

EMOTIONAL DYSREGULATION AS A MEDIATOR BETWEEN EARLY MALADAPTIVE SCHEMAS AND SYMPTOMS OF DEPRESSION AND ANXIETY

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Introduction

Emotional regulation (ER) refers to an ability to regulate unwanted emotional states. Chronic use of certain emotion regulation strategies is associated with specific psychological outcomes, such as depression and anxiety symptoms. Several studies indicate that ER is a mediator between insecure attachment and depression or/and anxiety. In schema therapy, early maladaptive schemas (EMS) are thought to result from interaction between genetics and temperament, and childhood environment, in particular the child’s interactions with their caregivers. Some researchers suggest that attachment style may function as a conceptual bridge, linking early relational experiences with the development of schemas. EMS are associated with either dysregulation emotions or with dysregulatory strategies that produce and maintain the problematic emotional response.

The main aim of this study is to explore the relationship between ER, EMS and anxious-depressive symptomatology.

Method

Participants

The study sample consisted of 14 participant recruited from “Centre de Salut Mental Sant Martí Sud”. See [table 1](#).

Table 1. Sample characteristics

Mean age	46 (sd: 8.98)
Gender	Women 71% (10) Men 29% (4)
Diagnosis	Mixed adaptive disorder 57,2% (8) Major depressive disorder 28,5% (4) Dysthymic disorder 14,3% (2)

Measures

Clinical evaluation was carried out by The Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). To asses emotional regulation was used The Difficulties in Emotion Regulation Scale (DERS). Finally, The Young Schema Questionnaire 3 Short Form (YSQ-S3) was used to evaluate the cognitive schemas.

Procedure

Participants were 14 patients who were currently receiving care from mental health out-patient service and completed a battery of self-report measures as a pre-test to start a group of emotional disorders. We calculate a Pearson correlation analysis and a linear regression with the results of the different scales.

Results

ER explains a significant percentage of both depressive and anxious symptoms, but not of cognitive schemas ($r^2 = .24$, $F(1,12) = 3.85$, $p = .07$). More specifically, depressive symptoms have been the variable best explained by ER ($r^2 = .45$, $F(1,12) = 11.82$, $p < .01$) followed by anxious symptoms ($r^2 = .33$, $F(1,12) = 7.55$, $p < .01$). r^2 is a corrected statistic that indicates the percentage of variance explained by the independent variable (ER). In our case, the ER explains 45% of the depressive symptoms and 33% of the anxious ones.

Conclusion

This study explored the relation between ER, EMS and anxious-depressive symptomatology. As predicted, emotional dysregulation is related and modulates especially the depressive symptomatology (45%) and to a lesser extent anxiety (33%). ER tends to the significance in EMS ($p = .07$), which would indicate a relationship between both variables, being necessary to replicate the results in a larger sample. The current study extends the previous research on EMS and ER in adults, showing that the dysregulation of emotion is a way by which the schemas can result in depression and anxiety symptoms. More research is needed to further examine these relationships. The extended knowledge about effective regulatory strategies would allow the design of more effective measures and interventions or even the improvement or implementation of a preventive intervention.

Bibliography

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