Review

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Interpersonal Emotion Regulation as a Transdiagnostic Target in Adult Psychopathology

Yetişkin Psikopatolojisinde Transdiyagnostik Bir Hedef Olarak Kişilerarası Duygu Düzenleme

Eda Yılmazer[1]

[1]Beykoz University, Istanbul

ABSTRACT

Interpersonal emotion regulation refers to the ways people use their relationships to manage emotional experiences. Most of the literature has treated regulation as an intrapersonal skill, emphasizing strategies such as reappraisal or suppression carried out in isolation. Over the past decade, however, evidence has shown that patterns of co-regulation—seeking comfort, withholding emotion in close ties, or relying heavily on others—play a central role in both the development and persistence of psychopathology. This review synthesizes theoretical and empirical work published between 2015 and 2025, highlighting interpersonal emotion regulation as a transdiagnostic process with relevance for mood, anxiety, personality, and trauma-related disorders. Supportive co-regulation emerges as a buffer against distress, while invalidation, avoidance, or overdependence within relationships tend to worsen symptoms. Although many therapies touch on these dynamics indirectly, very few target them as mechanisms of change. The review therefore calls for intervention models that frame emotion regulation not only as an individual capacity but also as a relational and culturally embedded process. In conclusion, interpersonal emotion regulation stands out as a neglected yet central process in adult psychopathology. A clearer definition of this process, taking cultural diversity into account and integrating it into clinical interventions, will enable the development of a more effective and comprehensive understanding of psychotherapy that supports emotional well-being.

Keywords: Interpersonal emotion regulation, transdiagnostic processes, adult psychopathology

ÖZ

Kişilerarası duygu düzenleme, bireylerin duygularını sosyal ilişkiler aracılığıyla yönetme yollarını ifade eder. Uzun yıllar boyunca duygu düzenleme yalnızca bireysel bir beceri olarak görülmüş, yeniden değerlendirme ya da bastırma gibi içsel stratejilere odaklanılmıştır. Oysa son on yıldaki bulgular, başkalarından destek arama, duyguları saklama ya da aşırı bağımlılık geliştirme gibi eş-düzenleme örüntülerinin psikopatolojinin ortaya çıkışında ve sürmesinde belirleyici olduğunu göstermektedir. Bu derlemede 2015–2025 yılları arasında yayımlanan kuramsal ve ampirik çalışmalar bir araya getirilerek kişilerarası duygu düzenlemenin depresyon, anksiyete, kişilik bozuklukları ve travma ilişkili bozukluklar başta olmak üzere farklı klinik tablolardaki işleyişi ele alınmaktadır. Bulgular, destekleyici eş-düzenleme süreçlerinin koruyucu işlev görebildiğini; buna karşılık duygusal geçersizleştirme ya da kişilerarası kaçınmanın semptomları ağırlaştırabildiğini ortaya koymaktadır. Mevcut psikoterapi yaklaşımlarının çoğu kişilerarası duygu düzenlemeye dolaylı biçimde değinse de, bu süreci doğrudan hedefleyen teknikler oldukça sınırlıdır. Bu boşluk, alandaki kuramsal belirsizlikler ve kültürel sınırlılıklar ile birleştiğinde, daha ilişkisel ve kültürel açıdan uyarlanmış duygu düzenleme modellerinin geliştirilmesi gerektiğini göstermektedir. Sonuç olarak, kişilerarası duygu düzenleme, yetişkin psikopatolojisinde ihmal edilmiş ancak merkezi önemde bir süreç olarak öne çıkmaktadır. Bu sürecin daha net tanımlanması, kültürel çeşitliliğin hesaba katılması ve klinik müdahalelere entegre edilmesi, duygusal iyilik halini destekleyen daha etkili ve kapsamlı bir psikoterapi anlayışının gelişmesini mümkün kılacaktır.

Anahtar sözcükler: Kişilerarası duygu düzenleme, transdiyagnostik süreçler, yetişkin psikopatolojisi

Address for Correspondence: Eda Yılmazer, Beykoz University Faculty of Social Sciences Department of Psychology, Istanbul, Türkiye
e-mail: edayilmazer@beykoz.edu.tr
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Introduction

Emotion regulation is widely regarded as a central transdiagnostic construct in adult psychopathology (Lincoln et al. 2022). Difficulties in regulating emotions not only trigger the onset of disorders such as depression, anxiety, borderline personality disorder (BPD), and post-traumatic stress disorder (PTSD), but also contribute to their persistence and severity (Paulus et al. 2021). For decades, research and clinical interventions focused primarily on intrapersonal strategies—how individuals manage emotions on their own through reappraisal, suppression, or distraction (Li et al. 2025). This perspective has generated valuable insights, yet it risks underestimating the powerful influence of interpersonal relationships on emotional life.

In practice, adults rarely regulate emotions in isolation. They turn to partners for comfort after a stressful day, confide in friends to ease anxiety, or use humor in a group to defuse tension. These everyday exchanges serve important regulatory functions, especially when emotions run high (Kupferberg and Hasler 2023). IER is therefore not a secondary process but often the main channel through which emotions are shaped (Messina et al. 2021). Still, models of adult mental health have been slow to fully integrate IER. Emerging research shows that maladaptive forms of co-regulation—such as excessive reassurance seeking, co-rumination, emotional dependence, or withdrawal—can intensify distress and maintain psychopathology (Kovács et al. 2025). Evidence from multiple diagnostic groups further suggests that IER may represent a transdiagnostic mechanism as clinically significant as intrapersonal regulation (Williams et al. 2025).

This review brings together theoretical and empirical studies published between 2015 and 2025, examining the functioning of interpersonal emotion regulation in various clinical conditions, primarily depression, anxiety, personality disorders, and trauma-related disorders, using a narrative review approach.

Method

Review Design

This review employed a structured, theory-informed narrative approach. The purpose was not to conduct a full systematic review with rigid inclusion criteria and bias assessments, but rather to trace conceptual trends, highlight emerging empirical findings, and evaluate the clinical relevance of IER across psychiatric conditions. This design allowed for both theoretical and empirical sources to be considered within a transdiagnostic framework, while maintaining flexibility to synthesize evidence from diverse methodological traditions.

Search Strategy

Relevant studies were identified through iterative searches in PubMed, PsycINFO, Web of Science, Dergipark, and Google Scholar. The search covered the years 2015 to 2025 and included combinations of terms such as interpersonal emotion regulation, co-regulation, emotion regulation and relationships, social support and psychopathology, and transdiagnostic emotion regulation. Further sources were located through citation tracking and manual searches of recent reviews, clinical intervention reports, and conceptual articles.

Inclusion Priorities

Priority was placed on peer-reviewed publications that directly examined IER in adult populations and that were relevant to clinical processes such as symptom expression, comorbidity, and treatment mechanisms. Both empirical studies and conceptual papers were considered when they offered insight into the ways emotional experiences are shaped in interpersonal contexts. In line with the narrative review design, the focus was on conceptual richness and clinical applicability rather than on comprehensive coverage of all available studies.

Data Extraction and Synthesis

The synthesis process was iterative and thematic. Studies were examined in relation to their contribution to understanding IER across diagnostic categories, and findings were integrated with broader transdiagnostic frameworks. Attention was given to identifying recurring patterns of interpersonal regulation, clarifying their relevance for clinical practice, and situating them within cultural and relational contexts. Rather than quantifying effect sizes or applying risk-of-bias ratings, the review concentrated on mapping conceptual developments and highlighting emerging areas of consensus and debate.

Limitations of the Method

This approach differs from a systematic review in that it does not claim to be exhaustive or to provide formal quality assessment of each study. Instead, it offers a conceptually guided synthesis that integrates theoretical models and empirical findings. The goal is to generate a focused and integrative overview of the field, advancing clinical understanding of IER while outlining directions for future research.

Interpersonal Emotion Regulation

Conceptual Background on Interpersonal Emotion Regulation

Traditionally, emotion regulation has been framed as an intrapersonal process, emphasizing how individuals manage their own emotions through strategies such as reappraisal, suppression, distraction, acceptance, or problem-solving (Gross, 2015, Brockman et al. 2017). Cognitive-behavioral models in particular have portrayed the individual as a solitary agent, working within the boundaries of the self to stabilize emotional experience (Suveg et al. 2009). This perspective has been productive, yet it fails to capture a central fact of emotional life: much of it unfolds in relationships. Adults routinely seek out others for comfort, reassurance, or perspective, underscoring that regulation is not only internal but also profoundly interpersonal (Barthel et al. 2018).

IER refers to the deliberate or implicit ways people shape their own or others' emotions through social interaction (Zaki and Williams 2013). It covers both seeking support—such as confiding in a friend or turning to a partner for validation—and providing it, by offering distraction, encouragement, or comfort (Rimé, 2007, Springstein et al. 2023). These dynamics are particularly salient in close relationships, where emotions are exchanged frequently and with high intensity. IER can be intrinsic, when people involve others to regulate their own states (Hofmann 2014), or extrinsic, when they aim to regulate another person's emotions. In practice, the two often occur together, especially in emotionally interdependent relationships (Kwon et al. 2025).

Several theoretical frameworks have attempted to formalize this process. The social sharing model, for example, views emotional disclosure as a natural way of achieving relief, cognitive processing, and social bonding (Rimé 2010). Later models highlighted distinctions between intrinsic and extrinsic regulation, stressing that emotional exchanges are dynamic and reciprocal rather than one-directional (Zaki and Williams 2013; Williams et al. 2018). Importantly, these accounts also recognize that people regulate others' emotions not only to help but also to achieve social goals, prevent conflict, or preserve relationship stability.

Empirical research, however, lagged behind these conceptual advances. Until recently, studies tended to rely on individual self-report measures and neglected the interactive, dyadic nature of regulation. Capturing co-regulation requires more demanding methodologies—longitudinal designs, observational data, or dyadic analyses—which partly explains the delay. Psychology's historical emphasis on individual autonomy, particularly in Western contexts, has also contributed to the neglect of relational processes (Pruessner and Altan-Atalay 2025).

This trend is now changing. An increasing number of studies highlight IER as a crucial factor not only in everyday functioning but also in psychopathology. Maladaptive interpersonal regulation patterns are

evident across clinical populations: excessive reassurance seeking in anxiety, withdrawal in depression, or volatility and dependence in BPD (Fearey et al. 2021, Pauw et al. 2024). Such patterns prolong distress, strain relationships, and obstruct recovery. Therapy itself involves guided interpersonal regulation, with the clinician actively participating in the client's emotional regulation (Schwartz-Mette et al. 2021).

Looking ahead, the field needs a more integrated and empirically grounded understanding of IER. Clarifying its conceptual boundaries and exploring its operation across diagnoses, cultural contexts, and relational environments is essential. Importantly, recognizing emotion regulation as something people do together—not just alone—opens new avenues for clinical innovation. Treatments that explicitly target interpersonal regulation may better reflect the ecological realities of emotional life and hold promise for improving outcomes.

Interpersonal Emotion Regulation across Psychiatric Disorders: A Transdiagnostic Perspective

IER has increasingly been recognized as a transdiagnostic construct relevant across a broad spectrum of adult psychopathology (Carmassi et al. 2022). The way it appears may differ from one disorder to another, yet certain difficulties—such as ineffective attempts to seek support, emotionally volatile exchanges, or a lack of co-regulation altogether—show up repeatedly. These patterns are strongly linked to symptom persistence, reduced treatment responsiveness, and greater psychosocial impairment (Moura et al. 2021). In the following section, I review how IER functions across major diagnostic categories and point to the relational dynamics that cut across them.

Mood and Anxiety Disorders

In mood and anxiety disorders, difficulties with interpersonal emotion regulation are both common and clinically significant. Depressed individuals often withdraw socially, suppress emotions, or minimize support-seeking, patterns that reinforce isolation and sustain negative affect (Ray-Yol et al. 2022). Even when distress is severe, many struggle to voice their needs or to believe that others can respond effectively. This reluctance frequently deepens feelings of rejection and hopelessness, further entrenching depressive symptoms (Coo et al. 2022).

An opposite pattern is often seen in anxiety disorders—including generalized anxiety, panic disorder, and social anxiety—where individuals rely heavily on others for reassurance. They may ask repeated questions, seek constant validation, or avoid feared situations so long as a "safety person" is present. Although such behaviors can briefly reduce anxiety, they also reinforce avoidance cycles and undermine the development of internal coping strategies (Akkuş and Peker 2022). Another pattern, co-rumination, is especially common among close peers: problems and negative emotions are revisited repeatedly, often passively. While this can initially foster closeness, it is consistently associated with heightened anxiety and depression over time, particularly in adolescents and young adults.

Across both mood and anxiety disorders, low perceived social support and ineffective co-regulation predict worse outcomes. Patients who lack emotionally responsive environments typically struggle more with affect regulation and are at greater risk for chronic or recurring symptoms (Altan-Atalay and Saritas-Atalar 2022). These findings underscore that interpersonal processes not only mirror the symptoms of these disorders but also actively contribute to their persistence.

Trauma-Related and Stress Disorders

In trauma-related conditions such as PTSD and complex PTSD, IER takes on particular importance. Survivors frequently struggle with trust, emotional closeness, and the ability to sustain healthy emotional exchanges (Ouhmad et al. 2023). These difficulties often block disclosure and cut off access to the protective effects of social support. For many who have endured interpersonal violence or betrayal trauma, sharing emotions is not experienced as relief but as risk. The result is suppression, withdrawal, and heightened vigilance (Cole et al. 2024).

Yet the picture is not uniformly negative. Studies consistently show that supportive relationships can help survivors regulate trauma-related emotions—especially fear, anger, and shame. Partners, close friends, or family members who respond with predictability, validation, and safety can rebuild trust and foster stability. In these circumstances, co-regulation itself becomes a reparative process (Puhalla et al. 2021).

Recent work has also turned attention to caregivers of trauma survivors, who often develop distress of their own. The well-being of one member of a dyad can strongly influence the other, underscoring that IER is inherently bidirectional (Cannon and Gray 2024). Recognizing how trauma reshapes emotional exchanges—through caregiver burden, emotional contagion, or cycles of mutual dysregulation—offers new perspectives on both psychopathology and intervention at the relational level.

Personality Disorders

Among psychiatric diagnoses, personality disorders—especially BPD—offer perhaps the clearest example of IER dysfunction (Krause-Utz et al. 2025). BPD is marked by profound emotional instability, impulsivity, and turbulent relationships, making interpersonal dynamics central both to how symptoms manifest and to how treatment is delivered. Individuals with BPD often depend heavily on others to manage overwhelming feelings, displaying behaviors such as clinging, threatening separation, or using emotional manipulation to provoke a response (Leichsenring et al. 2024). At the same time, they frequently lack the interpersonal skills needed to accept or reciprocate support, which leads to repeated ruptures in close relationships.

This creates a paradox. On the one hand, the person desperately seeks co-regulation (Urban and Urban 2025); on the other, they undermine it through reactive, volatile, or hostile behaviors (Navas-Casado et al. 2023). Predictably, this cycle often triggers invalidating responses from others and perpetuates both emotional dysregulation and interpersonal trauma. Dialectical Behavior Therapy (DBT), one of the most effective treatments for BPD, addresses these issues head-on by teaching skills in interpersonal effectiveness and emotion regulation. The aim is to help individuals meet emotional needs in ways that strengthen, rather than destabilize, their relationships (Hernandez-Bustamante et al. 2024).

IER difficulties are not unique to BPD. People with avoidant personality disorder, for instance, may long for closeness yet fear rejection so deeply that they suppress support-seeking altogether (Fitzpatrick et al. 2023). In contrast, individuals with narcissistic traits may regulate affect through others by eliciting admiration or validation, a strategy that often destabilizes relationships (Smith et al. 2025). Taken together, these profiles illustrate how maladaptive interpersonal regulation cuts across personality disorders, reinforcing its role as a transdiagnostic mechanism.

Other Clinical Conditions

Beyond mood, anxiety, trauma, and personality disorders, IER also shapes a range of other psychological conditions. In substance use disorders, for example, social contexts such as peer groups or intimate relationships often act as either enablers of avoidance or short-term sources of relief. Many individuals turn to substances to escape interpersonal distress, and relapse is frequently tied to social triggers or the absence of reliable support (Stellern et al. 2023).

In eating disorders, family and close relationships frequently become the stage on which emotional struggles are enacted. Patterns of dysfunctional co-regulation—such as overly enmeshed caregiving or invalidating responses to distress—can intensify symptoms (Leppanen et al. 2022). Here, IER difficulties are not peripheral but closely bound up with the cycles of restriction, bingeing, or purging.

Even in serious mental illnesses like schizophrenia or bipolar disorder, the quality of interpersonal exchanges significantly shapes prognosis (Behrouian et al. 2021, Miola et al. 2022). Emotional blunting, paranoia, or manic impulsivity can all disrupt the ability to seek or provide support, while consistent, supportive relationships have been shown to improve adherence and reduce relapse risk (Desilva and Hollander 2024).

Taken together, these findings demonstrate the reach of IER across diagnostic boundaries. Although its forms differ—from substance-related coping to family-based enmeshment or impaired trust in psychosis—the underlying theme is clear: interpersonal dynamics can either support adaptation or amplify vulnerability. This makes IER a genuinely transdiagnostic process and a compelling target for future intervention.

Mechanisms Linking Interpersonal Emotion Regulation to Psychopathology

Understanding how IER shapes mental health outcomes is key to explaining its role as a transdiagnostic factor across clinical conditions (Zhao et al. 2024). Although the specific strategies people use differ, certain patterns—both adaptive and maladaptive—regularly emerge as mediators between emotional experience, relationship dynamics, and psychological symptoms (Abdollahpour et al. 2024). These processes create a link between affective vulnerability and clinical impairment, clarifying why some individuals maintain equilibrium under stress while others slide into persistent distress (Messina et al. 2023).

One mechanism appears repeatedly in the literature: the buffering effect of social support. Supportive interactions can lower the felt intensity of negative emotions, promote clarity, and encourage reappraisal or problem-solving by offering new perspectives. In moments of acute stress, access to warmth, validation, and emotional presence from close others helps regulate physiological arousal and strengthens coping (Serey et al. 2025). This form of adaptive IER not only stabilizes emotional states but also fosters feelings of safety and connectedness—psychological resources that are protective in their own right (Marroquín et al. 2011). Consistent with this, studies show that higher levels of perceived support are linked with lower depression, anxiety, and post-traumatic symptoms, and with greater capacity to engage intrapersonal strategies effectively (Xi et al. 2020, van der Velden et al. 2020, Villarreal-Zegarra et al. 2022, van der Velden et al. 2023).

In contrast, maladaptive interpersonal processes often heighten or prolong emotional suffering (Panayiotou et al. 2021). One clear example is co-rumination—excessive and repetitive discussion of negative emotions with a peer or loved one, usually without moving toward resolution. While this can initially create a sense of closeness, it eventually reinforces negative thought patterns, increases distress, and fosters dependency (Rose 2021). Another process, emotional contagion—the automatic spread of affective states between individuals—can intensify symptoms on both sides. In close or enmeshed relationships, one person's dysregulation often triggers or worsens the other's, creating a self-perpetuating cycle of distress (Horesh et al. 2021).

Chronic reliance on others for emotional stability represents a further maladaptive pathway. This is common in anxiety disorders (Spytska 2024) and personality disorders (Bohus et al. 2021). Individuals who continually seek reassurance or validation may fail to develop internal regulatory skills (Verrastro et al. 2024). Short-term support can be protective, but over time over-dependence erodes autonomy and self-efficacy, leaving individuals highly vulnerable if the regulating figure is absent (Ryan et al. 2016). At the other extreme lies emotional isolation—avoiding expression, rejecting support, or perceiving others as unavailable. This pattern, observed frequently in depression and trauma-related disorders, is linked to more persistent and severe symptoms (Leary 2015).

Interpersonal regulatory patterns rarely operate in isolation; they interact closely with relationship quality and conflict. High levels of criticism, invalidation, or emotional inconsistency within close relationships can destabilize IER and fuel emotional volatility (Webb et al. 2017). For example, individuals raised or living in conflict-heavy families may remain in a constant state of emotional arousal, with little opportunity for reparative co-regulation (Segrin and Flora 2016). By contrast, emotionally responsive and attuned relationships can act as a buffer, protecting even highly distressed individuals from symptom escalation (Ludy-Dobson and Perry 2010). The same regulatory strategy may therefore be adaptive in one context and maladaptive in another, depending on the relational climate.

From a transdiagnostic standpoint, this point is critical: it is not the mere presence of social interaction that matters, but the quality and function of those exchanges. Research shows that high interpersonal conflict and low support reliably predict greater emotion dysregulation and poorer outcomes across depression, anxiety, BPD, PTSD, and substance use disorders (Westphal et al. 2017). Maladaptive IER patterns intensify symptoms, reinforce relational dysfunction, and contribute to treatment resistance (Janovsky et al. 2020). In contrast, adaptive patterns foster resilience and facilitate recovery. Crucially, these mechanisms are not fixed—they are dynamic and modifiable (Jamison 2024)—which makes them promising intervention targets.

In sum, IER influences psychopathology through the interplay of affective exchange, relational security, and reinforcement processes. These dynamics shape how people experience, express, and recover from emotion within their social worlds. As such, IER is not a peripheral concern but a core psychological process that connects emotional health with social functioning across diagnostic categories. Developing a comprehensive understanding of these mechanisms is essential for designing interventions that are more relationally attuned and clinically effective.

Treatment Implications and Innovations

Recognizing IER as a transdiagnostic mechanism opens new opportunities for improving the reach and ecological validity of psychological interventions. Although many established therapies acknowledge the role of interpersonal dynamics, they typically frame regulation as an individual skill (Asarnow et al. 2021, Kivity et al. 2021, Carroll et al. 2023, Rezaie et al. 2025). Bringing IER into the foreground of treatment models has the potential to enhance outcomes across diagnostic groups by directly addressing the relational settings in which emotions are lived and managed (Messina et al. 2021). In the following section, I consider how existing interventions already engage with IER—sometimes implicitly, sometimes explicitly—and highlight emerging directions for transdiagnostic, technology-supported, and culturally sensitive approaches.

Existing Therapies and Interpersonal Emotion Regulation

Several well-established therapies already incorporate elements of IER, even if they rarely use the term explicitly. DBT for BPD is perhaps the clearest example. DBT directly targets interpersonal dysfunction as a driver of emotional instability, and its "interpersonal effectiveness" module teaches skills such as requesting support, setting boundaries, validating others, and repairing ruptures in relationships. These practices highlight that emotion regulation is not limited to internal strategies; it also requires learning how to manage complex social exchanges without escalating or withdrawing (Lenz et al. 2016).

Group therapy provides another context where IER naturally unfolds. Within groups, patients practice expressing emotions, receiving feedback, tolerating discomfort, and offering mutual support. These in-vivo encounters function as live laboratories for both intrinsic and extrinsic forms of regulation. Therapists also model healthy responsiveness, reinforcing adaptive patterns across participants. Couple and family therapies offer similar opportunities, particularly in mood and trauma-related disorders, where they focus on de-escalating conflict, validating emotional needs, and strengthening co-regulation rather than fueling distress (Messina et al. 2021).

Even treatments designed primarily around intrapersonal regulation can be extended to include relational dimensions. The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders, for example, is rooted in CBT but lends itself to such adaptation. Modules on emotional awareness and cognitive flexibility can easily integrate relational cues—for instance, helping clients notice how others influence their emotional states and how they, in turn, affect those around them. Evidence indicates that when patients reduce maladaptive interpersonal habits like excessive reassurance-seeking or suppression, and communicate needs more effectively, clinical outcomes improve. Thus, therapies not originally conceived to address IER may still benefit from making it a more explicit focus of assessment, conceptualization, and intervention (Barlow et al. 2020).

Transdiagnostic Interventions Focusing on Interpersonal Emotion Regulation

Because IER is relevant across many disorders, there is a compelling case for transdiagnostic interventions that target it directly. One approach could be the use of psychoeducational modules that help clients recognize their own regulatory styles—for instance, whether they tend to withdraw, over-disclose distress, or suppress emotions in social settings. Exploring how these patterns developed, what roles they serve, and how they might be reshaped gives clients the opportunity to work toward healthier interpersonal outcomes.

Therapies can also involve interactive exercises with significant others. Structured tasks such as practicing responsive listening, validating emotions, or labeling affective states allow clients and partners to experience co-regulation in real time. These exercises do more than ease conflict; they foster closeness and resilience, laying a stronger foundation for long-term stability.

Early studies and pilot programs already suggest that training aimed at interpersonal sensitivity, emotional expression, and co-regulatory skills reduces symptoms across conditions including depression, anxiety, PTSD, and eating disorders. Because IER unfolds in the moment, these interventions are most effective when they incorporate experiential elements: role plays, group discussions, or live coaching in emotionally charged exchanges. Such methods may be especially valuable for individuals who struggle with avoidance, carry relational trauma, or rely on rigid emotional communication styles (Cludius et al. 2020).

Novel and Emerging Approaches

In recent years, technology has opened new possibilities for supporting IER. Peer-support mobile apps, online forums, and guided emotion-sharing platforms provide accessible spaces where individuals can practice supportive communication and receive validation. Such tools are particularly valuable for people who are socially isolated or live in regions with limited access to conventional mental health services. Early findings suggest that digital co-regulation—for instance, disclosing emotions via text and receiving affirming responses—can reduce distress and increase connection (Ong et al. 2024).

Community-based programs offer another promising direction, especially in collectivist cultures where family and social networks are central to emotional life. Interventions that involve extended family, peer groups, or religious communities can strengthen support structures and promote relational healing. In such settings, encouraging clients to engage actively with trusted others may be more effective than focusing on purely individual strategies. By contrast, in individualistic societies where autonomy is highly valued, therapy may need to prioritize helping clients build or re-establish interpersonal resources for regulation (Zaki et al. 2018).

Cultural values also shape how emotions are expressed, suppressed, or shared. Integrating IER into therapy therefore demands cultural sensitivity: strategies that work in one context may backfire in another. Emotional disclosure, for example, may be therapeutic in societies that value openness but experienced as inappropriate or shameful in those where restraint is the norm. Therapists must assess each client's relational environment and adapt interventions accordingly (Lincoln et al. 2022).

Extending the focus of treatment from the individual to the relational field allows for a more holistic and ecologically valid model of care. These innovations remind us that emotional recovery often requires more than personal insight—it depends on relational transformation. Teaching clients how to regulate together rather than in isolation can build resilience, reduce symptoms, and improve quality of life across diverse clinical and cultural contexts (Li et al. 2025).

Cultural and Global Considerations

IER is shaped not only by individual differences but also by cultural norms, relational expectations, and the broader social fabric in which people live. Its core function—modulating emotions through others—may be universal, yet the ways it is practiced, encouraged, or discouraged vary widely across cultures. These differences influence both which strategies are used and how they are judged: what is adaptive in one

setting may be maladaptive in another. Recognizing such distinctions is essential for building psychological theories with global relevance and for designing culturally sensitive interventions (Pruessner and Altan-Atalay 2025).

One of the clearest cross-cultural contrasts lies between individualistic and collectivist societies. In collectivist settings, such as much of East Asia and the Middle East, emotional suppression is often valued because it preserves harmony and cohesion. Openly expressing negative emotions may be seen as disruptive or self-focused, particularly when it threatens relational stability. In this context, suppressing distress or concealing anger is not necessarily maladaptive but can function as a socially protective strategy. By contrast, in many Western, individualistic societies—including the United States and Northern Europe—emotional expressiveness is strongly associated with authenticity, self-growth, and well-being. Here, suppression is more often linked to psychological strain and social disconnection (Ray-Yol et al. 2022).

The cultural reach of IER also extends beyond expression norms to broader relational structures. In societies where communal living, intergenerational households, or extended family systems are the norm, emotional life is inherently shared. Daily co-regulation—through conversation, proximity, or ritual—becomes a natural part of functioning rather than an explicitly named process. This pattern is common in South Asia, Latin America, Sub-Saharan Africa, and much of Türkiye, where emotional regulation is woven into ongoing relational exchanges rather than isolated intrapsychic efforts (Tamir et al. 2024).

Türkiye offers a particularly illustrative example because it blends collectivist and individualist values. Traditional norms emphasize family solidarity, emotional interdependence, and respect for elders, fostering closeness and mutual support. Yet modernization, urbanization, and exposure to Western ideals—especially among younger generations—have introduced more individualistic attitudes toward emotion, autonomy, and therapy. In this hybrid setting, interpersonal regulation practices differ by region, generation, education, and gender. For instance, turning to family for emotional support remains common and culturally accepted, but direct expression of vulnerability or anger may still be restricted by social expectations. Suppression can be valued in public or formal settings, whereas private emotional sharing within trusted relationships is often encouraged. These patterns suggest that emotion regulation in Türkiye is context-dependent and negotiated relationally (Alsancak-Akbulut et al. 2023).

Despite this sociocultural richness, Türkiye remains underrepresented in the IER literature. Most empirical work has focused on adolescents or university students, often relying on Western-developed instruments (Yüksel et al. 2021, Uzun 2021, Keleşoğlu and Karduz 2022). There is a clear need for culturally grounded research that captures local meanings, family dynamics, and gendered expectations in emotional communication and co-regulation. Such studies would enrich cross-cultural models of IER and guide interventions tailored to Turkish populations—particularly those facing collective trauma, intergenerational caregiving demands, or rapid social change. This gap reflects a broader problem in psychological science: the dominance of WEIRD samples (Western, Educated, Industrialized, Rich, and Democratic), which limits generalizability and overlooks much of the world's population. Expanding both the cultural and geographic reach of IER research is vital not only for testing the universality of transdiagnostic models but also for ensuring that interventions resonate with diverse lived experiences.

From a global mental health perspective, incorporating culturally congruent forms of IER into therapy can improve engagement, adherence, and long-term outcomes. In collectivist or relational contexts, interventions that involve family members, respect social roles, and draw on community-based support may be more effective than strictly individual approaches. For example, including key relational figures in treatment can encourage emotion sharing, reduce isolation, and reinforce regulatory practices beyond the therapy room. By contrast, in more individualistic contexts, therapists may need to focus on helping clients rebuild or broaden interpersonal resources when natural co-regulators are absent.

Table 1 outlines the main IER patterns across adult clinical disorders and their impact on symptom expression and maintenance. Each diagnosis shows its own profile, yet maladaptive strategies also cross diagnostic lines—supporting the view of IER as a genuinely transdiagnostic process.

Table 1. Common interpersonal emotion regulation (IER) patterns across psychiatric disorders		
Psychiatric Disorder	**Dominant IER Patterns**	**Impact on Symptoms**
Major Depression	Emotional withdrawal, low help-seeking, perceived lack of support	Sustains hopelessness, social isolation
Generalized Anxiety	Excessive reassurance-seeking, co-rumination	Maintains worry, impairs self-efficacy
Social Anxiety	Avoidance of emotional disclosure, dependency on "safe" others	Inhibits exposure, reinforces avoidance
Borderline Personality Disorder	Emotional dependence, validation-seeking, relational instability	Triggers emotional dysregulation and abandonment fears
Post-Traumatic Stress Disorder	Suppression of fear/anger, impaired trust, difficulty in emotional sharing	Blocks emotional processing, heightens reactivity
Substance Use Disorders	Using social contexts to regulate distress, peer influence in relapse	Hinders self-regulation, increases relapse risk
Eating Disorders	Enmeshed family dynamics, emotional invalidation, secrecy	Reinforces symptom secrecy, impairs recovery

Note. Maladaptive interpersonal emotion regulation (IER) patterns recur across disorders, sustaining symptoms through withdrawal, dependence, suppression, or dysfunctional co-regulation.

In depression, withdrawal and reduced help-seeking often leave individuals isolated, which in turn deepens hopelessness. Anxiety disorders show almost the opposite picture: generalized and social anxiety are typically marked by excessive reassurance-seeking and co-rumination. These behaviors may bring temporary relief, but over time they sustain worry and weaken self-efficacy. BPD is notable for the severity of disruption. Emotional dependence and unstable boundaries are attempts to manage overwhelming affect through others, but paradoxically they generate volatility and relational breakdown. PTSD presents a different profile: avoidance of emotional sharing and impaired trust curtail co-regulation, while suppression may reduce distress in the moment yet hinder long-term recovery.

To complement the thematic synthesis, Table 2 summarizes representative statistical findings from recent studies of IER in adult psychopathology. Across diverse designs, consistent patterns emerge. In experimental interaction work, Pauw et al. (2025) showed that support-seeking reliably predicted corresponding provision, and empathic accuracy by listeners improved emotional but not cognitive support.

In a Turkish sample, Ray-Yol et al. (2022) found that the protective effect of soothing depended on low use of maladaptive intrapersonal strategies, suggesting contextual adaptiveness. Akkuş and Peker (2022) demonstrated that certain IER strategies—particularly soothing and social modeling—were positively related to social anxiety symptoms, while perspective-taking predicted lower symptoms, with negative mood regulation expectancies mediating these associations.

Evidence from intervention research reinforces IER's clinical relevance. In a randomized trial, Ong et al. (2024) reported that a peer-supported, digital IER skills program significantly reduced PTSD and depressive symptoms with moderate effect sizes, gains maintained at follow-up. Findings from clinical populations further underscore the mechanism. Krause-Utz et al. (2025) observed that greater BPD symptoms were linked to reduced use of enhancing positive affect and greater working-memory disruption by social-affective distractors, pointing to attentional deficits as a pathway. Finally, Messina et al. (2023) found that attachment insecurity predicted depression indirectly through IER difficulties, especially venting and reassurance-seeking. Other conditions also display distinctive IER difficulties. In substance use disorders, reliance on peers or social contexts to numb distress often maintains dependence. In eating disorders, enmeshed family dynamics and secrecy around emotional needs create an environment where regulation strategies are stifled or misdirected.

Table 2. Representative statistical findings on interpersonal emotion regulation (IER) in adult psychopathology (2015–2025)

Study	Sample and Design	IER Focus	Clinical Context	Key Results
Pauw et al. 2025	N=208, dyadic video ratings	Desired vs. provided support; empathic accuracy	Interpersonal dynamics	Desire predicted provision (β≈.30, p<.01); higher emotional intensity → more desire for support; empathic accuracy improved emotional (not cognitive) support
Ray-Yol et al. 2022	N=318, cross-sectional	IER × maladaptive ER	Depression and anxiety	Soothing buffered depression (β=–.19, p<.05); no effect on anxiety
Akkuş and Peker 2022	Study 1: N=400; Study 2: N=271, cross-sectional	IER strategies; NMRE mediation	Social anxiety	Soothing and social modeling ↑ anxiety (β=.21–.25, p<.01); perspective-taking ↓ anxiety (β=–.18, p<.05); NMRE mediated effects
Ong et al. 2024	N=178, RCT (2:1 vs. waitlist)	BPS webSTAIR (skills training)	PTSD and depression	Post-treatment: PTSD d=0.48, depression d=0.64, ER d=0.61, functioning d=0.61; gains stable at 8-week FU
Krause-Utz et al. 2025	N=124; subsample N=70 WM task	IERQ; WM with affective distraction	BPD symptoms	More BPD symptoms → less positive affect use (β=–.27, p<.05); more WM errors with happy faces (F=5.4, p=.02); WM deficits explained IER link
Messina et al. 2023	N=630, SEM	IER as mediator	Attachment and depression	Attachment anxiety → venting/reassurance → more depression (β=.22, p<.01); avoidance → less IER (β=–.18, p<.05); IER mediated attachment–depression

IER = interpersonal emotion regulation; ER = emotion regulation; NMRE = negative mood regulation expectancies; WM = working memory; SEM = structural equation modeling; FU = follow-up.

Findings show that IER may act as either protective (e.g., perspective-taking, empathic accuracy) or risk-enhancing (e.g., excessive soothing, reassurance-seeking) depending on context and disorder.

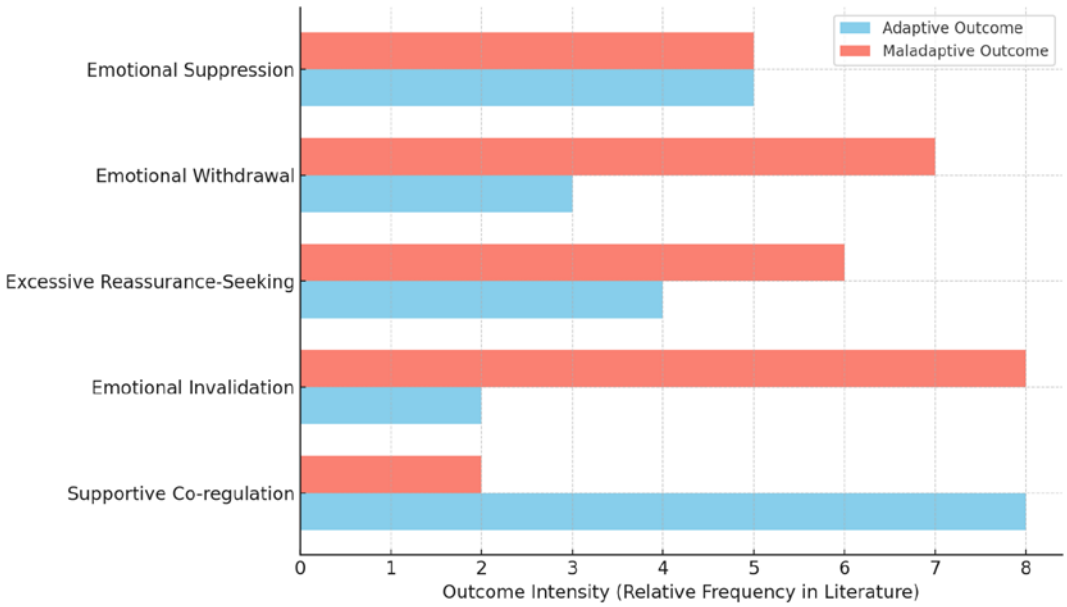

Figure 1. Mechanisms of interpersonal emotion regulation and their links to clinical outcomes

Figure 1 maps five core mechanisms of interpersonal emotion regulation and their links to clinical outcomes, both adaptive and maladaptive. Supportive co-regulation—through validation, attentive listening, or mutual calming—consistently predicts positive outcomes, including greater emotional stability, lower symptom severity, and stronger treatment adherence.

Other mechanisms move in the opposite direction. Invalidation and withdrawal tend to worsen symptoms, particularly in depression, PTSD, and BPD. Reassurance-seeking may ease anxiety for a moment but quickly turns into a cycle that erodes autonomy and builds dependency. Suppression sits in a more complicated position: in some cultural contexts it may serve as a protective strategy, but in many Western settings it is linked to heightened distress.

Conclusion

The review of IER across adult psychopathology underscores both the breadth and complexity of the field. Across diagnoses, maladaptive strategies such as excessive reassurance-seeking, emotional withdrawal, and co-rumination repeatedly appear. Though expressed differently depending on the disorder, these patterns consistently contribute to affective instability and interpersonal dysfunction. Yet alongside this convergence lies a striking inconsistency in how IER itself is defined, measured, and theorized. Many studies refer to the construct without clarifying whether the behavior is intentional or automatic, whether it serves self-regulation through others or the regulation of others, or whether it reflects a stable trait or a context-dependent process. These ambiguities restrict the field's ability to build cumulative knowledge and to translate insights into clinical practice. Conceptual overlap adds another layer of difficulty: IER is often entangled with related constructs such as social support, attachment, or communication style, but few studies draw these boundaries with precision.

The question of adaptiveness further complicates matters. Emotional suppression, for example, is commonly associated with poor psychological outcomes in Western samples. In collectivist settings, however, it may function as a socially protective strategy that maintains harmony and prevents relational disruption. This suggests that labeling IER strategies as adaptive or maladaptive requires attention to cultural norms, relational context, and individual goals rather than relying on universal classifications. Clinical integration of IER remains limited. While interventions like dialectical behavior therapy and family-based approaches implicitly address interpersonal processes, few treatments explicitly assess or modify IER as a primary mechanism. The potential to do so—through co-regulation training, validation practices,

or relational coping modules—remains largely untapped. This represents a missed opportunity, given the growing evidence linking IER dysfunction with emotional dysregulation, interpersonal strain, and treatment resistance.

Finally, the review reveals a striking geographical and demographic imbalance. Most research comes from Western, educated, industrialized populations, leaving culturally diverse and underrepresented groups at the margins. The Turkish context illustrates both the need and the opportunity: as a society blending collectivist and individualist values, Türkiye offers a natural laboratory for studying how sociocultural dynamics shape IER patterns, expectations, and clinical outcomes. Yet empirical work here remains sparse. Expanding the scope of research beyond Western populations is essential to capture culturally embedded forms of regulation that risk being overlooked—or misinterpreted—within current models.

This review shows that the field of IER sits at a conceptual crossroads: widely acknowledged in theory yet inconsistently operationalized in research and only indirectly addressed in practice. Relational processes are clearly central to psychopathology, but the existing body of work remains fragmented marked by disciplinary silos, narrow cultural samples, and theoretical drift. Such fragmentation has hindered the development of a coherent model that could guide diagnosis, case formulation, or treatment planning. Similar interpersonal dynamics—co-rumination, emotional distancing, or withdrawal—are described across studies, but they are classified differently depending on the theoretical framework or diagnostic category. In some cases, the very same behavior is pathologized in one context and viewed as normative or adaptive in another. The absence of shared criteria underscores the lack of a unified lens for interpreting relational emotion processes across cultural and diagnostic boundaries.

This synthesis also brought methodological gaps into focus. Research continues to rely heavily on self-report data, with little use of dyadic or ecological designs and very few longitudinal or intervention studies that treat IER as a changeable mechanism. These limitations likely explain why, despite its conceptual appeal, IER remains underrepresented in mainstream clinical protocols. Cultural dynamics add further complexity. Hybrid societies such as Türkiye reveal how prevailing Western, individualistic models fail to capture the full range of interpersonal regulation practices worldwide. Contexts where co-regulation is deeply embedded in family and community life remain underexplored, leaving substantial blind spots in both theory and application.

The contribution of this review lies in bringing these discontinuities to the surface. The evidence suggests that IER is not a peripheral process but a central organizing principle in the emotional lives of adults facing psychological distress. Moving forward requires more than new data: it calls for reframing. Future work should build an integrated conceptual architecture and a research agenda attuned to real-world complexity—diagnostic comorbidity, relational context, and cultural embeddedness—so that IER can be recognized and harnessed as a cornerstone of psychological science and clinical care.

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