


Interpersonal Emotion Regulation within the Context of the Transdiagnostic Model

Tanılar Üstü Model Bağlamında Kişilerarası Duygu Düzenleme

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ABSTRACT

This article highlights the impact of emotion regulation and interpersonal emotion regulation strategies on psychological disorders and emphasizes the importance of the transdiagnostic approach. Interpersonal emotion regulation strategies explain how individuals manage their own and others' emotions during social interactions. Dysfunctional interpersonal emotion regulation strategies are associated with various psychopathological symptoms, such as depression, anxiety, and eating disorders. Notably, the strategies of soothing and ruminating show a strong relationship with depression. Emotion regulation difficulties in individuals with substance use disorders complicate treatment processes, while the effects of interpersonal emotion regulation strategies on mental health in adolescents and perinatal mothers also highlight the necessity of considering these strategies in therapeutic interventions. The aim of this review is to fill the gaps in the existing literature and demonstrate how the transdiagnostic approach, which examines the underlying common processes of psychological disorders, can contribute to developing more effective interventions.

Keywords: Interpersonal emotion regulation, transdiagnostic approach, psychopathology

ÖZ

Bu makale, duygu düzenleme ve kişilerarası duygu düzenleme stratejilerinin psikolojik bozukluklar üzerindeki rollerini ve tanımlar üstü yaklaşımın önemini vurgulamaktadır. Kişilerarası duygu düzenleme stratejileri, bireylerin sosyal etkileşimler sırasında kendi ve başkalarının duygularını nasıl yönettiğini açıklamaktadır. İşlevsel olmayan kişilerarası duygu düzenleme stratejileri depresyon, kaygı ve yeme bozuklukları gibi birçok psikopatolojik belirti ile ilişkilidir. Özellikle yatıştırma ve birlikte kara kara düşünme stratejilerinin depresyonla güçlü ilişkisi dikkat çekmektedir. Madde kullanım bozukluğu olan bireylerde duygu düzenleme zorlukları tedavi süreçlerini zorlaştırırken ergenlerde ve perinatal dönemde annelerde Kişilerarası duygu düzenleme stratejilerinin ruh sağlığı üzerindeki etkileri, bu stratejilerin terapötik müdahalelerde dikkate alınmasının gerekliliğini ortaya koymaktadır. Bu derlemenin amacı, mevcut literatürdeki boşlukları doldurmak ve psikolojik rahatsızlıkların altında yatan ortak süreçleri inceleyen tanımlar üstü yaklaşımın, daha etkili müdahaleler geliştirilmesine nasıl katkı sağlayabileceğini göstermektir.

Anahtar sözcükler: Kişilerarası duygu düzenleme, tanımlarüstü yaklaşım, psikopatoloji

Introduction

Emotion regulation encompasses the processes by which individuals initiate, maintain, and modify their emotional experiences. These processes can be both conscious and unconscious, directly influencing an individual's psychological well-being (Gross 1998). Regarding the theoretical conceptualization of emotion regulation, Gross's (1998) emotion regulation model explains the management of emotional responses as a dynamic and multifaceted process consisting of five stages: situation selection, situation modification, attentional deployment, cognitive reappraisal, and response modulation. Gratz and Roemer (2004) emphasize that emotion regulation involves not only controlling but also accepting and becoming aware of emotional responses, highlighting its components as emotional awareness, emotional acceptance, emotion regulation strategies, and goal-directed emotional responses.

Emotion regulation strategies are generally categorized into functional and dysfunctional strategies. While functional strategies help individuals effectively manage negative emotions and maintain emotional balance, dysfunctional strategies often intensify negative emotions and have detrimental effects on mental health (Aldao et al. 2010). Specifically, strategies such as suppression have been found to be associated with psychopathological symptoms, including anxiety and depression (Gross & John 2003). In contrast, functional

strategies such as cognitive reappraisal provide a more effective approach to coping with negative emotional experiences (Troy et al. 2010).

The role of emotion regulation strategies depends on individual differences and the contextual appropriateness of the strategy employed. For instance, possessing effective emotion regulation skills in social interactions is crucial both for preserving psychological well-being and for maintaining sustainable interpersonal relationships (Aldao et al. 2010). In this context, it is essential to understand both the personal and interpersonal dimensions of emotion regulation.

Emotion regulation originates from early attachment relationships. Infants' emotional expressions serve as a fundamental tool for caregivers to understand their needs (Bowlby 1969, Ainsworth et al. 1978). Initially, this process begins with the regulation of basic physiological needs through emotional expressions, gradually evolving into more complex emotion regulation mechanisms over time (Hofer 2006). Research in child development and developmental psychopathology highlights the critical importance of the interpersonal context in emotion regulation (Thompson 1994).

Within this framework, it is emphasized that emotion regulation is not merely an individual process but is also closely related to psychopathology. The way emotions are regulated is considered a significant variable in understanding both mental health and psychological disorders.

A Transdiagnostic Approach to Understanding Psychopathology

Traditionally, psychiatric nosology systems rely on specific categorical frameworks to define and classify mental disorders. These approaches are primarily represented by classification systems such as the DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders) and the ICD-11 (International Classification of Diseases). These classification systems categorize mental disorders based on specific diagnostic criteria, including symptoms, onset, and duration (APA 2013, WHO 2019). The core principle of these systems is to classify mental disorders under specific categories, which are generally based on symptom clusters unique to each diagnosis. However, categorical diagnostic systems have been criticized for issues such as high comorbidity—where an individual meets the criteria for multiple disorders—and their failure to adequately reflect individual variations in symptomatology (Widiger & Clark 2000, Krueger & Markon 2006). As a result, in recent years, many researchers have advocated for moving beyond these traditional approaches and examining mental disorders through dimensional perspectives (Clark et al. 1995).

The emergence of the transdiagnostic approach is primarily driven by the recognition that psychiatric disorders often share common etiological and maintaining factors, which are not sufficiently captured by traditional categorical diagnostic systems. The transdiagnostic model aims to create a more comprehensive and flexible classification system by identifying the underlying mechanisms common to various disorders (Caspi et al. 2014). Furthermore, this model seeks to develop more effective and broad-spectrum interventions by targeting shared processes in the treatment of mental disorders (Ehring & Watkins 2008). By focusing on the cognitive, emotional, and biological processes underlying disorders, the transdiagnostic approach shifts away from single-diagnosis frameworks, offering a holistic conceptualization of mental disorders (Insel et al. 2010). This represents a significant paradigm shift in the definition and treatment of psychopathologies and has gained increasing attention as a promising alternative in recent years (Dagleish et al. 2020).

The significance of this topic stems from the critical role of IER strategies, which explain how individuals manage their emotions in social interactions. IER has been found to be associated with psychopathological symptoms such as depression and anxiety, significantly impacting psychological well-being in daily life (Hofmann 2014).

This study aims to examine the effects of IER strategies on psychopathology from a transdiagnostic perspective and to address existing gaps in the literature. Accordingly, the article focuses on IER strategies related to depression and other psychopathological symptoms, offering a novel perspective on current treatment approaches. Within this framework, the relationship between IER and psychopathology will be explored, and existing findings in the field will be evaluated. For future research, it is recommended that the role of IER strategies in various mental disorders be examined in larger samples and that interventions specifically targeting these strategies be developed. Although studies on transdiagnostic approaches and intrapersonal emotion regulation strategies are relatively more common, no comprehensive review has been identified regarding the transdiagnostic approach and IER strategies. This study aims to fill this gap by providing an explanation of how IER strategies function across different psychiatric disorders.

Transdiagnostic Approach and Emotion Regulation

Emotion regulation, defined as an individual's ability to control and manage emotional responses, is considered one of the fundamental determinants of psychological well-being (Gross & John 2003). The literature suggests that functional emotion regulation is strongly associated with psychological health, while difficulties in emotion regulation have been linked to various psychopathological symptoms, including post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), depression, and anxiety disorders (Moore et al. 2008, Aldao et al. 2010, Seligowski et al. 2015). In this context, difficulties in emotion regulation are proposed as a transdiagnostic risk factor in the development of various psychopathologies (Kring & Sloan 2010).

The transdiagnostic approach shifts the focus from disorder-specific symptoms to shared mechanisms observed across multiple disorders (Mansell et al. 2009, McEvoy et al. 2009). For instance, transdiagnostic factors such as rumination, emotion regulation difficulties, and cognitive distortions are commonly observed in anxiety and depression (Harvey et al. 2004). By examining how emotion regulation strategies function across a broad spectrum of disorders, this approach identifies general principles that are not confined to specific diagnostic categories. This perspective enhances the understanding of emotion regulation mechanisms within a broader framework, enabling the identification of similar emotion regulation strategies across individuals with different diagnoses (Barlow et al. 2020).

For example, Aldao et al. (2010) examined common emotion regulation strategies across different disorders and emphasized their role in psychopathology. Similarly, Barlow et al. (2020) proposed a transdiagnostic treatment model that addresses shared features of disorders such as anxiety and mood disorders. Studies specifically examining cognitive reappraisal and suppression strategies have demonstrated that these processes play a predictive role in psychopathology by influencing the severity of symptoms associated with various disorders (Morawetz et al. 2020).

Gross and Jazaieri (2014) highlighted that emotion regulation difficulties represent a transdiagnostic psychological concern associated with 40-75% of all psychiatric disorders. Transdiagnostic approaches offer a valuable framework for understanding and improving emotion regulation strategies. This approach can help identify general strategies and techniques that enhance individuals' ability to manage emotional responses. Additionally, transdiagnostic interventions focusing on strengthening emotion regulation skills may lead to more effective and inclusive therapeutic applications. Consequently, they provide a broader impact across individuals with different psychological disorders.

Interpersonal Emotion Regulation (IER)

Although the role of interpersonal influences in emotion regulation has not yet been fully explored, there is broad consensus that emotions serve social functions (Keltner & Gross 1999). It is well established that emotion regulation mechanisms can be influenced by social environmental factors, such as interpersonal interactions (Gross & Thompson 2007). Moreover, IER has been suggested to play a crucial role in emotional well-being through social support (Marroquín 2011).

IER is a significant topic in social psychology, clinical psychology, and emotion research. Various theories and models have been developed to explain how individuals regulate both their own emotions and the emotions of others during social interactions.

Social Sharing Theory

Rime's (2009) social sharing theory posits that individuals frequently share emotional experiences with their social circles and that this sharing plays a critical role in regulating emotional responses. When individuals experience stressful or traumatic events, they seek social support to alleviate their emotional burden and contribute to the process of emotional meaning-making. Butler (2011) further argues that emotions are not merely individual experiences but also develop within social interactions, forming a system that evolves over time within relationships. Additionally, the components of emotions (e.g., experience, behavior, and physiology) function as dynamic systems that interact not only within individuals but also between them.

Co-Regulation Theory

Butler and Randall (2013) introduced co-regulation theory, which explains how emotional responses are regulated through reciprocal social interactions. According to this theory, individuals influence each other's

emotional responses during social interactions, leading to a process of mutual regulation. Co-regulation is particularly evident in romantic relationships, parent-child interactions, and close friendships.

Interpersonal Emotion Regulation Models

Zaki and Williams (2013) proposed an IER model that examines how individuals regulate both their own emotions and the emotions of others through social interactions. This model identifies three core components: emotion regulation goals, interpersonal strategies, and regulation outcomes. Emotion regulation goals refer to individuals' motivations and objectives in managing emotions during social interactions, while interpersonal strategies include methods such as empathetic listening, providing supportive statements, or engaging in conscious attempts to influence others' emotions (e.g., social manipulation).

In this model, IER strategies are classified as functional or dysfunctional. Functional IER strategies involve empathy-driven, relationship-supportive approaches that respond to emotional needs. Examples include providing social support, fostering positive emotions, and offering emotional validation, all of which contribute positively to both individual and relational psychological well-being. In contrast, dysfunctional IER strategies involve manipulative behaviors, insensitivity to emotional needs, or aggressive responses, which may lead to relational tensions and negatively impact long-term psychological health. The model emphasizes the central role of empathy, suggesting that individuals with higher empathy levels are more adept at recognizing others' emotional needs and implementing appropriate regulatory strategies, thereby enhancing relational satisfaction and emotional sharing. Functional IER strategies have been associated with lower levels of depression, anxiety, and stress, indicating their significant role in psychological well-being.

The model conceptualizes IER as a bidirectional process. Internal IER refers to an individual's efforts to regulate their own emotions (e.g., seeking reassurance or support), while external IER involves attempts to regulate another person's emotions (e.g., trying to cheer someone up). Therefore, the model underscores that the functional or dysfunctional application of emotion regulation goals and strategies in social interactions has significant implications for both individual and relational outcomes (Zaki and Williams 2013).

Hofmann et al. (2016) developed an IER model that explores how individuals manage both their own and others' emotions in social interactions. This model focuses on individuals' intentions to use emotion regulation strategies in social contexts and the impact of these strategies on psychological health. It distinguishes between two types of strategies: intrapersonal (self-regulation) and interpersonal (regulating others). Social support is considered a critical resource in this process, with effective regulation strategies enhancing psychological well-being and strengthening social bonds, whereas dysfunctional regulation strategies have been linked to psychological issues such as depression and anxiety.

Hofmann et al. (2016) identified four key strategic dimensions within this framework:

1. Enhancing positive emotions – Seeking out others to increase positive feelings.
2. Perspective-taking – Seeking others' viewpoints to reduce worry.
3. Soothing and reassurance – Seeking comfort and sympathy from others.
4. Social modeling – Observing how others cope with specific situations to guide one's own responses.

Hofmann et al. (2014) also emphasized the relationship between IER and psychopathology. Their model suggests that individuals with emotional disorders, such as anxiety and depression, may experience difficulties in utilizing effective IER strategies. For instance, individuals with anxiety disorders often suppress emotional expressions in social contexts, leading to maladaptive emotional responses. Similarly, individuals with depression may struggle to seek emotional support effectively.

Dysfunctional IER Applications

Dixon-Gordon et al. (2015) highlighted that dysfunctional applications of IER can contribute to difficulties in emotion regulation. They argued that ineffective internal IER strategies stem from an individual's inability to utilize social resources effectively or from misdirecting these resources. Such issues include excessive dependence on others, inadequate use of social networks, seeking support from inappropriate or unsupportive individuals, over-reliance on specific people, a lack of available support figures, or selecting unsuitable environments for emotional regulation.

In the context of external IER, dysfunctional applications arise when individuals attempt to regulate others' emotions in ineffective or harmful ways. These include excessive efforts to control another's emotions, failing to achieve the intended regulatory effects, or choosing inappropriate environments for emotional regulation.

One specific process within IER is co-reappraisal, defined as the modification of an event's meaning through social interaction to alter its emotional impact (Gross & Thompson 2007). Another concept, co-rumination, refers to repetitive and excessive focus on negative experiences within close relationships, which may contribute to emotional distress (Rose 2002). Co-brooding, a maladaptive component of co-rumination, involves passive and repetitive negative thinking without constructive problem-solving or reappraisal, leading to increased distress (Reis 2018).

One of the fundamental areas in IER research is the study of regulation strategies. Findings suggest that individuals can improve both their own and others' emotional states through mechanisms such as emotional support, cognitive support, validation, and social modeling (Hofmann et al. 2016, Jurkiewicz et al. 2023). However, hostile attitudes toward others or insincere emotional expressions may lead to worsened emotional states in social interactions (Swerdlow & Johnson 2022).

Effects of IER on Psychological Well-Being

IER plays a significant role in maintaining psychological health and social adjustment. In the context of close relationships, this involves the efforts of partners, friends, or family members to regulate each other's emotional states. Such efforts include providing support during stressful periods, sharing positive experiences to boost morale, or using humor to reduce tension (Feeney & Collins 2015, Hofmann & Doan 2018). The importance of IER stems from its potential to enhance the quality of social relationships and improve individuals' overall psychological well-being. Research indicates that individuals with strong IER skills establish more satisfying and healthy relationships (Reis et al. 2000). These skills also play a critical role in social interactions, particularly in conflict resolution and cooperation (Butler & Gross 2009).

Transdiagnostic Approach and IER

While substantial evidence suggests that intrapersonal emotion regulation predicts psychopathology (Aldao et al. 2010), less is known about the predictive power of IER in relation to psychopathologies. IER refers to the process through which individuals regulate their emotional experiences within a social context, and its effects on psychological well-being have been increasingly investigated (Niven et al. 2009, Zaki & Williams 2013, Dixon-Gordon et al., 2015). Within a transdiagnostic framework, examining the impact of IER on various psychopathological conditions is a crucial research area, as it provides insights into the shared emotion regulation difficulties underlying these disorders.

IER Strategies Associated with Depression

Hofmann et al. (2016) have demonstrated that IER strategies can become dysfunctional under certain conditions, and their inappropriate use may contribute to mental health problems. These findings provide a significant contribution to understanding both the positive and negative aspects of IER strategies. The positive association between dysfunctional IER strategies and symptoms such as depression, generalized anxiety, and social anxiety highlights their role in mental health. In particular, the strong link between soothing strategies and depression suggests that this strategy plays a critical role in emotion regulation (Hofmann et al. 2016, Koç et al. 2019, Gökdağ 2021, Ray-Yol et al. 2022).

Messina et al. (2023) identified IER strategies as a critical mediator in the relationship between insecure attachment and depression. Their study found that individuals with attachment anxiety frequently seek emotional support through strategies such as constant reassurance-seeking and emotional expression, yet these strategies may paradoxically exacerbate depressive symptoms. Similarly, Gökdağ (2021) found that soothing strategies, employed to regulate negative emotions, significantly mediated the relationship between attachment anxiety and depression. However, when social support was controlled, this mediation effect disappeared, suggesting that social support weakens the link between attachment anxiety and depression, neutralizing the mediating role of soothing strategies.

Seong et al. (2024) examined the relationship between IER strategies, perceived social support, and depressive symptoms among young Korean adults, emphasizing the critical role of IER in psychological adjustment. Their study found that enhancing positive emotions strengthened perceived social support and reduced depressive

symptoms. However, seeking emotional soothing was positively associated with depressive symptoms and did not contribute to perceived social support. Additionally, other strategies, such as perspective-taking and social modeling, did not significantly influence depression or social support perception. This study, supported by longitudinal data, suggests that IER strategies can predict social support perceptions and depression, offering insights for developing intervention strategies to enhance young adults' social and psychological well-being.

A study conducted among university students also found that enhancing positive emotions and seeking soothing strategies were associated with both depression and anxiety (Lotfi et al. 2021). Horn and Maercker (2016) examined the relationship between co-brooding and depression in couples. Co-brooding refers to the repetitive and excessive discussion of negative emotional experiences within close relationships. This strategy can lead individuals to ruminate on their negative emotions, intensifying them further and ultimately contributing to increased depressive symptoms.

Do et al. (2025) investigated the relationship between IER strategies and depressive symptoms in adolescent girls who used IER strategies with their parents and peers in response to negative social interactions. The study found that when parents more frequently engaged in adaptive IER strategies—defined as collaborative, supportive, and accommodating emotion regulation approaches that help children manage negative emotions—long-term depressive symptoms were significantly reduced.

IER Strategies Associated with Anxiety Disorders

The study by Akkuş and Peker (2022) provides an in-depth analysis of the relationship between social anxiety symptoms and IER strategies. The researchers examined the IER strategies that predict social anxiety and also explored the mediating role of negative emotion regulation expectancies in this relationship. Findings revealed that among the four primary IER strategies (soothing, enhancing positive emotions, perspective-taking, and social modeling), soothing and social modeling were positively associated with social anxiety symptoms. In contrast, perspective-taking played a predictive role in reducing social anxiety symptoms. Additionally, negative emotion regulation expectancies were reported to partially mediate the predictive role of IER strategies in social anxiety.

Coo et al. (2022) investigated emotion regulation difficulties among mothers in the perinatal period, highlighting their association with symptoms of depression and anxiety. However, the study also found that certain IER strategies used by support figures played a significant role in alleviating these difficulties. These support figures employed strategies such as empathy, emotional validation, encouraging positive emotions, and problem-solving, which not only assisted mothers in regulating negative emotions but also lightened their emotional burden, strengthened social bonds, and enhanced emotion regulation skills.

In the study by Chan and Ranawa (2021), enhancing positive emotions and perspective-taking were found to have positive effects on psychological well-being. In contrast, social modeling was associated with higher levels of internalized symptoms (e.g., symptoms related to depression or anxiety). These findings suggest that the impact of different IER strategies on emotional and psychological states varies depending on the specific strategy employed. McFarland and Hay (2023) examined the application of IER strategies both face-to-face and through digital platforms, demonstrating that both methods significantly influence psychological well-being. While face-to-face IER involved direct interactions such as empathetic listening and supportive conversations, digital IER was implemented through text messaging and video calls. Although participants generally perceived face-to-face IER as more effective, the frequency of using digital IER was comparable. Notably, individuals with higher anxiety levels reported finding digital IER more effective than in-person interactions.

IER strategies are strongly associated with mental health issues such as depression and anxiety disorders. Dysfunctional IER strategies contribute to increased depressive symptoms and negatively affect emotional regulation processes. In contrast, strategies such as enhancing positive emotions support psychological adjustment and strengthen perceptions of social support. Social support appears to play a crucial role in modifying the effects of IER strategies, shaping how individuals regulate their emotions. Additionally, while IER can be applied both face-to-face and digitally, in-person interactions tend to be more effective in emotional regulation.

IER Strategies Associated with Other Psychiatric Disorders

Research on the relationship between IER strategies, depression, and anxiety disorders has provided critical

insights into how these strategies influence mental health. After examining the effectiveness and functionality of IER in depression and anxiety, it is also important to evaluate its role in other psychopathological conditions. Below, the interaction between IER and various psychiatric disorders is discussed.

Personality Disorders

Dixon-Gordon et al. (2015) investigated the effects of maternal problem-solving and supportive strategies on adolescent girls' negative emotions and borderline personality disorder (BPD) symptoms. In their study, adolescents and their mothers were observed during a discussion task, and mothers' problem-solving and supportive/validating behaviors were coded. Findings revealed that adolescent girls' negative emotions were more strongly associated with BPD symptom severity when mothers displayed low support/validation and high problem-solving behaviors. These results suggest that effective problem-solving and supportive strategies from parents can mitigate adolescents' negative emotions and reduce the risk of these emotions developing into BPD symptoms.

Additionally, Hill et al. (2011) reported that individuals with BPD exhibit deficiencies in IER efforts, which play a significant role in maintaining BPD symptoms. These findings emphasize both the influence of parental emotion regulation strategies on adolescents' mental health and the connection between IER and BPD-related difficulties.

Eating Disorders

Dixon-Gordon et al. (2018) identified two dysfunctional IER strategies associated with psychopathology: reassurance-seeking and emotional disclosure. These strategies were found to be particularly linked to eating disorders. Denning et al. (2023) found that reassurance-seeking was associated with most eating disorder symptoms, except for fasting frequency, and was linked to the severity of disordered eating behaviors.

Christensen and Haynos (2020) suggested that IER plays a crucial role in various psychological processes, including eating disorders. Similarly, Cooley et al. (2007) and Kwan et al. (2017) found that reassurance-seeking and body-focused co-rumination were positively associated with cognitive distortions about body image and the severity of disordered eating behaviors. These findings highlight that dysfunctional IER strategies play a critical role in both the development and maintenance of eating disorders.

Substance Use Disorders

Dingle et al. (2015) examined IER processes in individuals with substance use disorders (SUDs) and found that they experience significant difficulties in emotion regulation. When comparing individuals diagnosed with SUDs to healthy controls, the SUD group exhibited more pronounced difficulties in emotion regulation. These individuals were found to have limited strategies for coping with negative emotions, lower emotional awareness, and dysfunctional emotion regulation processes in social interactions. These findings suggest that deficits in IER play a critical role in maintaining SUDs, emphasizing the need to enhance emotion regulation skills in treatment programs.

Schizotypy

Kwapil et al. (2012), using experience sampling methodology, found that individuals with high schizotypy levels engage in less social interaction in daily life and exhibit reduced social interest. The study observed that schizotypal individuals tend to avoid social environments and show little interest in social interactions. The link between schizotypy and social deficits may be connected to the way these individuals employ IER strategies. Gunn and Donahue (2022) found that individuals with schizotypal traits frequently use perspective-taking and soothing strategies to cope with negative emotions. However, while perspective-taking was suggested to be an attempt to improve social adaptation, soothing strategies were not always effective in reducing the impact of negative emotions.

These findings demonstrate that IER has both functional and dysfunctional aspects, significantly influencing individuals' mental health and social adaptation across various psychopathological conditions. The role of IER strategies in different psychological disorders highlights their importance in therapeutic interventions, emphasizing the need for tailored approaches to enhance effective emotion regulation in clinical populations.

Cultural Differences and IER

Liddell and Williams (2019) examined the influence of culture on IER strategies by comparing Western European (WE) and East Asian (EA) participants. Their findings indicated that EA participants tended to focus

more on others' emotions, favoring strategies such as social modeling and perspective-taking, whereas WE participants were more inclined toward enhancing positive emotions.

In the experimental phase of the study, participants were exposed to stress-inducing images after listening to stories explaining different emotion regulation strategies. Results showed that EA participants exhibited increased heart rate variability (HRV) when using interpersonal strategies, which is associated with a healthier emotion regulation process. In contrast, this physiological adaptation was not observed in WE participants. However, in the post-experiment phase, EA participants demonstrated greater success in both regulation strategies compared to their WE counterparts. This study highlights the significant impact of culture on emotion regulation strategies, emphasizing that cultural differences play a crucial role in interpersonal interactions.

Conclusion

In summary, IER strategies examined within a transdiagnostic framework play a crucial role in individuals' management of both their own emotional experiences and the emotions of others. The literature strongly supports the association between IER and psychopathological symptoms, particularly depression, anxiety, eating disorders, and other mental health conditions. Dysfunctional IER strategies have been shown to exacerbate these symptoms, whereas functional strategies such as empathetic support, cognitive reappraisal, and enhancing positive emotions contribute to psychological well-being and the strengthening of social bonds. Furthermore, cultural and contextual factors significantly influence the preference and effectiveness of IER strategies, underscoring the need to consider these factors in research and clinical applications. These findings highlight the critical role of IER in the maintenance and improvement of mental health at both individual and relational levels, emphasizing the necessity for larger-scale and more targeted studies within a transdiagnostic approach.

This review examines the impact of IER strategies on psychopathology within the transdiagnostic framework. However, due to the nature of a review article, certain limitations must be acknowledged. Firstly, much of the existing literature relies on cross-sectional study designs, which limits the ability to establish causal relationships between variables (Hofmann et al. 2016, Gökdağ 2021). The lack of longitudinal studies makes it difficult to understand the long-term effects of IER strategies and their changes over time (Gross & Jazaieri 2014).

Although cultural context significantly influences the effectiveness of IER strategies, research in this area remains limited. Studies suggest that social modeling and perspective-taking are more prominent in collectivist cultures, while individual-focused strategies are more common in individualistic cultures (Liddell & Williams 2019). However, the impact of these differences on psychopathological symptoms has not been fully clarified. Additionally, most studies on IER strategies rely on self-report methods, which are susceptible to biases such as social desirability. To obtain more objective and comprehensive data, future research should employ experience sampling or experimental designs (Marroquín 2011, McFarland & Hay 2023).

There is also insufficient research on the impact of IER strategies across different clinical populations. For instance, more studies are needed to examine the functionality of IER in psychopathologies such as substance use disorders and eating disorders (Dingle et al. 2015, Christensen & Haynos 2020). Additionally, the differential effects of specific IER strategies, such as soothing, depending on context and individual characteristics, warrant further investigation (Gökdağ, 2021, Seong et al. 2024).

Lastly, genetic and neurobiological factors influencing the selection and effectiveness of IER strategies remain underexplored. Future research should focus on the role of brain regions such as the prefrontal cortex and amygdala in emotion regulation processes to establish a biologically grounded understanding of IER (Morawetz et al. 2020). Furthermore, environmental factors and early attachment experiences should be examined in relation to the development of IER strategies, as they represent a significant area of inquiry (Thompson 1994).

This review underscores the impact of IER strategies on psychological disorders and highlights the significance of the transdiagnostic approach in clinical practice. The findings provide valuable insights into how these strategies can be integrated into clinical interventions.

The transdiagnostic approach aims to develop common treatment strategies applicable to multiple disorders, encompassing general intervention techniques that can be used across different conditions (Barlow et al. 2020). This approach offers therapists greater flexibility and adaptability, allowing them to apply the same

fundamental interventions across various disorders (Mansell et al. 2009). Since transdiagnostic approaches target shared mechanisms across disorders, they offer a broader range of effectiveness, facilitating the development of more efficient interventions for multiple disorders (Nolen-Hoeksema & Watkins 2011). By using common treatment components, therapy processes become more efficient, enabling therapists to save time and resources by utilizing the same techniques for different disorders (McEvoy et al. 2009).

Transdiagnostic cognitive-behavioral therapies have been demonstrated to be effective for various anxiety disorders, including generalized anxiety disorder, social phobia, panic disorder, and agoraphobia, as well as for depression (İngeç & Yorulmaz 2021). These findings support the transdiagnostic intervention model as a holistic treatment approach that focuses on common psychological processes across multiple disorders.

The models proposed by Hofmann et al. (2016) and Zaki and Williams (2013) not only examine how individuals regulate emotions in social contexts but also provide valuable insights for clinical interventions. In therapeutic settings, it is crucial to teach individuals not only how to regulate their own emotional processes but also how to develop functional emotion regulation strategies in social contexts. These models also emphasize the importance of strengthening social support systems and fostering empathetic responses in psychotherapy.

Messina et al. (2021) investigated how the concept of IER can be applied within group therapy settings, highlighting its clinical significance. Encouraging IER in group therapy is particularly important, as social support and emotional sharing within a group setting contribute to the development of emotion regulation skills. In group therapy, promoting strategies such as social sharing and perspective-taking allows individuals to learn from each other and experience positive emotion regulation techniques firsthand.

Since IER strategies play a determining role in individuals' mental health, they should be carefully addressed in therapeutic settings. Dysfunctional IER strategies—such as soothing and co-rumination—have the potential to lead to negative long-term consequences in disorders like depression, anxiety, and eating disorders. Therefore, assessing and modifying these strategies during therapy is essential. Approaches such as cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT) can be effective in helping individuals adopt more functional IER strategies.

Moreover, IER strategies should be tailored to different psychological disorders in therapeutic interventions. Given that dysfunctional IER strategies complicate treatment processes for substance use disorders, therapy should focus on addressing these maladaptive strategies and promoting healthier emotion regulation skills. In this regard, motivational interviewing techniques can be particularly useful for individuals struggling with substance-related difficulties.

Incorporating IER strategies into personalized interventions in clinical practice will contribute to long-term psychological well-being. Therefore, individuals should be encouraged to recognize their IER strategies and replace dysfunctional ones with more adaptive approaches. These findings highlight that IER strategies should be carefully considered in clinical applications, and the transdiagnostic approach provides a broader framework for integrating these strategies into therapeutic interventions.

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Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: No financial support was declared for this study.