

## **Emotional Dysregulation among Young Adults: Relationship with Childhood Emotional Abuse**

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The aim of the present research was to explore the relationship between childhood emotional abuse and emotion dysregulation amongst young adults. It was hypothesized that there would be a significant relationship between childhood emotional abuse and emotion dysregulation. A sample of 253 participants aged 18 to 35 were approached through an online medium utilizing convenience sampling technique. Childhood emotional abuse was measured using Comprehensive Child Maltreatment Scale (Higgins & McCabe, 2001) and emotion dysregulation was measured by using the Difficulties in Emotional Dysregulation Scale by Victor and Klonsky (2016). The findings of these self-reported scales revealed a significant weak positive relationship between childhood emotional abuse and emotion dysregulation. Moreover, there were also significant differences in emotion regulation based on birth order and marital status. The results of current research can acquaint people about the disturbances of childhood emotional abuse into adulthood. Future researches must try to ascertain mechanisms with which emotional abuse might cause emotion dysregulation.

*Keywords.* Childhood, emotional abuse, emotion regulation, young adults, correlational search

Emotion is a multifaceted reaction pattern, comprising experiential, behavioral, and physiological fundamentals, through which an individual attempts to deal with a significant matter or event. The precise quality of the emotion is determined by the specific significance of the occasion. For instance, if the significance includes threat, fear is likely to be generated; if the significance involves disapproval from another, shame is likely to be generated. Emotion

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characteristically contains feeling but varies from feeling in having an overt or implicit engagement with the world (American Psychological Association, 2020).

There is ample amount of researches on the link between types of child mistreatment and a range of negative consequences on mental and physical health. Emotional abuse has a significant impression on a developing child's mental health, self-esteem and behavior. It can cause numerous emotional and behavioral consequences for children as it has been well-known in the literature. A study disclosed that emotional abuse in childhood may extremely correlates with the aspects of psychological development in children (Thompson & Kaplan, 1996). Childhood emotional maltreatment has been found to be associated with bilateral amygdala reactivity to emotional faces (Glaser, 2000). Hence, it can be concluded that childhood maltreatment particularly emotional abuse, has long-term effects on the individual's physiological and psychological health.

Linehan defined emotion regulation as the skill to prevent impulsive and inappropriate behavior associated with strong positive and negative emotions, establish oneself for coordinated action in the service of an external goal, self-soothe any physiological stimulation that the strong emotion has induces and transfer attention in the occurrence of strong emotion (Linehan, 1993). Emotion dysregulation results from an amalgamation of high emotional sensitivity or vulnerability and an incapability to regulate one's emotions. Summing up, emotional dysregulation is the incompetence to regulate emotional cues, actions, experiences, verbal responses, and non-verbal expressions under normative circumstances.

Emotion regulation means determining which emotions one has, when one has them, and how one experiences or expresses these emotions. Therefore, emotion regulation is concerned with how emotions themselves are regulated (regulation of emotions), rather than how emotions regulate something else (regulation by emotions) (Gross, 2008).

Emotional growth occurs through infancy and childhood, and comprehensive cross-sectional and age-related research proposes that early interactions with caregivers are crucial to the emotional development of individuals. Holodynski and Friedlmeier's (2006) model suggests that developmental coordination of facial expressions of emotion with other behaviors occur through social interaction with the caregivers. The response and reinforcement of emotions given by parents is related with positive emotional and social developmental for kids (Roberts & Strayer, 1987). Contrastingly, developing in an

invalidating environment where proper emotional expression is overlooked or punished might lead to problems in the regulation of emotion (Linehan, 1993).

Emotional abuse in childhood have been linked with emotional dysregulation and other psychological problems in the adulthood. A study revealed that by contrast with physical or sexual abuse in childhood, emotional abuse was more strongly related to diagnoses of major depression and social phobia (Gibb et al., 2007). Another study showed that there is positive correlation amongst childhood abuse/neglect and emotional regulation which then relates to disordered eating (Mills et al., 2015). Answer to the reported facts of the correlation between two variables and they all are not just self-report.

Evidence has shown that maltreatment in childhood can have long-term effects on a person's well-being. Its impact can lead to many complex social and economic problems. Children who suffer from neglect are prone to developing a number of psychological disorders (Ford, 2017). Emotional abuse has been seen to be related with interpersonal problems and depressive symptoms, which is mediated by emotion dysregulation (Christ et al., 2019). Moreover, emotional and sexual abuse was shown to be related to emotion dysregulation and a number of risky behaviors (Oshri et al., 2015).

Findings of another research showed that out of the three forms of childhood abuse i.e. emotional, sexual and physical, emotional abuse was most strongly related to difficulties in emotion regulation (Racine & Wildes, 2015).

Growing up, if a child is exposed to disturbing events, it could give rise to a broad range psychiatric problems in adulthood. Kuo et al. (2015) conducted a study which showed that BPD features through difficulties in emotion regulations has a relationship with childhood abuse, especially emotional childhood abuse. Difficulties with emotion regulation can create problems in the management of negative states of emotion and hinder functioning, which alters one's ability to work, comprehend and be accepted by others, and enjoy oneself. Moreover, individuals who were subjected to significant abuse in childhood showed deficit in emotion regulation (Powers et al., 2015).

Researches have shown that abuse – *physical, sexual, emotional or neglect*, all of them have a significant impact on an individual. Individuals who have adverse experiences in childhood make them more prone to psychological illnesses. However, in this research, the focus is on emotional abuse. Since, Pakistan is a collectivist society,

which means that individuals are interdependent on each other. A study conducted in 2007 suggested that suppression of negative emotion may be moderated by cultural values (Butler et al., 2007). It was indicated in a study that culture shapes whether an individual is motivated to regulate their emotions and is the regulation adaptive or maladaptive (Ford & Mauss, 2015). Among Pakistani population, there may be poor understanding of the actuality that emotional abuse can cause long-term damages to individuals. Quite a few researches have been done on this topic, however a large amount of those studies have been conducted in Western culture. This study will shed a light on the possible relationship between childhood emotional abuse and emotion regulation of individuals in Pakistan. Moreover, this study further explores the variables of marital status and birth order in relation with childhood emotional abuse and emotional dysregulation.

### Hypothesis

H: There is a positive relationship between childhood emotional abuse and emotion dysregulation.

## Method

### Sample

Method of convenient sampling techniques was utilized to collect data from 253 young adults. Among the participants, 63.6% were females, and 36.4% were males. The participants were approached using online medium through social media.

Table 1

*Frequency and Percentage of Demographic Variables (N = 253)*

Variable	<i>f</i>	%
<b>Gender</b>		
Male	92	36.4
Female	161	63.6
<b>Age</b>		
18-24	135	53.4
25-30	102	40.3
31-35	16	6.3
<b>Birth order</b>		
First born	92	36.4
Middle born	92	36.4
Last born	62	24.5
Only child	7	2.8

Variable	<i>f</i>	%
<b>Marital status</b>		
Single	170	66.4
Married	55	22.5
Engaged	17	6.7
In a relationship	11	4.0

*Note.* *f*= Frequency, %= Percentage

## Measures

### *Informed Consent Form*

Participant's consent to participate in the study was taken through informed consent form. The form included all the details about the research that was necessary for the participants to make an informed decision. It enlightened the participants about their right to confidentiality and brought to their knowledge the nature of the study. The form was designed in a language that was readily understandable to the target population.

### *Demographic Information Form*

The demographic form comprised basic and necessary items that were related to the information about the participants. It included the following variables: participant's age, gender, birth order, educational level, marital status, and family system (nuclear or joint).

### *Comprehensive Child Maltreatment Scale (CCMS; Higgins & McCabe, 2001)*

This scale was developed by Higgins and McCabe (2001). It evaluates five types of childhood maltreatment: physical abuse ( $\alpha = .66$ ), sexual abuse ( $\alpha = .88$ ), psychological maltreatment ( $\alpha = .78$ ), neglect ( $\alpha = .84$ ) and witnessing family violence ( $\alpha = .77$ ). The Cronbach's alpha for total CCMS for Adults was .93. The concurrent criterion validity of CCMS was tested with Childhood Abuse Trauma scale and it showed strong correlations (.87). In current study, questions that identified psychological maltreatment were utilized (Item 1: *Yelled at the child*; Item 2: *Ridiculed, embarrassed, used sarcasm [made the child feel guilty, silly or ashamed]*; Item 3: *Provoked, made the child afraid, used cruelty*). Participants specified the occurrence with which they had experienced each parental behavior using the scale ranging from 1 (*Never*) to 5 (*Very Frequently*).

### *Difficulties in Emotional Dysregulation Scale (DERS; Victor & Klonsky, 2016)*

Difficulties in Emotional Dysregulation Scale by Victor and Klonsky (2016) was used to measure the level of Emotional

Dysregulation in the participants. The questionnaire consists of 18 close-ended statements. Cronbach alpha score of DERS-18 is of .91. Concurrent validity of DERS and DERS-18 showed strong correlation (.98). The response format is a five-point Likert-type scale from 1 (*almost never*) to 5 (*almost always*). Examples of a few items are: “*I have difficulty making sense out of my feelings*” “*When I'm upset, I feel guilty for feeling that way*” “*When I'm upset, I have difficulty controlling my behaviors*”

### **Procedure**

Each participant was required to take part in the online study by signing a consent form for the voluntary participation. The purpose of the study was briefly explained by providing an insight about what the childhood maltreatment and emotional dysregulation means and how they both are connected. It also suggested that participants will fill each form relating to items personally. The inclusion criterion of the study was participants belonging to Karachi city, both males and females, within the age range of 18 to 35 years having minimum qualification of intermediate degree. Moreover, they shall be able to read and understand English to fill the questionnaires. All participants were assured regarding the confidentiality of their information. Once they agreed to participate in the study, they were asked to fill out the demographic information form. The participants were given the self-report measurement scales which were Comprehensive Child Maltreatment Scale (Higgins & McCabe, 2001) and Difficulties in Emotional Dysregulation Scale (Victor & Klonsky, 2016). Both scales had the set of instructions at the top of their respective sections, which the participants to be filled online. From the Comprehensive Child Maltreatment Scale only the sub-scale for emotional abuse was used in this study. To avoid the carryover effect, the use of reverse counterbalancing was done for the second scale (DERS-18) where items were a mix of positive and negative responses. The results obtained have been analyzed using Statistical Package of Social Sciences (SPSS) version 22 to test the statistical significance of the relationship between the variables.

### **Results**

IBM SPSS version 22 was utilized for data analysis. Descriptive analysis and correlation analysis were used to test the hypothesis. For additional analysis, independent sample *t*-test and one-way analysis of variance were used. The Cronbach alpha of CCMS- Emotional Abuse

is .775 which shows that this scale have good reliability. The Cronbach alpha of DERS-18 is .885 which shows that this scale have good reliability.

Table 2

*Descriptive Analysis Included Mean, Standard Deviation, Skewness, Kurtosis and Ranges of the Study Variables(N = 253)*

	Items	M	SD	SK	K	Ranges	
						Actual	Potential
CCMS –EA	3	8.03	3.30	.277	-.875	3-15	3-15
DERS	18	50.58	13.36	.071	-.663	19-84	18-90

*Note.* M = Mean; SD = Standard Deviation; SK= Skewness; K= Kurtosis; CCMS - EA = Comprehensive Childhood Maltreatment Scale (Emotional Abuse); DERS= Difficulties in Emotion Regulation Scale.

Table 2 represents mean, standard deviation, skewness value, kurtosis value, actual and potential ranges of the scales. The value of skewness and kurtosis shows that the data is normally distributed.

To test the hypothesis, that there would be a positive relationship between childhood emotional abuse and emotion dysregulation among young adults, correlational analysis between the two variables of childhood emotional abuse and emotion dysregulation was done. The correlational value identified was  $r = .339$ . It indicates that childhood emotional abuse has a significant positive weak correlation with emotion dysregulation.

Table 3

*One-way Analysis of Variance (ANOVA) for variables of Birth Order, Marital Status, Childhood Maltreatment with Emotional Dysregulation (N = 253)*

Variable	R	R <sup>2</sup>	df	F	B	t	LL	UL
	.350	.122	3	11.56				
Childhood abuse	1.322	.238	.332	5.565	1.322	5.565	.854	1.791
Birth order	-.808	.920	-.053	-.879	-.808	-.879	-2.619	1.003
Marital status	-1.052	.978	-.064	-1.075	-1.052	-1.075	-2.978	.875

*Note.* t = test, LL= Lower Limit, UL= Upper Limit

The above table suggests a significant value of F indicating that the two demographic variables (birth order and marital status) and study variable (childhood abuse) has significant relationship with

emotional dysregulation. In order to study it further, the below two tables, Table 4 and Table 5 provides a detailed description of this analysis.

Table 4

*Independent Sample t-test for the Demographic Variable of Marital Status (N = 253)*

	Single (n=170)		Married (n=55)		t	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
DERS	56.51	13.15	50.80	12.89	2.80	.006	1.69	9.71	0.43
CCMS	8.05	3.20	8.49	3.38	-0.87	.384	-1.42	.552	--

Note. M = Mean; SD = Standard Deviation; LL = Lower Limit; UL = Upper Limit.

Table 4 represents the independent sample *t*-test of variables of emotional abuse and emotion regulation among single and married young adults. The *p*-value for DERS is less than 5% ( $p < 0.5$ ), which indicates a statistically significant difference among single ( $M = 56.51$ ) and married young adults ( $M = 50.80$ ). Differences were not found significant for other variable.

Table 5

*One-way Analysis of Variance (ANOVA) for the demographic variables of Birth Order (N = 253)*

	First Born (n= 92)		Middle Born (n = 92)		Last Born (n= 62)		Only Child (n= 7)		F	p	i-j	M	LB	UB
	M	SD	M	SD	M	SD	M	SD						
DERS	53.71	12.82	48.88	13.13	48.35	13.74	51.71	14.87	2.83	.04	1>2	4.83	.997	8.67
											1>3	5.36	1.08	9.64
CCMS	8.50	3.28	7.64	3.14	7.62	3.23	10.71	4.68	2.96	.03	4>2	3.07	.552	5.59
											4>3	3.08	.522	5.64

Note. CI = Confidence Interval; M = Mean; SD = Standard Deviation.

Table 5 represents one-way ANOVA of the impact of birth order on emotional abuse and emotion regulation among young adults. It shows that there is a difference in the variable of childhood emotional abuse and reported emotion regulation among young adults as per birth order. For further understanding of within group differences, post hoc was computed and the results indicate that only children have significant emotional abuse than middle born and last born. Moreover,



First born individuals have significant emotion dysregulation than middle born and last born.

## Discussion

The reliability of scales used in the present research as shown in table 1, indicates the Cronbach alpha of difficulties in emotion regulation scale ( $\alpha = .885$ ), Comprehensive childhood maltreatment scale- Emotional Abuse ( $\alpha = .775$ ) which shows that both of the scales have good reliability. The objective of the current study was to find out the relationship with childhood emotional abuse and emotion dysregulation.

The assumption that was made in this study was that there would be a positive relationship between childhood emotional abuse and emotion dysregulation, the analysis reveals that there is a significant ( $p < .01$ ) positive weak correlation between the variables. This indicates that the hypothesis was supported by the results. Emotional abuse in childhood can cause problems in emotion regulation (Christ et al., 2019; Cloitre et al., 2005; Racine & Wildes, 2015). Those studies have reported that a positive correlation between childhood emotional abuse and emotion dysregulation exists.

The correlational analysis of the scales of childhood emotional abuse and emotion dysregulation indicates that childhood emotional abuse has a significant ( $p < .01$ ) positive weak correlation ( $r = .339$ ) with the scale of emotion dysregulation.

Possible factors for the results are that the occurrence of emotional abuse may be a sign of an invalidating, toxic environment at home where the primary caregivers are causing the abuse. Invalidating environment generally emphasizes controlling the expressions of emotions, especially of negative affect. It fails to educate the individual about the categorization of their emotions and the process to regulate it, to tolerate stress, and to trust their own reactions as reasonable understandings of situations. Additionally, it shows the child to nullify their personal experiences by making it essential for them to scrutinize the situation for signs about how to feel or act (Linehan, 2014).

Table 4 represents the p-value for emotion regulation which is less than 5% ( $p < 0.5$ ), it indicates a statistically significant difference among single ( $M = 56.51$ ) and married young adults ( $M = 50.80$ ). Studies have shown that emotion dysregulation can play a big role in the development of suicidal thoughts, since, emotional dysregulation increases the feelings of frustration, hopelessness, and other

experiences that increase the possibility of thinking about suicide (Orbach et al., 2007). It is reported that people who are a part of a romantic relationship experience lower suicide rates than single people (Velotti & Zavattini, 2018).

Furthermore, table 5 indicates that there is a difference in the variable of childhood emotional abuse and emotion regulation among young adults as per birth order. The results indicate that only children have significant emotional abuse than middle born and last born. Moreover, first born individuals have significant difficulties in emotion regulation than middle born and last born. Sulloway (2000) describes that there are differences between individuals of varying birth orders, which is not restricted only to the family environment, but can also be observed outside of the family dynamic. The influence of birth order may be more noticeable in adulthood and may represent themselves in different intensities. Again, the literature on the topic of birth order and emotional abuse, and birth order and emotion regulation is rare. This topic needs to be explored in a better manner in the future.

Overall, the findings suggest that emotional abuse has a positive relationship with emotion dysregulation, similar to previous researches. These studies show a multifaceted relationship between childhood abuse and emotion dysregulation. Exposure to abuse in childhood is linked with decreased capability to comprehend and modulate emotions and with compromised social functioning starting in childhood and lasting into adulthood.

Emotional dysregulation has been related to several forms of psychological disorders (borderline personality disorder, generalized anxiety, depression, post-traumatic stress disorder) plus externalizing and internalizing difficulties in children. Therefore, emotional dysregulation seems to be a significant goal for therapeutic interventions. Since, emotional dysregulation is related with exposure to interpersonal trauma in childhood, additional scientific study is required to ascertain how to best comprehend and deal with childhood trauma-related emotional dysregulation in a range of psychiatric disorders. Protective measures and targeted therapeutic interventions, both psychotherapeutic and pharmacological, might improve our skills to manage emotional dysregulation, which is a problem that harms the lives of the individuals who have experienced interpersonal trauma.

### **Limitations and Recommendations**

One of the limitations of the study was that the size of the sample was small and majority of the participants were female. Hence, to

increase the generalizability of the study, equal number of participants from both the genders and a larger and diverse sample i.e. and from different cities should be taken. Due to COVID-19, data was collected through an online medium that would have had an effect on the results. That is because the researcher was not present to address any queries that the participants may have had, and was also restricted to analysis based solely on the self-report questionnaire. Moreover, future research must pursue to identify mechanisms through which emotional abuse upsurges the risk for emotion dysregulation.

### **Implications**

The findings of this research can provide insight on childhood emotional abuse. Parents and caregivers can be more mindful of the way they conduct themselves. In addition, the awareness that childhood emotional abuse can cause difficulty in regulating emotions later in life can be beneficial in the sense that parents can be educated regarding this matter; it can be helpful in the better upbringing of the child. This study is also beneficial for the theorists and psychologists, as it will enable the theorist to develop theories that will better explain the relationship of emotional abuse in childhood and emotion dysregulation. Moreover, this will enable the psychologist to develop and implement the interventions for emotion dysregulation. Being able to regulate our emotions in an efficient manner allows us to relate with other people and develop friendships or relationships with them. With therapy, those young adults who are having difficulty in regulating their emotions can get better, and when they are able to regulate their emotions well, they are less likely to invalidate someone else's emotions, which is one of the contributing factor in emotional abuse.

### **Conclusion**

The current study explored the relationship with childhood emotional abuse in emotion dysregulation among young adults. The data was collected from 161 females and 92 males. The finding shows that reported childhood emotional abuse have a positive correlation with emotion dysregulation. Additionally, this research shows significant differences in childhood emotional abuse and emotion dysregulation in terms of birth order and marital status.

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