

# Emotional dysregulation – factor structure and consistency in the Romanian version of the Difficulties in Emotion Regulation Scale (DERS)

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**Abstract:** Certain issues related to emotional regulation have retained the interest of researchers and practitioners due to their relevance for general well-being, average daily problems and some psychopathological conditions. A young community of people aged between 20 and 27 responded to the DERS (Difficulties in Emotion Regulation Scale) (Gratz & Roemer, 2004). Factor analysis results show that at least six factors are loaded into a structure and that the proper indices are satisfied. The internal consistencies of the subscales are good and a few comments are made when considering the Romanian version of the scale. Overall analyses support the adaptation and validation of the scale and suggest that it can be used in further research.

**Keywords:** emotional dynamics, emotional dysregulation, factor analysis, internal consistency

## 1. Introduction

Emotional dynamics research is now focusing on exploring the thwarted affective states that people resent due to the fact that these feelings are experienced almost daily and are sometimes confusing (Davidson, Scherer & Goldsmith, 2003). Experiencing and regulating one's emotions may become overwhelming for some people and thus they may experience and interpret various contexts as being negative and unfavorable to them. In Romania, the lack of good psychological instruments prevents us from accurately evaluating the mechanism of individual emotion regulation and the way to control behavior in the context of negative affect. In the present paper, efforts for translating and validating the instrument DERS (Difficulties in Emotion Regulation Scale) (Gratz & Roemer, 2004) are made. Additionally, a short review is presented of how emotional dynamics, emotional regulation and emotional dysregulation are related to mental health and well-being. This is also done in order to differentiate between these concepts and have a clearer

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framework of the process of experiencing emotions over time and the mechanism involved here.

Although the present paper only assesses the structure of this instrument, a short review of other instruments widely used in the literature is described in the second part of the paper. Finally, we argue that this measure is suitable for both clinical and non-clinical populations.

### *The Role of Emotional Regulation and Dysregulation in Mental Health and Well-being*

The concept of emotional dynamics refers to the unfolding over time of emotional responses, which can be targeted by emotion regulation processes (Gross, 1998a, Gross, 2015). Emotional dynamics is also described through frequent transitions or shifts between diverse dispositional states that determine behaviors and make them unpredictable on short periods of time (Thagard & Nerb, 2002). Most researchers agree that emotional dynamics can pose a real threat when the frequency and intensity of negative affects increase (Dryden & Branch, 2008). Negative affect can easily intensify and accentuate psychopathological conditions (Mennin, Holaway, Fresco, Moore, & Heimberg, 2007; Mennin, Heimberg, Turk, & Fresco, 2005).

All in all, these conditions usually cause people to experience increased self-reported changes in the subjective level of one's personal well-being over time, changes that can have an impact over people's self-perceived control (Bostan, Constantin, & Aiftincăi, 2014). Emotional fluctuations are, therefore, strongly related to psychological health and psychological functioning. Results show that the patterns of short-term emotion dynamics, such as patterns reflecting emotional variability, emotional instability and emotional inertia are involved in psychological flourishing (Houben, van den Noortgate, & Kuppens, 2015). Moreover, the effect sizes were stronger for negative emotions than for positive emotions (Houben et al., 2015).

The dysfunctional effects of intense and enduring negative affect have raised researchers' interest in studying emotional regulation and its effect on health and psychological comfort (Wallace, Masson, Safer, & von Ranson, 2014; Ehring, Tuschen-Caffier, Schnulle, Ficher, & Gross, 2010; Aldao, Nolen-Hoeksema, Susan, & Schweizer, 2009). Though some researchers conceive emotional regulation especially as the ability to control one's behavior in the context of negative affect, nowadays it is generally accepted that emotion regulation implies the management of both positive and negative valence emotions (Dan-Glauser & Gross, 2011). Emotional regulation refers to the set of processes by which emotions are themselves regulated and not how emotions regulate other aspects (e.g. psycho-physiological indices, cognitive functioning, etc.). It encompasses both intrinsic processes (e.g. a person makes efforts in

regulating her own feelings) and extrinsic processes (e.g. a person helps others to manage their emotions) (Gross, 2008).

Emotional regulation refers to how individuals influence which emotions they have, when they have them, and how they experience and express these emotions (Gross, 1998b). Emotional regulation processes influence not only physiological reactions, cognitive responses and subjective feelings (Gross, 2002), but also daily behaviors, the sense of personal control, thus influencing personal well-being (Moskowitz & Grant, 2009).

Thus, studies show that difficulties in emotion regulation are essential for understanding the mechanisms that underlie emotional regulation (Keltner & Kring, 1998). Such difficulties may take the form of inadequate emotional intensity, poor understanding of emotions, greater negative reactivity to emotional experiences, and less ability to self-soothe after negative emotions (Macklem, 2008). Such difficulties are considered forms of emotional dysregulation.

Emotional dysregulation is a relevant theme for understanding functionality problems and the scientific community has often addressed the problem of assessing these types of difficulties in terms of affective problems (Becerra, et al., 2013), complex forms of suppression or cognitive difficulties related to competence or performance (Tull, Gratz, Litzman, Kimbrel, & Lejuez, 2010), and it is only normal to see whether the existent assessments are complex enough and reliable for adapting it to another culture. Given the impact of emotional dysregulation on various aspects of human life, it is important to examine the instruments that were developed in order to identify and explain variations in emotional dynamics that are often related with severe impairment in daily life.

#### *Assessment of Emotional Dysregulation*

Most questionnaires developed to measure constructs relevant for emotional regulation have centered attention on emotion regulation strategies (Garnefski, Kraaij, & Spinhoven, 2001, Gross & John, 2003), or distress feelings related to context or unchangeable variables (e.g. traumatic events, psychopathological disorders) (Kubany, 2000a; Kubany, 2000b). In the following paragraphs, we have listed some of the most popular and relevant assessments tools for emotional regulation and dysregulation, focusing mainly on the DERS scale and its use in both clinical and non-clinical contexts.

The *Difficulties in Emotion Regulation Scale (DERS)* (Gratz & Roemer, 2004) was developed as a measure useful for assessing emotional dysregulation more comprehensively than other existing instruments. Gratz and Roemer (2004) conceptualized emotion regulation as involving four types of abilities: a) awareness and understanding of emotions, b) acceptance of emotions, c) the ability to control impulsive behaviors and to behave in accordance with the

desired goals even when experiencing negative emotions, and d) the ability to efficiently use appropriate emotion regulation strategies. In the past ten years, problems within these dimensions of emotional regulation have been found to be negatively associated with adaptive ways of regulating emotions (e.g. mindfulness) (Roemer, et al., 2009).

The *Difficulties in Emotion Regulation Scale (DERS)* (Gratz & Roemer, 2004) comprises six dimensions: non-acceptance of emotional responses, lack of emotional clarity, lack of emotional awareness, difficulties in engaging in goal-directed behaviors, impulse control difficulties and limited access to emotional regulation strategies. The greater the score is, the greater the difficulties are in regulating personal emotional experiences. The items describe how people delay action when suffering and how suffering moments could disable people from getting back to their rhythm and stop them from taking action in a functional manner. Thus, people who perceive feelings as being intense and overwhelming usually tend to engage in impulsive behavior or in persistent negative thinking.

DERS has proven stability over time and its dimensions are strongly related with similar concepts: general expectancy of negative affect, emotional expressivity, self-destructive behaviors (Fox, Hong, & Sinha, 2008; Tavakoli & Bagheri, 2015). The instrument is widely used and, from our knowledge, researchers have adapted and validated the scale for various populations (Dan-Glauser & Scherer, 2013). Previous studies have shown that the scale is an adequate and reliable measure of persistent problems in emotional regulation even within non-American populations (Mazaheri, 2015; Gomez-Simon, Penelo & de la Nuria, 2014).

Multilevel modeling analyses indicate that there is a correspondence between physiological indices and self-reported measures of emotion dysregulation (DERS) (Gratz & Roemer, 2004). This correspondence replicates across contexts (e.g. baseline and emotional challenges) (Vasilev, Crowell, Beauchaine, Mead, & Gatzke-Kopp, 2009). The previously mentioned research suggests that adolescents whose physiological response to emotional challenge improves also experience fewer difficulties with emotion regulation as they mature.

Other relevant measures of assessing emotional regulation and dysregulation are widely used: *Emotion Regulation Questionnaire (ERQ)* (Gross & John, 2003), *Cognitive Emotion Regulation Questionnaire (CERQ)* (Garnefski et. al., 2001) and *Trait Meta-Mood Scale (TMMT)* (Salovey, Mayer, Goldman, Turvey, & Palfai, 1995). These instruments assess both regulation strategies and dysregulation strategies. Still, we consider that DERS is very useful in understanding goal-related task (egg. therapeutic goals, intervention changes over time), evaluating a baseline of difficulties in regulating ones emotions but also to assess over time the individual changes.

## **2. Method**

### **2.1. Main Purpose**

The main goal of the present study was to examine the basic psychometric properties of the translated scale developed by Gratz and Roemer (2004) in order to measure peoples' difficulties related to emotion regulation: *Difficulties in Emotion Regulation Scale* (DERS). More specifically, due to the fact that there is a lack of information regarding the adaptation and validation of the scale in Romanian population, we investigated whether this scale is stable and reliable for practical and future research purposes. Thus, an internal reliability check and an exploratory factorial analysis were conducted.

### **2.2. Participants and Procedure**

278 participants voluntarily completed the questionnaire and various socio-demographic questions. All of the participants, students of psychology and from other departments, completed the questionnaire on paper. Out of 278 participants, 86% are female and 14% are male, 56.5% are psychology students and 43.5% are from other departments. The participants are aged between 20 and 27, with an average of 21.54 and a standard deviation of 0.93.

The translation of the instrument was made with the help of two independent authorized English translators and the two versions were comprised into one with the help of a third specialist.

### **2.3. Instrument**

In order to assess emotional dysregulation we used *Difficulties in Emotion Regulation Scale* (DERS) (Gratz & Roemer, 2004) with its six dimensions: lack of emotional clarity (e.g. *I am confused about how I feel*), non-acceptance of emotional responses (e.g. *When I'm upset, I feel guilty for feeling that way*), lack of emotional awareness (e.g. *I pay attention to how I feel* – reversed item), difficulties in engaging in goal-directed behaviors (e.g. *When I'm upset, I have difficulty getting work done*), impulse control difficulties (e.g. *When I'm upset, I lose control over my behaviors*), limited access to emotional regulation strategies (e.g. *When I'm upset, I believe that there is nothing I can do to make myself feel better*). The greater the score is, the greater the difficulties are in regulating personal emotional experiences. The scale was assessed using a 5 point Likert scale from 1 (= „almost never”) to 5 (= „almost always”).

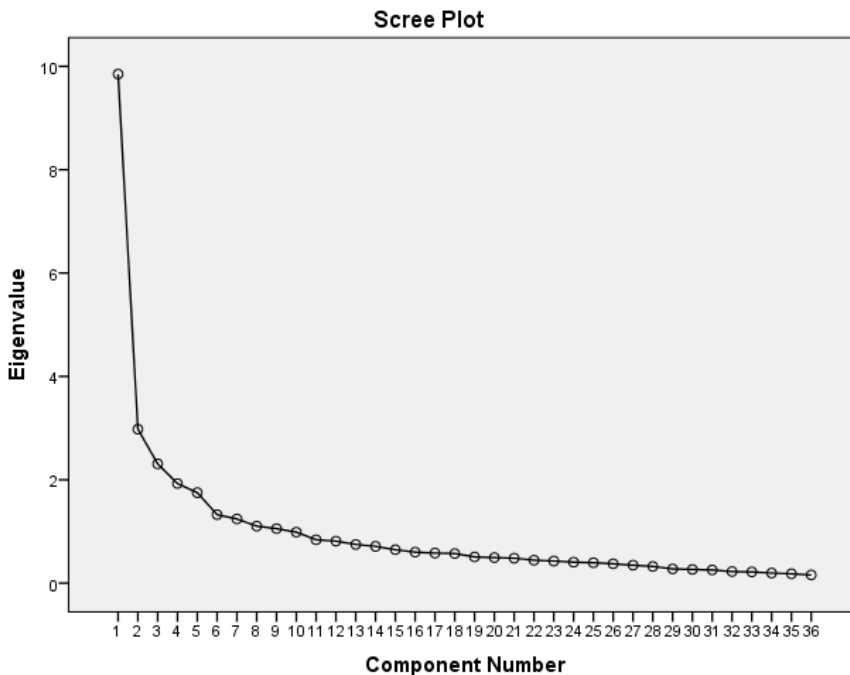
## **3. Results and Discussions**

An exploratory factor analysis was conducted in order to identify the factor structure of the instrument. We assumed that there are six dimensions as suggested by the theoretical model (Gratz & Roemer, 2004). The analysis

revealed six main factors in the structure that explain more than half of the variance of the total structure of the instrument (56%). The minimum satisfactory conditions for the analysis are fulfilled: a) the Kaiser-Meyer-Olkin value is above .50 and very good (.874), b) Bartlett's test of sphericity is significant ( $\chi^2 (630) = 4750.724, p < .001$ ). Thus, we can reject the null hypotheses that the correlational matrix is an identity matrix and that instead, there are correlations between the variables and c) the determinant of the matrix is above zero (KMO = 1,548E-008), meaning that the multicollinearity and singularity in the correlational matrix is avoided.

The graphic of the analysis (Graph 1) shows how the factors are displayed and differentiated from each other. The graphic confirms the general idea that the items group very well in six factors, but one of the factors is more emphasized from the rest. Although there are more than six factors displayed with an eigenvalue of one, the analysis is taking into consideration to validate the six factors suggested by the theoretical framework.

Graph 1. Cattell's Criterion



A principal component analysis measure and direct oblim rotated solution are used in order to explore the factorial validity of the scale. Below is presented a summary list with the factor loadings, eigenvalues and percentage

of variance explained by each factor. A direct oblim rotated solution is used because factors are considered to be correlated. Factor loadings above .326 are highlighted according to recommendations from a comprehensive study regarding factorial saturations for size samples of at least 250 people (Stevens, 1992). Finally, communalities for each variable are listed in the same table.

Table 1. *Summary of Exploratory Factor Analysis Results for Difficulties in Emotion Regulation Scale (DERS) Measure Using Principal Components Method (N = 278)*

Factor / Item	Factor Loadings						Communalities
	F1	F2	F3	F4	F5	F6	
<i>Nonacceptance</i>							
25. When I'm upset, I feel guilty for feeling that way	.71	-.13				-.14	.58
21. When I'm upset, I feel ashamed with myself for feeling that way	.69						.52
12. When I'm upset, I become embarrassed for feeling that way	.69		-.20	-.11			.56
11. When I'm upset, I become angry with myself for feeling that way	.70		.14	.19		.15	.55
29. When I'm upset, I become irritated with myself for feeling that way	.60			.13	-.20		.61

23. When I'm upset, I feel like I am weak .38                      -.28                      -.10    -.21                      .47

*Goals*

26. When I'm upset, I have difficulty concentrating .20    -.16    .10    .79                      .76

18. When I'm upset, I have difficulty focusing on other things .84                      .74

13. When I'm upset, I have difficulty getting work done .78                      .68

33. When I'm upset, I have difficulty thinking about anything else .71    -.13                      .70

20. When I'm upset, I can still get things done .25    .10    -.49    -.23                      .41

*Impulse*

32. When I'm upset, I lose control over my behaviors -.13                      -.77                      .70

27. When I'm upset, I have difficulty controlling my behaviors -.84                      .73





to figure out what  
I'm really feeling

*Strategies*

16. When I'm upset, I believe that I'll end up feeling very depressed	.14	.16	-.51	.22	-.15		.58
15. When I'm upset, I believe that I will remain that way for a long time	.15	.19	-.48		-.24	-.19	.59
31. When I'm upset, I believe that wallowing in it is all I can do	.25	.12	-.46	.11		-.19	.47
35. When I'm upset, it takes me a long time to feel better			-.47	.33		-.31	.57
28. When I'm upset, I believe that there is nothing I can do to make myself feel better	.18	.15	-.44	.15	-.13	-.15	.51
22. When I'm upset, I know that I can find a way to eventually feel better		.50	-.20	.27		.25	.38
36. When I'm upset, my							.60

emotions overwhelming	feel						
30. When I'm upset, I start to feel very bad about myself							.59
<i>Clarity</i>							
5. I have difficulty making sense out of my feelings	.16		-.14		-.62		.56
4. I have no idea how I am feeling					-.79		.66
9. I am confused about how I feel			-.10	.17	-.68		.56
7. I know exactly how I am feeling		.20			-.11	-.57	.45
1. I am clear about my feelings			.54	.24	-.46		.51
Eigenvalues	9.83	2.98	2.30	1.92	1.75	1.32	
% of variance	27.30	8.28	6.45	5.35	4.87	3.68	

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*Note:* 1. Factor loadings below .10 are omitted. 2. Factor loadings above .326 are boldface. 3. For space reasoning, the names of the dimensions were simplified and the correspondence is as follows: Non-acceptance (non-acceptance of emotional responses), Clarity (lack of emotional clarity), Aware (lack of emotional awareness), Goals (difficulties in engaging in goal-directed behaviors), Impulse (impulse control difficulties) and Strategy (limited access to emotional regulation strategies).

The overall original structure is sustained by the saturations of the items, but further minor improvements can be made. The general structure identified in the analysis is as follows: Factor 1 is "non-acceptance of emotional responses", Factor 2 is "lack of emotional awareness", Factor 3 is "limited access to emotion regulation strategies", Factor 4 is "difficulties engaging in

goal directed behaviors”, Factor 5 is ”impulse control difficulties” and Factor 6 is ”lack of emotional clarity”.

In general, the items of the questionnaire were grouped in factors according to the theoretical framework suggested by the authors. There are some items that seem to group in other factors, distinctive from the original one - possibly a consequence of the language translation of the instrument. The similarities between items translated into Romanian are very high and this could be the reason why the items group differently in the factors. A review of the translation is suggested in order to verify these aspects and should be followed by future extended research over the quality of the meanings transported from another culture. For example, clarity and awareness are very close concepts and meanings could become ambiguous. Thus, low loadings for some of the items in the designed factor and their high loadings in a different factor could be the result of method error (e.g. process of translation), which does not necessarily require alterations in the overall structure. Either way, the variance explained by every item is relevant for the structure and appropriate, as shown in the communalities section of the Table 1.

The dimensions that need revision are lack of emotional awareness, impulse control difficulties, limited access to emotion regulation strategies and lack of emotional clarity. For example, the first item meaning in Romanian is more appropriate to a state of consciousness than clarity and knowing exactly how one he feels. Either way, the saturation indices for the lack of emotional clarity is above .326 (-.469) and negative, meaning that it is as suggested by the general theoretical framework, a reversed item. A modified translation is still recommended for future practical and research use. A similar translation modification is needed for item 10, which in the Romanian version is more appropriate for the clarity dimension. Also, item 17 needs to be changed because it uses a double meaning in describing one’s feelings, both „valid and important”.

Regarding the „limited access to emotion regulation strategies”, item 22 needs a minor alteration by eliminating the verb „I know” in order to distinguish it from a state of awareness or clarity about one’s feelings, and item 30 seems to better fit in the non-acceptance of emotional responses. Item 3 is also unclear, a simple form would be suggested by decomposing this item into two affirmations for future use (“I experience my emotions as overwhelming and out of control”), but the saturation size is satisfactory and above .326 (.360).

Further on, a reliability analysis for each factor was conducted in order to verify their appropriateness and to decide whether the factors are consistent enough to be used for research and practice purposes (Table 2). All of the dimensions contain the original items, except for ”limited access to emotion

regulation strategies” for which the deletion of item 22 in the reliability analysis has increased the coefficient to .863.

Table 2. *Reliability analysis – Alpha Cronbach Coefficients for each dimension*

Dimension	Alpha Cronbach	Number of items
Non-acceptance of emotional responses	.810	6
Difficulties engaging in goal-directed behaviors	.857	5
Impulse control difficulties	.838	6
Lack of emotional awareness	.658	6
Limited access to emotion regulation strategies	.863	7
Lack of emotional clarity	.758	5
DERS total	.910	

The general coefficients are very good, only the ”lack of emotional awareness” dimension is at a limit level with an Alpha Cronbach of .658. Although the results are promising, there are some factor loading problems for the ”lack of emotional awareness” dimension that should be investigated. These assumptions are similar to other studies that show that the ”lack of emotional awareness” does not fit well into the model and that a five factor with minor changes should be done (Mennin et. al., 2007). Basically, studies consider that this dimension is independent. The component correlation matrix table is also displayed here in order to take this into consideration this idea for final analysis.

Table 3. *Correlations between scores on the six presumed factors (N = 278)*

Factor	1	2	3	4	5	6
1.Nonacceptance of emotional responses	1					
2.Lack of emotional awareness	.08	1				
3.Limited access to emotion regulation strategies	.60**	.04	1			
4.Difficulties engaging in goal directed behaviors	.43**	-.01	.59**	1		
5.Impulse control difficulties	.53**	.07	.54**	.46**	1	
6.Lack of emotional clarity	.26**	.04	.45**	.36**	.33**	1

*Note.* \*\* $p < .01$ ; \* $p < .05$

The results show that "lack of emotional awareness" is not significantly related to the other factors of the scale, leading to conclusion that this dimension should be revised in order to differentiate it more from those of "non-acceptance of emotional responses" and "lack of emotional clarity" as a meaning because the saturations of the items were greater in these factors (as shown in Table 1).

Nevertheless, the explained variance of the structure is relevant, and the results support the emotional dysregulation model for research and practice. Moreover, young people usually face a second phase of development in both cognitive and emotional levels due to intense processes of interactions and cognitive effort (ex. work community or learning) and should take advantage of expressing their emotions. Thus, understanding the role of emotions and emotional regulation processes is critical in experiencing comfort and having desirable outcomes. Nurturing emotional awareness is also considered to be a part of one's abilities to discreetly identify emotional experiences (Feldman-Barret, Gross, Conner-Christensen, & Benvenuto, 2001) and most of all, to evaluate and decide on the possible best options for what to do next and even suggest specific strategies for changes in one's emotional states.

### *Conclusions and Future Research*

Similar with previous work in adapting the scale (Dan-Glauser & Scherer, 2013), the results support the structure of the original scale with the six factors: non-acceptance of emotional responses, lack of emotional clarity, lack of emotional awareness, difficulties in engaging in goal-directed behaviors, impulse control difficulties and limited access to emotional regulation strategies. Though there are some limitations with this version (e.g. similarity items, lack of significant correlations between the "lack of emotional awareness" factor and the rest of the dimensions), the general aim of creating a valid Romanian translation of the DERS was accomplished. The structure and reliability analyses were made using a large sample ( $N = 278$ ) and the results are satisfying. Moreover, the internal consistency coefficients are also similar to the original instrument (Gratz & Roemer, 2004): DERS total (.93), non-acceptance (.85), goals (.89), impulse (.86), awareness (.80), strategies (.88), clarity (.84) (compared with the results from Table 2). Consistent with other results, a question about the place of "lack of emotional awareness" is raised, since it is not significantly related to the other dimensions and has problems with the size of some of the saturation coefficients (e.g. item 10 and 17), possible due to translation method. However, the items in this dimension should be used with caution when considering the use of a total score for emotional dysregulation as they may not be a part of this concept, although they are certainly related with problems in emotional regulation.

In line with ideas mentioned earlier, it is certain that emotion dysregulation plays an important role in physiological and psychological problems and may help understand biologically based disorders through processes as negative emotionality, effortful control and attention that interfere in normal development of emotional regulation. For example, research considered the possibility that emotion dysregulation is involved in smoking cessation when people experience sleep disturbance (Fillo, et al., 2016), and results show that sleep disturbance actually may lead to lower levels of perceived self-efficacy for remaining abstinent in relapse situations. Other researchers identified that more specific types of emotional deficits such as difficulties in identifying feelings, lack of emotional clarity and limited access to emotion regulation strategies were more important in predicting the health status and well-being of a person than any other emotional difficulties analyzed in that study.

The general concept is useful for understanding why people fail to successfully regulate their emotions, and it is a key concept that relates to social functioning and subjective well-being (Gross, 2008) which could also be used in regular psychological evaluations for students or employees, especially because it also assesses the capacity to concentrate efforts in finishing tasks when facing emotional difficulties. Moreover, these states are responsible in

evaluating, in a general way, the level of happiness and comfort over long periods of time with the belief that understanding one's emotions could facilitate a proper and functional response to a certain situation. In addition, there is a general consensus that emotional regulation is the ability to experience, modulate and display emotions (Cook, 2009) that could create conflicts when people do not respond effectively to other people's emotions, and these dimensions could be evaluated in order to improve these responses.

As studies show, emotional dysregulation interferes with personal resources and may lead to low levels of perceived self-efficacy (Rellini, Zvolensky, & Rosenfield, 2012). Emotional dysregulation represents a factor of risk for psychological health, especially when people face trauma, risky behaviors or adverse events (Tahilani, 2014). Moreover, Saxena, Dubey and Pandey (2011) show that difficulties in understanding, expressing and regulating emotions are negatively associated with mental health and well-being.

Different data show that lack of emotional awareness is relevant for interventions regarding generalized anxiety: people who have poor understanding of their emotions are unable to engage efficiently in processing all relevant information, including emotions, and thus they are unable to respond adequately to a specific situation due to lack of understanding one's emotions at that moment (Novick-Kline, Turk, Mennin, Hoyt, & Gallagher, 2005).

Though it has a clinical relevance and it is different in this aspect from other measures (Garnefski et. al., 2001; Salovey et. al., 1995), researchers and practitioners should also take into consideration that this instrument does not have the power to assess ruminative thinking, suppression or reappraisal which are strongly associated with the development of anxiety and depression problems (DSM-IV, 2000). However, it does assess emotional reactive behaviors that have a great impact over one's decision to act daily, and the "lack of impulse control difficulties" dimension from the DERS is stable as a structure. Here, there are minor problems for item 3 that has a greater saturation coefficient size in "limited access to emotion regulation strategies" (see Table 1). Moreover, as emphasized earlier, we consider that these difficulties can also give more insight when involved in long-term therapeutic settings. For example, it is very important for clients to become more aware of their emotions and also to have clearer representations over their emotions and their level of emotional reactivity on the path of rehabilitation. Still, at certain points of time, they could feel worse when being more aware of their emotions, which could be an obstacle or make them drop-out. Understanding that this could be associated also with negative affective states for a period of time in this kind of process could motivate them to continue to try to control recurrent thoughts or disturbing emotions.



Given the results, we consider that a revision of the translation would be appropriate in order to eliminate similarity between the dimensions of the DERS instrument, but the general conceptual structure is promising for investigating emotion dysregulation, for future research use and also for evaluating and identifying issues in daily emotional problems.

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