).

As the ability to regulate emotions begins in early childhood and persist through various stages of li emotional regulation has a sound basis in developmental psychology. As there cognitive and neurological structures mature, infants began to develop self regulatory abilities such as distraction, reappraisal, and problem solving. At first, infants look to their caregiver for emotional regulation. As research suggests (Thompson, 2011; Morris et al., 2007), early attachment patrons play a significant role in the development of regulatory styles because sportive care giving leads to healthy emotional regulation.On the other hand, inconsistent and careless care giving may cause emotional dysregulation, which is associated with behavioral problems, anxiety, and mood disorders in adulthood.Thus, emotional regulation is a developmental skill that is influenced by social and environmental factors rather than being solely an individual trait.

According to World Health Organization, Mental health is more than the absence of mental illness; it also encompasses emotional, Psychological, add social wellbeing. The stressors that the population in urban areas is commonly exposed to include a lack of recreational facilities, environmental pollution, and economic insecurity, which can prove to be detrimental to mental health. Mental health problems are still not being addressed properly in Pakistani cities like Lahore due to stigma, lack of resources and lack of awareness. Therefore, it is essential to examine the protective psychosocial factors such as emotional intelligence (World Health Organization, 2022; Mirza & Jenkins, 2004).

Socio ecological Any community psychology theories can be used to understand the theoretical link between mental health, emotional regulation, and community.These theories suggest that although social support can either be a mitigating or exacerbating factor in psychological stress, individual emotional abilities or influenced by their social and environmental surroundings.Through the provision of collective strategies for coping and emotional support, a positive community can enhance emotional regulation and promote positive mental health outcomes. Conversely, poor emotional regulation and psychological distress can be exacerbated by a dysfunctional or conflict field community. (Bronfenbrenner, 1979; Perkins & Long, 2002).

Urban settings are not to be characterized by complex social processes that can either be a contributing factor or a hindrance to psychological wellbeing. On the other hand, urban settings provide opportunities for social networking, cultural experiences, and

economic advancement.On the other hand, social dis integration, lack of cohesion in neighborhood, and a feeling of insecurity may lead to feeling of loneliness, stress, and emotional depletion.Various studies have indicated that people living in highly urbanized setting tend to have higher rate of reported mood and insight disorders than those living in rural settings, partly due to prolonged exposure to psychosocial stressors and limited availability of supportive community relationship.(Peen et al., 2010; Gruebner et al., 2017).

However, environmental conditions in urban areas also have an important role in influencing mental health. Air pollution, lack of green spaces, traffic congestion add unsafe public infrastructure have been linked to higher levels of psychological distress and poor quality of life.On the other hand, the availability of parks, recreational facilities, and pedestrian friendly neighbourhoods has been shown to have a positive influence on emotional well being and stress relief.Research has clearly shown that urban dwellers who have regular explorer to natural environments experience lower level of depression and improve cognitive functioning (Bratman et al., 2019; Gascon et al., 2015)

Recently, there has been a growing focus on community based and preventive strategies format metal health promotion in urban settings. Strategies that target the improvement of social support networks, community safety, and access to culturally competent mental health care have shown promising results. Urban mental health programs that target policy change, community engagement, and environmental planning are more effective in promoting long term mental well being than program that targets symptoms (Herrman et al., 2019; WHO, 2022).

The presence of strong cultural bonds and contemporary urban challenges in Lahore's Old City area gives rise to a unique psych social setting. While the community's Strong social fabric may help in the promotion of collective identity, emotional wellbeing could be jeopardized by environmental factors. The study of how the residents cope with their emotional experiences in the social setting can provide culturally informed knowledge about mental health resilience. This is vital for the development of community plans for urban areas and mental health interventions (Haq & Zia, 2019; Qadeer, 2006).

Walled city of Lahore is one of the oldest urban agglomerations in South Asia, and it is famous for its compact residential areas, historical landmarks, and vibrant social life (Hasan, 2010). The socio spatial configuration off the area promotes interpersonal interactions, group rituals, and shared cultural experience. According to urban researchers, such environments are conducive to the development of strong social support networks that, depending on the dynamics of society and economic pressures, can be both stressed generating air stress reducing (Qadeer, 1997; Ali, 2014).

Despite being admired for its rich history and social life, the residents of Walled city of Lahore Are confronted with problems such as congestion, a lack of modern mental health care facilities, air socio economic inequalities, which can affec psychological wellbeing (Mustafa, 2018).

Theoretical framework

The current research is based on an integrated model of psychosocial theory that incorporates Sense of Community Theory, Emotional Regulation Theory, and the Biopsychosocial Model of Mental Health. These theories, collectively, describe the interplay between social relationships, individual emotional processes, and mental health outcomes. In the highly sociocultural contexts of the Walled City of Lahore, where neighborhood identity, historical identity, and family ties are strong, the integrated model can be used to explain variation and well being model can be used to explain variation and wellbeing.

The Sense Of Community Theory, conceptualized by McMilan and Chavis(1986), describes the concept of community membership with four essential components: membership, influence, integration and fulfilment of needs, and shared emotional identification. This theory states that when people feel a sense of belonging to community, they experience better social support, Identity, and psychological security. In the case of walled city Of Lahore, where social interactions, cultural practices, and community networks are intricately entwined, The sense of community is likely to act as a supportive and social element that improves emotional stability and lessens psychological distress (McMillan & Chavis, 1986; Chavis et al., 2008).

Emotional regulation theory, proposed by Gross, is a theory that explains the regulation of emotions by individuals. This theory proposes two methods of emotional regulation; Cognitive reappraisal and expressive suppression. Cognitive Reappraisal is a more adaptive strategy that involves the reinterpretation of emotional experiences, whereas Expressive Suppression is a less adaptive strategy that involves the inhibition of expressive emotions. As per this theory, people who often use more adaptive strategies, such as reappraisal, experience better psychological wellbeing, whereas people who use suppression experience anxiety, stress, and depression. In the context Walled City, Community living involves continuous social interactions and environmental stress, which requires continuous emotional regulation, making emotion regulation an important internal mechanism that affects mental health (Gross & John, 2003).

The biopsychosocial model videos mental health as a product of interplay between biological, psychological, and social variables (Engel, 1977; Lund et al., 2018). Biopsychosocial model goes beyond the medical perspective and recognize this that social environments, communities, and psychological processes all contribute to mental health. From A Biopsychosocial point of view, Sense of community is a social determinant of mental health that act as a source of emotional support, group identity, and social resources that mitigate stress and promote resilience (Lund et al., 2018; Patel et al., 2018). Emotional regulation is a psychological mechanism that help people deal with stress and social challenges. these two factor play a role in the likelihood of psychological distress or well being.

The proposed integrated model for the study places Sense of Community as a social environmental variable that has both direct and indirect effects on mental health. Sense Of Community is assumed to have a positive effect on mental health by increasing social sport and collective identity (Peterson et al., 2019). Emotional regulation is meditating an individual mediating variable that explain the relationship between social connection and psychological processes. High sense of community may facilitate the use of effective emotional regulation strategies, which are assumed to predict lower levels of anxiety, stress, and depression. The Biopsychosocial Model serve as the board theoretical framework within which the proposed relationship are embedded.

Literature Review

Studies conducted on community sport and mental health in urban pakistan have found that social contexts Players are significant role in shaping psychological wellbeing. Zainab et al. (2025) employed a cross-sectional survey study with a five-point Likert scale to measure family dynamics, Health literacy, community support, add mental well being in 300 urban adults in Pakistan. The authors proposed that community sport would positively predict mental wellbeing and that social stigma would attenuate this relationship. these findings revealed that supportive family dynamics, health literacy, and community support, were positively related to improved mental health, while stigma partially mediated these links, attenuating the positive association (supporting their

hypothesis). The study had limitations in that the sample was not specific to the Lahore historical districts and may have been susceptible to the self report bias.

Studies on emotional regulation in Pakistan have emphasized its importance in stress and wellbeing as in global emotional regulation literature. Maqsood et al (2025) use the Emotional Regulation Questionnaire, Warwick-Edinburgh Mental Wellbeing Scale, and workplace stress scale on 170 mental health professionals in Lahore to examine the role of cognitive reappraisal and mental well being in predicting stress. their hypothesis was confirmed, as cognitive reappraisal and wellbeing was found to predict lower workplace stress. The study's strength were the reliability of the scales used, but it's weakness were its purposive sampling and lack of representation from community residents.

The mediating role of emotional regulation in mental health has also been spotted in student samples. Zaman et al (2021) examined the role of cognitive reprisal and expressive suppression in psychological wellbeing through distress during the COVID-19 pandemic in 300 Pakistani university students. the authors assume that distress would impair well being and that emotional regulation strategies would mediate this relationship. the finding confirmed both assumptions: distress Significantly decreased well being, and both regulation strategies fully mediated this relationship, with reappraisal having a slightly stronger positive impact than suppression. the study is limited by the context of the pandemic and the students' sample, which does not allow for comparison with the average urban community.

Fatima et al. (2022) investigated the role of religious coping, self regulation and distress in 247 young adults in Lahore, using standardized measure of self regulation and distress. The study proposed that self regulation would mediate the relationship between religious coping and psychological distress. The findings confirm that self regulation did mediate the relationship, as positive religious coping was linked to reduced stress and anxiety through self regulation, but negative religious coping was related to highest stress levels. Although community attachment is not directly accessed in this study, it is important to note that the study illustrates the impact of larger socio-cultural practices on emotional regulation and if mental health. The limitations of the study are that it is conducted on us specific group of people (Young adults) And that the constructs of religious coping may not generalize to community sense of community

Research in the broader social ecological field has indicated the role of community factors in psychological wellbeing. Khawaja & Kausar (2025) conducted a survey of 280 university students in Pakistan using measures of emotion regulation, social support, interpersonal relations, and community factors such as neighborhood and sense of community. they proposed that multi level socio ecological factors, including community factors, would be related to wellbeing. the findings partially supported the hypotheses, with family and interpersonal factors being better predictors of well being than community factors, and all limited role for sense of community in this study. the study had limitations in terms of sampling psychology students and failing to assess the dynamics of neighborhoods For or non-student groups.

Environmental stressors in Lahore, like smog, have been studied through qualitative research for their effects on emotional health. Rahim (2024) carried out in depth interviews with 20 participants in Lahore on the effect of smog exposure on mental health, assuming that prolonged exposure to pollution leads to deteriorating mental health symptoms. The result showed that symptoms of anxiety, depression, irritability, and insomnia world common due to air pollution, highlighting the influence of environmental factors on mental health. The limitations of the study are the small sample size of

qualitative study and the absence of standardized psychometric tools, but the study is informative about the effect of urban stressors on mental health.

Though not directly related to community sense, Hussain et al. (2023) investigated emotion regulation, psychological flexibility, and the stress in a clinical group (asthma patients) aged adults in Pakistan, using the CERQ, AAQ-2, and DASS-21. They assume that adaptive strategies and flexibility would be associated with better quality of life and reduced distress. The findings revealed that the adaptive strategies were positively associated with psychological flexibility and quality of life, and inversely associated with distress. The limitation includes the clinical group and the medical condition, but the high methodological quality confirms the key role of regulation in mental health outcomes.

International study support the role of difficulties with emotion regulation as a predictor of mental health issues. Zafar et al. (2020) conducted a cross-sectional study of 1500 adolescents in Pakistan, using SEM to analyze the relationship between difficulties with emotional regulation and psychopathology, and found that several aspects of emotion dysregulation were significantly related to depression, anxiety, and behavior problems. The hypothesis That emotion dysregulation predicts psychopathology was supported, although the study was limited by its focus on adolescents and its geographic scope, which was not specific to Lahore.

Objectives of Study

- To find out the relationship of sense of community and emotional regulation with mental health among the residents of walled city of Lahore
- To find the predictors of mental health among residents of walled city of Lahore
- To examine the gender differences among the study variable

Hypotheses of Study

- There will be a significant relationship of sense of community, emotional regulation, with mental health among the residents of walled city of Lahore
- Sense of community and emotional regulation will likely to predict mental health among residents of walled city of Lahore.
- Gender differences will be found among the sense of community, emotional regulation and mental health.

Methodology

Research Design

The present study employed cross-sectional correlational research design to examine the relationship between sense of community, emotional regulation, and mental health among the residents of Walled City of Lahore.

Participants

The target population included all adult inhabitants of the Walled City of Lahore, which is a historical and culturally rich city with dense residential structures and social networks. The study targeted young adults age 19-27 years (M_{age}=; *SD*=, as this age group is actively involved in social, occupational, and community life and is particularly so susceptible to emotional and mental health issues. A total sample of 200 participants were selected for the study. A purposive sampling technique used to recruit participants. Participants were selected based on predefined inclusion criteria to ensure relevance to the research objectives.

Inclusion and Exclusion Criteria

The data was collected from the participants who were residents of The Walled City of Lahore. Rest of the Lahore residents were excluded from the study. The data was collected from the participants whose age was in between 19- and 27-years rest of the participants were excluded from the study. The participants of walled city were included in the study who were living in that area from previous 1 year less than one years were

excluded from the study. Only individual family system was investigated and joint family system were excluded from the study. The divorced participants were also excluded from the study

Measures

Demographic information sheet: The self-designed demographic information sheet was used to collect the personal information of the participants. The demographic information sheet consisting of age, gender, education, marital status, length of residence, gates name, living situation, and socio-economic status.

Sense of Community Index-2 (Lee &Acosta, 2008). The Sense of Community Index-2 is consisting of …. Items and comprising of 4 factors: membership, influence, integration and fulfillment of needs, and shared emotional connections. The instrument uses a Likert-type scale (1=not at all, 2=slightly, 3=moderately, 4=mostly, 5=completely) where a higher score reflects a stronger sense of community. The SCI-2 has been shown to have strong reliability and validity in the wide range of cultures. In terms of reliability, the internal consistency of the total scale usually falls between cronbach's alpha .89 and .94, which is a strong indicator of readability. Turning to validity, the SCI-2 has been shown to be valid by construct, convergent, and discriminant evidence.

Emotional Regulation Questionnaire (ERQ) (Gross & John,2003): The emotion regulation questionnaire was consisting of …. Items with Likert-Type Scale that requires the participants to rate the statement on the scale of 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating a greater tendency towards the use of particular emotional regulation strategy. The ERQ has been found to possess high internal consistency and construct validity. In respect to reliability, the Cronbach alpha coefficient for cognitive reappraisal scale was .79, while that of the expressive suppression scale was .73. In respect to validity, the ERQ has been found to possess high construct validity, with two factor model of reappraisal and suppression being supported by factor analysis.

Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995): The Depression Anxiety Stress Scale 21 (DASS-21) was employed to measure the mental health outcomes. The scale has three subscales that measures depression, stress, and anxiety. The items are scored on a 4-point Likert scale that ranges from 0 (did not apply to me at all) to 3 (applied to me very much), with higher scores reflecting higher levels of psychological distress. The DASS-21 has shown high reliability and validity among various cultural groups. In terms of reliability, the alpha coefficients for, the depression, anxiety, and stress scales are. .88, .82, and .90, respectively, in the original development and validation study of the scale, which is an indication of good internal consistency.

Procedure

Firstly, the permission was granted from ethical review board of the university following that the permission was granted from the original authors of scales to use them. Following the approval and planning the scale were compiled along with consent and demographic information sheet and google form was designed for the recruitment of participants and some of the data was collected by approaching the participants physically. Participant were asked to read and sign a consent form, which insured their participation in the study is voluntary, and the information received will be kept confidential. Furthermore, participants completed self report questionnaires in a setting that will be monitored, and also, the expected time of completion is within 20-25 minutes. there responsive was anonymized, that is, accord assigned in order to guarantee the participants privacy. the participants were approached in residential areas of Walled City of Lahore. A total 200 participants were investigated and the data was analyzed by using Statistical Package for Social Sciences (SPSS, V27). The result of the study are discussed below.

Results

Table 01

Descriptive statistics of the Demographic information of the young Adults (N=200)

e	*M*	*SD*	*f*	%	Min	Max	*Kurtosis*	*Skewness*
Age	2.34	.67			1	3	-.73	-.51
19-21			22	11.0				
22-25			89	44.5				
26-29			89	44.5				
Gender	1.35	.50			1	2	-.65	.88
Male			133	66.5				
Female			67	33.5				
Marital Status	1.69	.66			1	3	-.21	.54
Married			97	48.5				
Unmarried			83	41.5				
Divorced			20	10.0				
Living Area	2.36	1.05			1	4	.34	1.14
Bhatti Gate			27	13.5				
Dehlli Gate			122	61.0				
Lahori Gate			16	8.0				
Mochi Gate			23	11.5				
Shah Alam Gate			12	6.0				
Socioeconomic tatus	1.79	.53			1	3	.34	-.17
Lower			54	27.0				
Middle			135	67.5				
Upper			11	5.5				
Family System	1.53	.50			1	2	.34	-.16
Nuclair			94	47.0				
Joint			106	53.0				

The results of Table 1 indicating the descriptive statistics of the demographic characteristics of the young adults (N = 200). The participants' age was categorized into three groups, with a mean age category score of M = 2.34 (SD = 0.67), ranging from 1 to 3. The majority of participants belonged to the 22–25 years (n = 89, 44.5%) and 26–29 years (n = 89, 44.5%) age groups, while 19–21 years comprised 11.0% (n = 22) of the sample. The age distribution showed acceptable normality with skewness (−0.51) and kurtosis (−0.73). Regarding gender, the mean score was M = 1.35 (SD = 0.50), with 133 (66.5%) males and 67 (33.5%) females. The distribution demonstrated slight positive skewness (0.88) and acceptable kurtosis (−0.65).

For marital status, the mean was M = 1.69 (SD = 0.66). Nearly half of the participants were married (n = 97, 48.5%), followed by unmarried participants (n = 83, 41.5%), while 20 (10.0%) participants were divorced. The distribution was approximately normal, with skewness (0.54) and kurtosis (−0.21). Participants' living area had a mean score of M = 2.36 (SD = 1.05), ranging from 1 to 4. Most participants resided in Dehlli Gate (n = 122, 61.0%), followed by Bhatti Gate (n = 27, 13.5%), Mochi Gate (n = 23, 11.5%), Lahori Gate (n = 16, 8.0%), and Shah Alam Gate (n = 12, 6.0%). The distribution showed slight positive skewness (1.14) and acceptable kurtosis (0.34). With respect to socioeconomic status, the mean was M = 1.79 (SD = 0.53). The majority of participants belonged to the middle socioeconomic class (n = 135, 67.5%), followed by the lower class (n = 54, 27.0%), whereas only 11 (5.5%) participants were from the upper socioeconomic class. The distribution was approximately symmetric, with skewness (−0.17) and kurtosis (0.34). Finally, the family system variable yielded a mean of M = 1.53 (SD = 0.50). More

than half of the participants belonged to joint families (n = 106, 53.0%), while 94 (47.0%) lived in nuclear families. The distribution indicated acceptable normality, with skewness (−0.16) and kurtosis (0.34).

Overall, the skewness and kurtosis values for all demographic variables fell within the acceptable range (±2), indicating that the distributions were approximately normal.**Table 02**

Peron Product Moment Correlation, Mean, Standard Deviation among the Study Variables(N=200).

	1	2	3	4	5	6	7	8	9	10	11	12
1-SOC	…	.744***	.852***	.797***	.566***	.502***	.414***	.506***	.488***	.465***	.361***	.414***
2-RON		…	.732***	.334***	.124	.558***	.463***	.560***	.461***	.457***	.353***	.392***
3-Mem			…	.558**	.214**	.391***	.317***	.401***	.452***	.425***	.348***	.368***
4-Inf				…	.449***	.340***	.297***	.322***	.403***	.338***	.305***	.369***
5=SEC					…	.170*	.119	.198**	.107	.138	.046	.080
6-ER						…	.928***	.879***	.515***	.447***	.422***	.465***
7-CR							…	.638***	.476***	.371***	.407***	.445***
8-ES								…	.454***	.450***	.352***	.390***
9-MH									…	.857***	.847***	.859***
10-Dep										…	.632***	.601***
11-Anx											…	.591***
12-Str												…
M												
SD												

P<.001; p<.01; p<.05

Note : SOC= Sense of Community; RON= Reinforcement of Need; Mem= Membership; Inf= Influence; SEC= Shared Emotional Connection; ER= Emotion Regulation; CR= Cognitive Reappraisal; ES= Expressive Suppression; MH= Mental Health; Dep= Depression; Anx= Anxiety; Str= Stress

The results of Table 02 indicating the Pearson product–moment correlation coefficients, means, and standard deviations among the study variables. The findings indicated that Sense of Community was significantly and positively associated with all study variables, including Reinforcement of Need (r = .74), Membership (r = .85), Influence (r = .80), Shared Emotional Connection (r = .57), Emotion Regulation (r = .50), Cognitive Reappraisal (r = .41), Expressive Suppression (r = .51), Mental Health (r = .49), Depression (r = .47), Anxiety (r = .36), and Stress (r = .41).

Among the dimensions of sense of community, Reinforcement of Need showed significant positive correlations with Membership (r = .73), Influence (r = .33), Emotion Regulation (r = .56), Cognitive Reappraisal (r = .46), Expressive Suppression (r = .56), Mental Health (r = .46), Depression (r = .46), Anxiety (r = .35), and Stress (r = .39). However, its association with Shared Emotional Connection was not statistically significant (r = .12).

Similarly, Membership was significantly and positively related to Influence (r = .56), Shared Emotional Connection (r = .21), Emotion Regulation (r = .39), Cognitive Reappraisal (r = .32), Expressive Suppression (r = .40), Mental Health (r = .45), Depression (r = .43), Anxiety (r = .35), and Stress (r = .37).

Regarding emotion regulation, Emotion Regulation showed a very strong positive correlation with Cognitive Reappraisal (r = .93) and Expressive Suppression (r = .88). Emotion regulation was also moderately and positively associated with Mental Health (r = .52), Depression (r = .45), Anxiety (r = .42), and Stress (r = .47). Furthermore, Mental Health demonstrated strong positive correlations with Depression (r = .86), Anxiety (r = .85), and Stress (r = .86). Likewise, Depression was significantly associated with Anxiety (r = .63) and Stress (r = .60), while Anxiety and Stress were also positively correlated (r = .59).

Overall, the findings indicate that sense of community, its dimensions, emotion regulation, and mental health-related variables were predominantly positively and significantly interrelated.

Table 03

Reliability Coefficient of the Instruments (*N*=200)

Scales	***α***
Depression Anxiety Stress Scale	.80
Sense of Community	.79
Emotion Regulation	.71

Table 03 presents the internal consistency reliability of the study measures using Cronbach's alpha coefficients.

Table 04

The linear Regression Analysis indicating the Emotional Regulation as predictor of Mental Health (*N*=200)

Predictors	***B***	***SEB***	***β***	***t***	***p***
R^2 =.26, ΔR^2= .26					
Constant	18.53	2.57		7.21	.001
ER	.54	.06	.52	8.45	.001

p<.001

Note: ER= Emotional Regulation

Table 04 presents the results of the simple linear regression analysis examining emotional regulation as a predictor of mental health among young adults (N = 200). The overall regression model was statistically significant, explaining 26% of the variance in mental health (R^2 = .26, ΔR^2 = .26, p < .001). Emotional regulation emerged as a significant positive predictor of mental health (B = 0.54, SE = 0.06, β = .52, t = 8.45, p < .001). Specifically, a one-unit increase in emotional regulation was associated with a 0.54-unit increase in mental health scores. The intercept was also statistically significant (B = 18.53, SE = 2.57, t = 7.21, p < .001).

Overall, the findings indicate that higher levels of emotional regulation are associated with better mental health, supporting the role of emotional regulation as a significant predictor of mental health among young adults.

Discussion

The present study examined the relationship between sense of community, emotion regulation, and mental health among young adults. Specifically, it explored the associations among the study variables and investigated whether emotion regulation

predicts mental health. The findings provide empirical support for the study hypotheses and are largely consistent with previous theoretical and empirical research.

The descriptive statistics indicated that the demographic variables were normally distributed, as evidenced by acceptable skewness and kurtosis values within the recommended range (±2). The sample was predominantly composed of young adults aged 22–29 years, with a higher proportion of male participants, the majority belonging to the middle socioeconomic class and living in joint family systems. These demographic characteristics are representative of many urban communities in Pakistan and provide a suitable context for examining psychosocial factors affecting mental health (Field, 2018).

The correlation analysis revealed that sense of community was positively associated with emotion regulation and mental health. Participants who reported a stronger sense of community also reported better emotional regulation abilities and better mental health outcomes. These findings support the theoretical model proposed by McMillan and Chavis (1986), which suggests that individuals who experience belongingness, membership, influence, reinforcement of needs, and shared emotional connection benefit psychologically through increased emotional support and social integration. Recent research has similarly demonstrated that a strong sense of community enhances psychological well-being by fostering social support, resilience, and adaptive coping strategies (Cicognani et al., 2021; Pretty et al., 2020).

The dimensions of sense of community including reinforcement of needs, membership, and influence were significantly associated with emotion regulation and mental health. These findings suggest that when young adults perceive themselves as valued members of their communities and believe that their emotional and social needs are fulfilled, they are more likely to regulate their emotions effectively. Social connectedness provides opportunities for emotional expression, interpersonal support, and constructive problem-solving, thereby promoting psychological adjustment (Haslam et al., 2018). However, shared emotional connection demonstrated comparatively weaker relationships with several psychological outcomes. This may indicate that merely sharing experiences with others is insufficient to improve mental health unless accompanied by meaningful interpersonal support and active engagement within the community.

Another important finding was the strong positive association between emotion regulation and mental health. Individuals with better emotional regulation skills also reported higher levels of mental health. This finding is consistent with Gross's (2015) Process Model of Emotion Regulation, which emphasizes that adaptive emotional regulation strategies enable individuals to manage emotional experiences effectively, reduce psychological distress, and promote well-being. Previous studies have similarly reported that effective emotion regulation is associated with greater psychological resilience, lower emotional distress, and improved life satisfaction among young adults (Aldao et al., 2016; Schäfer et al., 2017).

The study further found significant positive correlations between emotion regulation and cognitive reappraisal, indicating that individuals who effectively regulate their emotions frequently employ adaptive cognitive strategies. Cognitive reappraisal has consistently been recognized as one of the most effective emotion regulation strategies because it reduces negative emotional experiences while promoting psychological adjustment (Gross, 2015). In contrast, expressive suppression showed comparatively weaker associations with mental health, supporting previous findings that suppression may reduce outward emotional expression without effectively reducing internal emotional distress (Hu et al., 2014).

The regression analysis demonstrated that emotion regulation significantly predicted mental health, explaining 26% of the variance in mental health scores. This

finding suggests that emotional regulation is an important psychological resource contributing to mental well-being among young adults. Individuals capable of recognizing, understanding, and managing their emotions are more likely to cope successfully with academic, occupational, and interpersonal stressors. Similar findings have been reported in previous studies showing that emotion regulation significantly predicts psychological well-being and protects individuals against symptoms of depression, anxiety, and stress (Compas et al., 2017; Gross, 2015).

The findings also demonstrated strong positive correlations between mental health and depression, anxiety, and stress. These relationships indicate that emotional well-being is closely associated with psychological distress. Although these constructs are conceptually related and were positively correlated in the present study, future research should ensure that scoring procedures are interpreted consistently, particularly when using instruments in which higher scores represent greater psychological distress.

Overall, the findings support the view that sense of community and emotion regulation are important psychosocial resources for maintaining mental health among young adults. A supportive community environment may facilitate adaptive emotional regulation, which subsequently contributes to better psychological functioning. Therefore, interventions aimed at strengthening community connectedness and teaching evidence-based emotion regulation skills may improve mental health outcomes among young adults.

Implications of the Study

The findings of the present study have important theoretical, practical, and clinical implications. Theoretically, the study extends the existing literature by providing empirical evidence that sense of community and emotion regulation are significantly associated with the mental health of young adults. The findings support the theoretical propositions of McMillan and Chavis's (1986) Sense of Community Theory and Gross's (2015) Process Model of Emotion Regulation, suggesting that a strong sense of belonging and the ability to regulate emotions effectively contribute to improved psychological functioning. Furthermore, the study adds to the limited body of literature on these constructs within the Pakistani context.

Practically, the findings highlight the importance of promoting a supportive community environment in educational institutions and local communities. Universities and colleges may benefit from implementing programs that strengthen students' sense of belonging, social connectedness, and emotional competencies. Workshops focusing on emotional regulation, stress management, and adaptive coping strategies may help young adults develop psychological resilience and maintain better mental health. The findings also suggest that policymakers and educational administrators should consider integrating community engagement and mental health promotion initiatives into student support services.

Clinically, the results indicate that emotion regulation is an important predictor of mental health. Therefore, clinical psychologists, counselors, and mental health practitioners should assess emotion regulation difficulties during psychological evaluations and incorporate evidence-based interventions, such as cognitive reappraisal and emotion regulation training, into counseling and psychotherapy. Community-based mental health programs that foster social connectedness may also contribute to improving psychological well-being among young adults.

Conclusion

The present study examined the relationship between sense of community, emotion regulation, and mental health among young adults. The findings demonstrated that sense of community and its dimensions were positively associated with emotion regulation and

mental health. Moreover, emotion regulation emerged as a significant positive predictor of mental health, explaining 26% of the variance in mental health among the participants. These findings suggest that individuals with better emotional regulation skills tend to report better mental health outcomes.

Overall, the study emphasizes the importance of fostering a strong sense of community and enhancing emotion regulation abilities to promote psychological well-being among young adults. Developing supportive social environments and strengthening adaptive emotional regulation skills may serve as effective approaches for improving mental health and reducing psychological distress. The findings contribute to the growing body of literature on positive mental health and provide valuable evidence for researchers, mental health professionals, educators, and policymakers interested in promoting psychological well-being among young adults.

Limitations and Recommendations

The present study has several limitations. Its cross-sectional design limits causal interpretations, and the use of self-report measures may have introduced response bias. Furthermore, the sample was limited to young adults from a single geographical area, reducing the generalizability of the findings. The study also examined only sense of community and emotion regulation, while other factors influencing mental health were not included. Future research should use longitudinal or experimental designs with larger and more diverse samples, include additional psychological variables, and adopt mixed-methods approaches for a broader understanding of mental health. Educational institutions, mental health professionals, and policymakers should also strengthen emotion regulation programs, community engagement, and campus mental health services to promote the well-being of young adults.

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