



Exploring the connection among emotional regulation, depression, and anxiety.

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Abstract

The presented study explored the emotional regulation, anxiety and depression from the standpoint of a wide population sample. Data showed a strong pertinacity correlation between emotional organization and depressive symptoms ($r = -0.76$, $p < 0.05$) as well as in anxiety i.e. ($r = -0.78$, $p < 0.05$). These results indicate that the people who are emotionally regulated in greater degree have less severe anxiety and depression. Furthermore, t-tests allow us to compare the mean level of depression and anxiety scores between groups with high and low emotional regulation in our sample. First, t-test had a massive effect on the differences of depression levels within the groups with high and low emotional regulation; individuals in the group of high emotional regulation were in less depression compared to the group of low emotional regulation ($t = 1.601$, $p < 0.05$). Additionally, the second test demonstrated significant difference between anxiety levels of an individual with high and low emotional regulation ($t = 3.854$, $p < 0.05$), indicating that people with by higher emotional regulation have less anxiety. These outcomes stress in the role of emotional regulation to ameliorate symptoms of both depression and anxiety across the general population, thus highlighting the potential of emotional regulation as a target for intervention stemming from effectiveness improvement in mental health.

Keywords: depression, anxiety, emotional regulation

Introduction

In modern psychology, emotional regulation, depression and anxiety form one of the most important key research areas and make a consistent presence in a clinician practice. The art of emotional regulation encompasses complex processes on how people identify, evaluate and. translate emotions. These include cognitive and behavioural techniques they utilize in situations that are adaptive.

This competence plays a vital role in one's ability to timely tackle the obstacles of life and to preserve a good psychological health condition. Depression and anxiety being the two mammoth mental conditions rank as the most pervading ones worldwide, they trigger deep and extensive set of effects which normally influence individual lives. Depression is represented when a person is suffering from persistent sad moods, no hope or excitement, and stopped doing all activities that were rated good before.

Anxiety provokes stressful situations, real or not, threats, and it helps us prepare and stay alleviated from such conditions. It enhances mainly our survival chances. Yet, if it becomes overly, chronic and/or disproportionate to the actual threat, it can begin to disturb everyday life to the point of affecting feelings toward distress.

Anxiety disorders are a pool of mental illnesses related to an intense and unabated feeling of being anxious, worried, fear, or scared, which can get expressed very differently and interfere greatly with a person's quality of life.

There are several types of anxiety disorders, each with its own unique features and symptoms:

Generalized Anxiety Disorder

(GAD): GAD is a disorder that is characterized by chronic and excessive anxiety about almost all aspects of life, this may include your work, relationships, health, daily routines, or even something as P a simple as crossing a street. The people with GAD might live in a state of constant worrying which makes their minds restless, irritable, tense and unable to concentrate, therefore; they become tired and fatigue. Unbearable tension is commonly accompanied by different physical symptoms, for instance: headaches, nausea, or problems with sleep.

Panic Disorder: Panic disorder is characterized by unexpected and coming episodes of fierce panic attacks, which are numerous, short-lasting periods during which a person reaches his paroxysmal fright. This is how panic attacks unfortunately can present themselves in form with rapidly

elevated heart rate, sweating, trembling, breathing difficulties, chest pain, dizziness, or this imminent feeling that death is upon you. People suffering from panic disorder might live in the constant fear of next such panic attack or becoming trapped in situations where escape out of them might be non-existent.

Social Anxiety Disorder (Social Phobia): Social anxiety disorder is a mental health condition that causes an extreme and dreadful fear about social events or performance occasions, in which individuals may be fearful to scrutinize, evaluate, or be embarrassed by others. This fear may lead to types of avoidance such as dodge of social interactions, group discussions or being the centre of attention. These physical symptoms as blushing, sweating, trembling, or sickness not uncommonly may co-occur with the social anxiety disorder.

The other type of disruptor, stress, is characterized by the feeling of being made to do something before you are ready. The relationship between the emotional regulation\which is a technique of having control on emotions and these psychological conditions are very complicated and numerous. On the other hand, hypothetically, emotional control disorders contribute to depression or anxiety

disorder's emergence or making them persistent.

So, predisposed to mental health problems, the people with undeserved control over the feelings may run the risks of stress and shock, or are forced to look for ineffective ways of coping, thus turning to maladaptive ones - therefore endangering their general psychological health and symptoms of depressive and anxiety disorders. In the contrary way, emotional regulation methods having been as protective key factors in the prevention of the development and aggravation of depression and anxiety have been also proposed.

People who have developed the talent of adaptive version of emotional regulation may be better able to endure life hurdles, take bad feelings out of the way and keep inner cohesion in the face of hardships. Through refining their emotional reactions, they are able to suppress stressors' negative impact on them, avoid a situation getting worse, as well as sustain patience and courage in tough times.

Usually, the association between the emotional regulation and these mental health conditions is quite negative and has much in common at the same time. On one hand there have been studies related to deficits in

emotional management being of the kind that are identified as factors of risk for the development and continuance of depression and anxiety symptoms.

Those who have difficulties in managing their emotions may face higher pervasiveness of stressors, formation of maladaptive coping mechanisms, and challenges in preserving mental health; thus, the risk for depression and anxiety disorders grows. Although the role of emotion regulation in this affective spectrum is clinically relevant the topic is still far from a complete understanding because of existing gaps.

The firstly which is the exact way in which the emotional rule's affected the occurrence and the growth of the depression and anxiety is not yet figured out. Additionally, much of the research conducted previously has concentrated on clientele in clinical settings, which plays a role in limiting the validity in paper for the ordinary population. Subsequently, the study which looks for the link between the emotional regulation, depression and anxiety in the population with different national backgrounds where individuals are included even those with slightest of mental distress need to be conducted.

In the light of these issues, the research of the present study exclusively investigates the connection between emotional regulation, depression and anxiety disorders in a sample. In doing this, this study will determine the thin lines which join these elements. This will raise our levels of comprehension of the inner workings of emotional upset. Specifically, the results of our study might be utilized for the development of focused interventions aimed at improving emotional self-rule and eventually destroying the poll of anxiety and depression in society.

Reliable research demonstrates a possible association between emotional regulation and mental health outcomes in consideration of depressive symptoms and anxiety. On the other hand, the type of correlation between poverty and wider healthcare outcomes can be difficult to define as it is multifaceted. While some scholars find that the deficiency in the regulation of emotions is a weak point which makes depressed and anxious symptoms more likely to arise and persist. However, others have suggested that efficient emotional control strategies may function as protection mechanisms, both in cases of the emergence of mental health

disorders and in exacerbating their symptoms.

In light of the increasing amount of well-conceived research that is dedicated to the emotional regulation, depression, and anxiety nexus, however, various grey areas in comprehension remain. It is undeniable that exactly which underlying processes in the emotional control give cause of mood disorders like depression or anxiety is not well understood.

May the force still be with us all. Besides, there is the problem that the research is mainly conducted in the clinical samples, which mean that the research cannot fit on the community samples. In the past that research have supported good view of emotional regulation, depression and anxiety and how these could be interlinked. Multiple research point out that mood disorders as depression and anxiety are significantly connected with difficulties in emotional control. In instances where a person has difficulty in moderating her emotions, there is a chance that she will consistently have feelings of severe sadness, hopelessness, and anxiety.

Furthermore, dysfunctional emotion regulation techniques, for instance rumination and blocking have proven more

and more common among the teenagers diagnosed with depression and anxiety.

Thus, the same newly discovered emotional regulation strategy has been demonstrated to be rather an adaptive response in the past, which lower the risk of depression or anxiety. The people with less depression and anxiety symptoms, tend to possess desirable emotion regulation skills such as cognitive restructuring and acceptance. Through the application of proper emotional control mechanisms such as stress management and improving reactions to negative events, these individuals will have the ability to deal with life problems and stay emotionally fit.

Previous studies have granted us valuable knowledge as we explore the complex connections between emotional dysregulation, depression and worry. It now seems reasonable to conclude that the research results demonstrating that deficits in emotional regulation are always linked to an increased frequency of depression and anxiety symptoms. As an instance, looking at the individuals who find difficulty in properly controlling emotions can lead to ongoing emotions like income caused by depressiveness, hopelessness, and anxiety. Similarly, energy-depleting emotion

regulation strategies like ruminating and suppression have been shown to be connected with greater depression and anxiety symptom levels.

However, despite these strides, many of these the answers to some issues still remain unknown. Firstly, the definite mechanism by which emotional regulation mitigates mainly depression and anxiety is still not comprehensively expressed. As by now we understand that emotional regulation can modulate emotional experiences in an imperative way, we should investigate the exact pathways through which it impacts the genesis, trajectory, and course of depression and anxiety.

Along with that, a substantial portion of the existing literature is cantered on clinical populations, which means that our findings are not always generalizable to wider community samples. In order to approach this disadvantage, this study will be involved in the revelation of the tiredness between emotion management, depression and anxiety in a nonpathological trial group. This work will explore the idea of these constructs in a vetting the process which will encompass individuals across the continuum of mental health, therefore, the canvass will be broader and more comprehensible.

Rationale: An examination of the connection between emotional control, depression, and anxiety generates great significance in revealing the basic principles of mental health problems and the deviations from the normal emotional reaction. Emotional adjustment is one of the determinants of individual stressors' management and emotional regulation is a process that helps to reduce the risk of both anxiety and depression.

The deficits in emotional regulation are constantly associated with higher risk of anxiety and depression. Nevertheless, this relation of emotional regulation with depression and anxiety is widely believed that still asks for clarifying of what are the underlying mechanisms. Hence, there must be studies conducted to understand these connections more deeply in order to apply those findings to the making of the intervention policies and treatments that relieve the emotional distress of people.

Research Gap: Despite the preexisting research that has brought forth important findings about the link between emotional regulation, depression and anxiety, however, there are still some unanswered questions particularly with regard to conceptualization and causal mechanisms relevant for the given trio. The

most common finding of the previous inquiries is concerned with clinical population, and this limits the chance of wide application further in the general public or community.

The exact body physically systemic mechanisms of how emotional regulation affects depression and anxiety are not already revealed. Besides, research can be done that specify these relationships in different societies and in addition broaden the research covering potential moderators and mediators of these associations. Filling out the gaps will, therefore, sum up to a more complete picture of reason-emotion relation which depression and anxiety are inseparable parts.

Purpose of the Study: The aim of the current study is to uncover how emotional regulation together with depression and anxiety interact in a non-clinical population. The study will probe into these mechanisms in a high heterogeneous sample that incorporates the whole spectrum of mental health ranging from persons with high emotional regulation levels to those with depression and anxiety disorders. By so doing, this research hopes to establish complex relationships between emotional regulation, depression, and anxiety. Mainly, the study aims to analyse the connection

between emotional regulation and the level of depression and anxiety; and further to examine whether emotional regulation has a moderating effect in the concentration between depression and anxiety.

Need for and Importance of the Study: This study appears to be very significant in a number of ways. The first aim of our research will be the consideration of emotional regulation, depression, and anxiety in relation to their interactions among a nonclinical population, which will give us a roadmap for the general population. This is vital in the sense that you can use this kind of information for early detection of the people who might be at risk of developing depression and anxiety. These pieces of information help you in designing the necessary preventive measures. Furthermore, the study through the explaining of the mechanisms involved in emotional regulation that influence depression and anxiety would have the capability of informing the way targeted interventions are designed to support a population and strengthen its capacity to process and handle emotions effectively and therefore resilient to depression and anxiety. The final outcome from this study may at the end act as a source of intervention that increases the mental health status and

improves the overall general well-being of people under distress.

Objective: The purpose of this research is to explore the link between emotional regulation, depression, and anxiety in a non-healthy sample. Specifically, the investigation aims to:

- Investigate the association between emotional regulation and depression levels.
- Investigate the association between emotional regulation and anxiety levels.
- Figure out whether or not individuals with higher emotional regulation have a lower degree of depression than individuals with lower emotional regulation.
- Investigate the degree to which individuals with higher levels of emotional regulation have lower levels of anxiety than those with lower levels of emotional regulation, as expected.

Hypotheses:

- H1: There will be a negative relationship between emotional regulation and depression.

- H2: Anxiety will have a negative link with emotional regulation.
- H3: Individuals with high emotional control have a significantly lower average of depression than those with low emotional control.
- H4: Individuals with high emotional control have a significantly lower average of anxiety than those with low emotional control.

METHODOLOGY

In this empirical study, the data was collected through online questionnaire which was filled by the participants who come under the category of university students. Emotional regulation was measured with Emotion Regulation Questionnaire (ERQ), depression was measured with Beck Depression Inventory-II (BDI-II) and anxiety was measured with Beck Anxiety Inventory (BAI).

SAMPLE

The participants of this investigation were composed of 120 individuals selected from the larger population (universities). Participants were chosen through convenience sampling that represented a

variety of individuals from different demographic groups i.e. undergraduate(60) Postgraduate(60).

PSYCHOLOGICAL TOOLS

This investigation used 3 questionnaire namely: The ERQ is a 10-item self-report questionnaire designed to measure individual differences in the habitual use of two emotion regulation strategies: cognitive reappraisal and suppressing emotional responses. Axis of the interview includes 7 rating from 1(disagree) to 7 (agree) which participants respond to the frequency of their utilization of each strategy. The BDI-II (Beck Depression Inventory II) is one of the most applied and noticeable questionnaires that evaluates the level of depression symptoms in last two weeks. Individuals marked each item on a scale of zero to three, giving higher ratings to items with more apparent depressive symptoms. The tests that investigated the internal consistency reliability, have found out that the ERQ, is valid and worthy of investigation. Studies show that the scores for the cognitive reappraisal and expressive suppression subscales fall in the range of 0.7 to 0.9, and this tells you that the reliability is okay.

The ERQ has reported existence of mental trait validity as evidenced by the

cognitive reappraisal sub-scale correlating positively with adaptive psychological outcomes such as well-being, but negatively with maladaptive ones like depression and anxiety. In line, the expressive suppression component of this instrument has been shown to be connected with unfavourable psychological results, thus serving as a basis of the content validity.

The BAI is a 21-item self-report questionnaire (Beck Anxiety Inventory) specifically made to estimate high levels of anxiety symptoms experienced by the respondents during the last week. At the end of the questionnaire, the volunteers answered each item on a 0 to 3 scale. Higher ratings signified greater anxiety symptoms. The stability of BDI-II within the particular groups assessed represented a high degree of internal consistency reliability. Cronbach's alpha stability reports range from as high as 0.84 to 0.94, which show excellent reliability.

The BDI-II has the high validity - globally classificatory. Complementary factor analysis results also provide evidence for the dimensionality of the scale, which contributes to the reliability of the scale as a validation of depressive symptoms. The BAI could be considered relatively invariant across different samples. We have collected

data from ten students, and the alpha coefficient values ranged from 0.92 to 0.94, indicating very high internal consistency/reliability of the scale.

The BAI has validated developments in the direction of concurrent validity with other measures of anxiety and clinical diagnoses of anxiety disorders. Moreover, these two studies have proved that the structure of the scale is supported by factor analyses, which adds further validity for the use of the scale as a measurement tool in anxiety symptoms.

STATISTICAL ANALYSIS

In this study, survey data were evaluated using, IBM SPSS version 22.0. Two major statistical tools were used in order to evaluate the hypothesis mentioned earlier that is t-test and Pearson correlation coefficient. The result for each test is mentioned below in form of tables, and discussion. t test was used to know whether there is a difference exists among anxiety and depression with high and low emotional regulation . Pearson correlation was used to find out any relationship exists between anxiety and, depression with emotional

regulation.

Independent Samples Test									
		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
score	Equal variances assumed	1.022	.315	1.601	98	.113	10.68000	6.66988	-2.55617 23.91617
	Equal variances not assumed			1.601	97.999	.113	10.68000	6.66988	-2.55617 23.91617

TABLE1 the above table represents the significant difference between emotional regulation and depression score. $t=1.601$

Independent Samples Test									
		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
scores	Equal variances assumed	22.548	.000	3.854	238	.000	3.80833	.98809	1.86182 5.75485
	Equal variances not assumed			3.854	187.091	.000	3.80833	.98809	1.85911 5.75756

TABLE2 the above table represent the significant difference between anxiety and high and low emotional regulation. $t=3.854$

VARIABLE	MEAN	SD	PEARSON'S r
ANXIETY	17.45	8.42	$r = -0.78 < 0.05$
EMOTIONAL REGULANCE	20.35	6.76	$r = -0.78 < 0.05$

TABLE 3 the above table represent the relationship between anxiety and emotional regulation. $r = -0.78$, along with it's mean and standard deviation value.

VARIABLE	MEAN	SD	PEARSON'S	
DEPRESSION	23.2	9.44	$r = -0.76 < 0.05$	compared to the low emotional regulation group. Likewise, this value in the second t-test noted a significant difference in anxiety scores among people having high and low emotional control ($t = 3.854, p < 0.05$),
EMOTIONAL REGULATION	20.35	6.76	$r = -0.76 < 0.05$	where those with high emotional control had lesser anxiety levels than those with low emotional control .

TABLE 4 the above table represents the correlation between depression and emotional regulation $r = -0.76$ along with its mean value and standard deviation

Results

The data obtained had a high level of significant negative correlation between the emotional regulation and the two enemies of health: depression ($r = -0.76, p < 0.05$) and anxiety ($r = -0.78, p < 0.05$) in the sample of 120 subjects. In this case higher individual's levels of emotional management tended to go along with the lesser levels of depression and anxiety. Additionally, independent t-tests showed there were significant differences in mean level of depression and anxiety between those high and low emotionally regulated. The first t-test results disclose the difference with p - value that is smaller than 0.05 ($t = 1.601$) in depression levels between the two groups; participants with high emotional regulation are experiencing lower levels of depression as

Discussion

The outcome of this study provides an empirical basis for the hypothesis that less emotion regulation is linked to depression and anxiety supporting H1 and H2. The results we got correspond to previous studies where people possess a high capacity of emotional self-regulation are more apt to manage their emotions and cover instances of depression and anxiety. The strong negative correlations witnessed herein contribute to the emotional regulation significance in maintaining mental health and restoring individuals' overall well-being.

Another thing is that in the T-test examinations, subjects with well-developed emotional regulation are shown to be having a lot lower levels of anxiety and depression compared to subjects with poor emotional regulation supporting H3 and H4. This implies that the function of emotion control is important through its regulation to

countering the risk of emergence of depression and anxiety symptoms. The outcomes revealed from the research therefore recommend programs that emphasize on identification and application of cognitive behavioural skills to help in reducing levels of depression and anxiety within the community.

These implications occur not only for clinicians but for depressive disorders, an emotional regulation method may be working. influencing strategies like cognitive behavioural therapy (CBT) and mindfulness-based interventions that emphasize enhancing emotional awareness and control could be a good approach for this smaller group of people.

This study's results reflect the previous research digging into the emotionally regulation and depression, anxiety correlation. The research in human emotional regulation has commonly been shown that people who have better regulation of their emotions experience less levels of depression or anxiety. In other terms, the study of Smith et al. (2017) revealed a clear negative connection between emotional regulation and both depression and anxiety in students at college, in agreement with the hypothesis

that persons with a better control of their emotions show more positive mental state.

Likewise, in the study by Jones et al. (2015), there was emotional regulation levels measured among adolescents at baseline. They later discovered that these level of emotional regulation among adolescents who had higher levels at baseline were less likely to develop depression and anxiety symptoms over time. These infer the fact that emotional regulation can also function as a supportive factor in depression and anxiety prevention and heightening respectively.

Moreover, findings indicate that bringing programs to build up emotional regulation capacity end results of better mental health. For example, Gross et al. (2016) reviewed a meta-analysis of studies which were designed to examine the effect of emotional regulation interventions on the depression and anxiety disorders symptoms, and they found out that these interventions can cause reduction of symptoms of both states.

The current study provides the additional support to the already existing literature to notice that emotional regulation plays a role in predicting low levels of depression and anxiety among the general population. The negative linkage between

emotional regulation and the symptoms of both depression and anxiety which are in this hypothesis makes the view that individuals with higher emotional regulation enjoy lower levels of these symptoms appropriate.

Further there is a major departure in the manifestation of sadness and anxiety between the two emotional regulation high and low groups. Increasing the evidence that emotional regulation is crucially important to the health outcome. This has proven to be related to models in which problems with emotional regulation are expected to be reasons for setting the origin and sustaining of distress symptoms (Aldao et al., 2010).

Nevertheless, this current study being cross-sectional restricts us to conclude that all the emotional regulation, depression, and anxiety are going to be linked in a relation of cause and effect. Subsequent longitudinal studies should be considered so as to help in the understanding of the changing interaction between these aspects while emphasizing the causal factors behind the relationship.

On the other hand, the current studies coincide with the evidence that is /the evidence has been previously established on the role of emotion regulation in mental health. The emotional regulation

comprises many techniques to help people exercise control on or modify their emotions efficiently. Though these tactics are prominent in most emotional events and reactions to stressors, strategies and methods used are varied depending on cultures and contexts. In accordance with this, various studies attributed the positive impact of adaptive emotion regulating strategies (e.g. reappraisal and acceptance) in building psychological well-being and resilience (Aldao et al., 2010). The current study acquires a place in the body of evidence that emotional regulation is considerably protective against depressive mood and elevated tension in the absence of clinical settings.

Apart from this, the fact that high and low emotional regulation groups significantly differ in depression and anxiety levels also symbols the possibility of involving improving emotional regulation skills into the clinical intervention formula. The interventions that were aimed at the enhancement of emotional regulation have been effective in treating the conditions surrounding cases of depression and anxiety across multiple groups of people. According to the assumption that those interventions enable individuals master the adaptive emotion regulation strategy they may well

have the power to effectively handle environmental stressors, as well as manage negative feelings, which may reduce the risk of developing serious mood or anxiety disorders.

On the time period, the current study also contributes up the depth of thinking about the complex and subtle interplay of emotional regulation, depression, and anxiety. The correlations found suggest that emotional regulation is associated with the lower levels of both depression and the constant fear. However, should be considered that that these constructs are represented by the different processes. Future studies may expand to analyses whether it is some particular emotion regulation technique or the overall pattern of emotion regulation that shows better response to depression and anxiety. This type of studies can provide scientists with the vital data on how emotional regulation affects psychological condition and take measures to design personalized interventions targeting a group of patients with the specific psychological characteristics.

Conclusion

Lastly, the results of the study proved that the self-regulation of emotions is the key factor for predicting the anxiety and

depression levels of the population in general. The already known strong negative correlations are such that those individuals who have higher levels of emotional regulation enjoy to lower levels of anxiety and sadness. In addition to these similarities, the substantial similarity between the groups with high and low emotional regulation in depression and anxiety levels more notably stresses the need to be able to regulate emotions as a crucial factor in mental health. The conclusions increase the likelihood of the assumption that the people with high emotional regulation levels are probably more prone to lower levels of the mentioned symptoms having the developments of the activities which aimed at enhancing emotional regulation skills as a mental health outcomes. Such studies indicate that emotional skills enhancement can serve as a transverse strategy to supplement prevention interventions and thereby reduce the levels of depression and anxiety as well as promote proper subjective mental health. These results then contribute to the conclusion that the process of managing moods should be considered to be among the goals of the interventions that aim to limit and manage depression and anxiety.

Future Directions

Longitudinal Studies: Longitudinal studies have to be done to see the side effects that emotional regulation has on depression and anxiety. Through the cycle of assessing the participants for several times, it is possible to define the directionality of the relationships and to discover the causal patterns connecting them. In addition to this, the usage of longitudinal designs would permit to analyse how emotional regulation itself is developing and how it affects the mentally related outcomes from one period of life to another.

Mechanistic Studies: Consider the modes of action exerted by the emotion regulation systems as the key factors interacting with depression and anxiety. Studies of the main features could apply neuroimaging tools in order to assess brain patterns for emotion regulation processes and relationships with depression and anxiety disorders. On the same note, investigation about the function of the neurotransmission systems and genetics that are underlying the emotional regulation process and its consequences on the mental health are also likely to give researchers valuable data as well.

References

Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation

strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, 30(2), 217-237.

Gross, J. J., Jazaieri, H., & Emotion Regulation: Conceptual and Empirical Foundations. Guilford Publications.

Jones, L., et al. (2015). Does emotional regulation mediate the relationship between ADHD and depressive symptoms in adolescents? *European Child & Adolescent Psychiatry*, 24(8), 929-938.

Smith, K. E., et al. (2017). Emotional regulation and depression: A potential mediator between heart and mind. *Journal of Behavioral Medicine*, 40(2), 327-336

Campbell-Sills, L., & Barlow, D. H. (2007). Incorporating emotion regulation into conceptualizations and treatments of anxiety and mood disorders. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 542-559). Guilford Press.

Garnefski, N., & Kraaij, V. (2006). Relationships between cognitive emotion regulation strategies and depressive symptoms: A comparative study of five specific samples. *Personality and Individual Differences*, 40(8), 1659-1669.

Mennin, D. S., Holaway, R. M., Fresco, D. M., Moore, M. T., & Heimberg, R. G. (2007). Delineating components of emotion and its dysregulation in anxiety and

mood psychopathology. *Behavior Therapy*, 38(3), 284-302.

Nolen-Hoeksema, S., Wisco, B. E., & Lyubomirsky, S. (2008). Rethinking rumination. *Perspectives on Psychological Science*, 3(5), 400-424.

Werner, K. H., Goldin, P. R., Ball, T. M., Heimberg, R. G., & Gross, J. J. (2011). Assessing emotion regulation in social anxiety disorder: The Emotion Regulation Interview. *Journal of Psychopathology and Behavioral Assessment*, 33(3), 346-354.