

AN IN-DEPTH ANALYSIS OF DAILY INTERPERSONAL EMOTION REGULATION,
WELL-BEING, AND PSYCHOPATHOLOGY AMONG EMERGING ADULTS

KAJA BAKKEN

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Abstract

Emotion regulation underlies the well-being and psychopathology of emerging adults; however, there is a substantive gap in the literature regarding interpersonal emotion regulation (IER). Recent moves to daily methodologies have increased the ecological utility of emotion regulation research. Thus, this novel study investigates which IER strategies emerging adults use in daily life, whether emotions influence strategy selection, and the relationships between IER, emotions, psychopathology, and well-being. Emerging adults utilized a wide range of IER strategies in response to their complex emotional lives. Differences in IER strategy selection emerged between state and trait emotion, positive and negative affect, and high and low arousal emotions. Baseline depression and well-being moderated the relationship between select emotions and the tendency to use IER. Study findings demonstrate the need for innovative emotion regulation interventions for emerging adults that incorporate a repertoire of daily emotions and emotion regulation strategies.

Keywords: interpersonal emotion regulation, daily emotion, emerging adulthood, well-being, depression

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Glossary

Emotion Regulation (<i>ER</i>)	The ability to manage emotions
Interpersonal Emotion Regulation (<i>IER</i>)	Regulation of emotions through interpersonal interaction
Ecological Momentary Assessment (<i>EMA</i>)	A methodology that allows for studying real-time behaviour in daily contexts
Emerging adulthood	A developmental period ages 18-29 marked by significant social, cognitive, and behavioural change

Introduction

Emotion regulation (ER) is defined as the ability to modulate the experiences of emotions in alignment with situationally oriented goals (Gross & Thompson, 2007) and is a primary mechanism that influences well-being and psychopathology among emerging adults (Gross, 2015; Riediger & Luong, 2015). To understand how ER functions in daily life, researchers have begun to utilize ecological momentary assessment (EMA) and other daily-life methods to capture emotional and ER experiences in real-time. Despite the significant role interpersonal emotion regulation (i.e. turning to others to regulate your emotions; IER) plays in daily life, most research has focused on intrapersonal ER (i.e. regulating your own emotions) strategies and ER goals. Thus, this study investigates how emerging adults use ER strategies in daily life in response to different emotions, and identifies interplays between emotion, IER use, psychopathology, and well-being. Emotion was considered on a trait level (i.e. between-person), meaning an individual's general tendency, or average, across all situations, and on a state level (i.e. within-person), which represented daily experiences and behaviours that varied across contexts for an individual (Blalock et al., 2016). For example, trait anxiety refers to stable levels of anxiety that can be compared across people, while state anxiety refers to an individual's contextual fluctuations in anxiety. To our knowledge, this is the first study to examine daily IER strategy selection in response to various state and trait emotions.

Emotion Regulation in Emerging Adulthood

ER refers to individuals' ability to influence which emotions they experience, when they experience them, how they experience and express these emotions (Jacobs & Gross, 2014) and involves the up- and down-regulation of positive and negative emotions (McRae & Gross, 2020). Emerging adulthood is characterized by significant biopsychosocial developmental changes

including new roles, responsibilities, and expectations; heightened emotionality; and decreased reliance on caregivers. Specifically, emerging adulthood is a critical period for socioemotional and ER development (and thus, ER intervention); however, emerging adults experience heightened emotional dysregulation and less adaptive ER use compared to early adolescence and middle adulthood (Zimmermann & Iwanski, 2014). Learning new emotional strategies is vital for well-being, flourishing, and decreased psychopathology in emerging adulthood (Gross, 2015). Despite this vital need, ER among emerging adults is understudied and further research into the processes of ER and affect during emerging adulthood is needed.

What we know is that ER is a primary mechanism underlying mental health and well-being among emerging adults (Gross 2015; Riediger & Luong, 2015). Specifically, while adaptive ER has been shown to be protective for emerging adults transition into post-secondary or the workforce (Tavernier & Willoughby, 2015), maladaptive ER is associated with problematic substance use (Norberg et al., 2016), disordered eating (Hunt et al., 2017), academic failure (Mega et al., 2014), risky sexual behaviour (Moilanen, 2015), non-suicidal self-injury (Yates, 2009), and symptoms of internalizing and externalizing disorders (Joorman & Stanton, 2016) among post-secondary students. ER capacities and skills develop during adolescence and emerging adulthood that allow for increasingly nuanced intrapersonal ER (Gross, 2015). Additionally, emerging adults are becoming more self-aware of their ER abilities and needs. For example, they seem to be aware who they turn to for regulatory needs (Cheung et al., 2015).

Emotion Regulation Frameworks

Historically, ER research has been conceptualized through the process model of ER (Gross, 1998), which focuses on intrapersonal strategies used to manage emotions at different timepoints throughout the emotion generation process and has traditionally categorized these

strategies as either adaptive or maladaptive (Gross, 2015). However, categorizing behaviours as adaptive or maladaptive may be oversimplistic and reductive, and miss significant contextual variables relevant to ER outcomes and strategy effectiveness (Aldao et al., 2010). Extensions to the process model situate ER effectiveness within the person, situation, and strategy (Doré et al., 2016), as well as ER goals and means (Petrova & Gross, 2023). ER research has primarily focused on ways individuals regulate their own emotions within themselves (*intrapersonal* ER). Nonetheless, people are inherently social creatures, meaning that ER often occurs within interpersonal contexts. In daily life, ER is not solely an intrapersonal process, as people frequently regulate their own and others' emotions through social interactions (e.g. Liu et al., 2021). Thus, contemporary ER research has expanded to include interpersonal contexts and processes to investigate how ER functions within these social contexts.

Interpersonal Emotion Regulation

The interpersonal model of ER (Zaki & Williams, 2013) conceptualizes IER as ER episodes that occur during social interaction and help individuals meet their desired goal (Williams et al., 2018). This model contains two independent processes: intrinsic vs. extrinsic IER and response-dependent vs. response-independent IER (Zaki & Williams, 2013). Intrinsic IER refers to when an individual initiates social interaction to regulate their own emotional experience; extrinsic IER describes processes where an individual attempts to regulate someone else's emotional experience (Zaki & Williams, 2013). Both intrinsic and extrinsic IER can be supported through response-independent (i.e., expressions to a social partner that are regulatory in and of themselves) or response-dependent (i.e., relying on the qualities of the social partners feedback) mechanisms. Williams and colleagues (2018) expanded on the model of intrinsic IER by separating IER into two distinct domains: an individual's tendency to use intrinsic IER (i.e.,

how often) and the perceived efficacy of IER (i.e., how well they perceive IER strategies are helping regulate their emotions). Research suggests individuals vary independently in both domains. For instance, individuals differ in their tendency to seek support from others (Carver, Scheier, & Weintraub, 1989) and in the benefits they receive from social support (Williams et al., 2018). IER can be used to either increase positive or decrease negative emotions; the specific emotion being regulated must be considered when evaluating tendency and efficacy of IER strategies. IER tendency and efficacy are two unique dimensions of IER, and, critically, not simply a reflection of levels of extraversion or preference for intrapersonal ER (Williams et al., 2018). While intrapersonal and interpersonal ER differ in many significant ways, they are interrelated and have similarities in processes, terminologies, and research methodologies.

Measuring Emotion Regulation: Ecological Momentary Assessment

ER research has traditionally taken place in the lab, either through self-report questionnaires or experimental procedures. However, both are subject to limitations. Self-report questionnaires reflect an individual's habitual ER, meaning they conceptualize ER through overall tendencies to engage in specific strategies (Wylie et al., 2022). ER self-reports are believed to measure dispositional strategy selection across time and contexts (Aldao et al., 2010). Yet this form of gathering data is vulnerable to retrospective and self-presentation biases (Schwarz, 2012) and may not accurately reflect how people select and implement ER strategies in daily life (Koval et al., 2023). In comparison, experimental procedures investigate strategy selection under controlled conditions, as well as the efficacy of instructed ER strategies under these conditions (Webb et al., 2012; Boemo et al., 2022). These procedures may be limited regarding external and ecological validity, as mood induction or instructed strategy selection limit comparability to daily emotions and ER (Boemo et al., 2022). Daily life methodologies provide researchers with

the opportunity to study dynamic ER processes in real time through repeated self-reports administered per day over multiple days (Do et al., 2025), increasing ecological validity and limiting response and retrospective biases (Kashdan et al., 2010; Silk et al., 2011). Thus, EMA began to be utilized to study ER processes, strategy selection, and efficacy in daily life (e.g. Blanke et al., 2020; Tran et al., 2023; Liu et al., 2021; Springstein et al., 2022). Since EMA involves repeated assessments nested within individuals, it can be used to measure momentary, state strategy selection and stable, trait strategy selection (Hamaker et al., 2017; Tran et al., 2025). Research suggests that daily ER strategy selection variables significantly on both levels (Koval et al., 2023). Thus, when studying ER strategy selection, it is imperative to understand how this may differentially vary within and between-people.

Interpersonal Emotion Regulation Strategy Selection and Affect

Strategy selection has been a focus of both intrapersonal and interpersonal ER research. The Interpersonal Emotion Regulation Questionnaire (Hofmann et al., 2016) was developed to categorize and understand trait IER strategies, resulting in four distinct intrinsic IER processes: enhancing positive affect (the tendency to seek others to increase feelings of happiness or joy), soothing (the tendency to seek others for comfort or sympathy), perspective taking (using others to be reminded not to worry or that others experience worse), and social modeling (looking to others for examples of how to cope with a situation). Other IER strategies include social sharing, humour, physical touch, rumination, reappraisal, brooding, suppression, distraction, validation, acceptance, problem solving, and venting (e.g. Horn & Maercker, 2016; Ruan et al., 2024; Nozaki & Mikolajczak, 2020). While some IER strategies appear to be differentially related to outcomes (e.g. suppression associated with negative outcomes; reappraisal associated with

positive outcomes), importantly, in daily life IER strategy selection is influenced by situational and relational contexts (e.g. Battaglini et al., 2023).

To date, research has primarily focused on intrapersonal ER processes and strategies. However, despite people more commonly relying on intrapersonal strategies, recent EMA studies show that almost everyone engages (e.g. 85-95%) in intrinsic or extrinsic IER in daily life (Liu et al., 2021; Tran et al., 2023), with a variety of social partners (e.g. romantic partner, friend, family member, co-worker, etc., Tran et al., 2025). There has been exponential growth in the study of daily IER (see Liu et al., 2021, for one of the first experience sampling studies on IER). IER strategies are differentially selected, with strategies which down-regulate negative affect, like reappraisal, problem solving, and affection, more frequently endorsed compared to strategies like invalidation and blaming (Liu et al., 2021).

Daily ER and IER use fluctuates based on affect (e.g. Feldman & Freitas, 2021; Pavani et al., 2017). EMA research suggests that individuals may differentially employ strategies depending on current affect, *and* strategies may differentially influence prospective affect (Brans et al., 2013). For example, one study that investigated the relationship from both directions found negative affect predicted increases in intrapersonal rumination, distraction, reappraisal, and suppression, while positive affect did not predict any changes in ER strategy selection (Brans et al., 2013). Rumination and expressive suppression were associated with decreased positive affect, while reflection was associated with increased positive affect. Additionally, rumination and expressive suppression were related to increased negative affect (Brans et al., 2013). Boemo and colleagues (2022) conducted a meta-analysis investigating the relationship between affect and intrapersonal ER strategy selection in daily life. They found that prospective negative affect was associated with strategies like suppression, worry, and rumination, while positive affect was

associated with strategies like reappraisal, problem-solving, and acceptance (Boemo et al., 2022). However, this review revealed a few key gaps in the literature (Boemo et al., 2022). Firstly, few EMA studies focus on contemporaneous affect (i.e. the emotion and ER happening at the same time, for example, using reappraisal while feeling sad), especially contemporaneous relationships between positive affect and ER strategy selection. Secondly, lists of ER strategies and emotions tend to be short, resulting in a lack of strategy or emotion representation. This is especially true for low-intensity positive emotions, like awe (Cowen & Keltner, 2017), satisfaction, or feeling calm. Thirdly, EMA studies tend to report affect *valence* (i.e. positive or negative affect), grouping together emotions that can be discretely identified and may be differentially experienced or regulated. For example, while social sharing of emotions is associated with increased positive and negative affect (Brans et al., 2013), this effect varies with the specific emotion - sharing anger was beneficial, while sharing sadness was not (Brans et al., 2014). Continuing to explore relationships between specific positive and negative emotions and ER strategy selection is vital to understanding contextualized adaptive and maladaptive ER. Lastly, EMA studies tend to focus on intrapersonal strategies. While multiple EMA studies investigating IER have been published in the past five years, they have primarily focused on extrinsic IER (e.g. Do et al., 2025; Zhao et al., 2025; Tran et al., 2023), IER contexts (e.g. Battaglini et al., 2023), intrinsic and extrinsic IER goals (e.g. Tran et al., 2024; Liu et al., 2021), and include few strategies (see Koval et al., 2023 for review).

Most research on affect and IER strategy selection uses self-report questionnaires. Evidence demonstrates that those using adaptive intrinsic IER report greater positive and lower negative affect (Williams et al., 2018). In comparison, maladaptive intrinsic IER (e.g. excessive venting or reassurance seeking) is associated with increased negative affect and distress

(Bushman et al., 2001; Dixon-Gordon et al., 2018). Dysregulation can occur through IER processes through an over or under-reliance on IER, inappropriate strategy, partner, or setting selection, overreliance on specific individuals, or lack of available social partners (Dixon-Gordon et al., 2015b). Dysregulated IER is harmful to emotional well-being (Dixon-Gordon et al., 2018). However, few studies look at the relationships between psychopathology, well-being, and *daily* IER use.

Psychopathology and Well-Being

Considering ER is an underlying risk factor for psychopathology, it is vital to consider how ER processes may impact, or be impacted by, psychopathology, and specifically, changes in mood or affect. As one of the most prevalent psychological disorders, a breadth of research has looked at prevention and intervention for depression, primarily focusing on cognitive and behavioural models and treatments, such as cognitive-behavioral therapy (Fried et al., 2016). Despite this, social contexts influence the development, maintenance, and prevention of depression (Schäfer et al., 2016). For instance, perception of low social support is associated with higher levels of depressive symptoms (Brown & Harris, 1978). Recently, research has demonstrated that interpersonal difficulties associated with depression may appear through difficulties responding adaptively and helpfully to the emotions of others, and that this difficulty maintains the depressive symptomology (Gadassi-Polack et al., 2023). Additionally, emotion dysregulation is considered a core component of depression (Kring & Sloan, 2010), and individuals with depression are more likely to engage in maladaptive ER strategies (Schäfer et al., 2016). This, combined with the social context of depression, highlights the importance of understanding the relationship between daily IER and depression. However, considering only psychopathology is narrow and is unlikely to fully show the impact of IER on psychosocial

functioning. The dual continuum model of mental health posits that mental health and mental illness are two distinct but correlated dimensions (Keyes, 2014). Simply put, “mental health is more than the absence of mental illness” (pg. 182; Keyes, 2014). In this model, individuals can be classified into six general categories across two continua: high or low mental illness, and flourishing, moderate, or languishing mental health (Keyes, 2014). Thus, the absence or presence of mental health or illness does not imply the opposite of the other (Keyes, 2014). Flourishing mental health, defined as high levels of hedonic well-being and positive functioning, is associated with higher workplace efficacy, lower chronic physical diseases, lower health limitations, and higher psychosocial functioning (high functional goals, high self-reported resilience, high levels of intimacy, and low perceived helplessness) compared to moderate or languishing mental health (i.e. reduced hedonic well-being and positive functioning; Keyes, 2007). Through this lens, mental health is not only the reduction of mental illness, but vitally, includes the presence of psychosocial well-being.

Interpersonal Emotion Regulation, Psychopathology, and Well-being

As previously mentioned, ER is a primary mechanism underlying psychopathology (Tull & Aldao, 2015) and well-being (Williams et al., 2018) in emerging adults. However, most research on the relationship between ER, psychopathology, and well-being focuses on intrapersonal ER and ignores the interpersonal context. Despite this, research demonstrates that depressive symptoms are associated with interpersonal contexts and influences on ER (Marroquín, 2011). For instance, a recent study showed that poor emotion tolerance and maladaptive relational strategies were related to increased anxiety and depression during COVID-19 (Solbakken et al., 2023). ER is a developmental process, significantly impacted by family climate, parental ER, and parent-child interactions (Eisenberg et al., 2010; Morris et al.,

2007). Likewise, family patterns of ER can impact relevant psychological outcomes for children and youth. For example, parental use of adaptive IER is associated with decreased depressive symptoms one year later in adolescent girls (Do et al., 2025). Over time, relational influences on ER development begin to include peers (e.g. Herd & Kim-Spoon., 2021). In addition, ER strategy selection and efficacy seem to be relationship dependent, where a stronger relational context (i.e. higher trust and intimacy) moderates the relationship between maladaptive ER strategy use and depressive symptoms (Marroquín & Nolen-Hoeksema, 2015).

Overall, research suggests that IER has positive and negative influences on psychopathology. For some, the relationship between IER and higher levels of anxiety and depression may be protective, as IER can help manage symptoms of these disorders (Hofmann & Doan, 2018) and weaken the effect of distress (Hofmann, 2014). In contrast, high IER use within this population can be a risk factor for and maintain psychopathological symptoms through dependency on others to regulate negative emotions (Hofmann, 2014). This suggests that individuals with lower capacities to regulate negative emotions might have a higher need to rely on IER strategies (Hofmann & Doan, 2018); this is not inherently adaptive or maladaptive. In addition, difficulties with IER are associated with increased levels of depression (Messina et al., 2023). Taken together, research suggests that higher levels of psychopathology are associated with either an under- or over-reliance on IER strategies. Additionally, within a Western context, predominately relying on IER strategies (i.e., not engaging in intrapersonal ER as well) is associated with negative outcomes (Altan-Atalay & Saritas-Atalar, 2022). In non-western cultures, IER use is not associated with depression or anxiety, suggesting that the cultural norms regarding reliance on others and interdependence may influence how IER is related to psychological outcomes (Altan-Atalay & Saritas-Atalar, 2022).

IER influences well-being in addition to psychopathology. For psychologically healthy individuals, utilizing IER can promote positive interpersonal relationships, and thus higher levels of well-being. For example, engaging in intrinsic and extrinsic IER predicts increased relationship quality (Niven et al., 2012), and extrinsic IER is associated with increased well-being for both involved in the regulation (Zhao et al., 2025). Additionally, the more an individual views IER as efficacious, the more benefits they experience related to well-being (Williams et al., 2018). A higher number of IER partners also promotes well-being – Cheung and colleagues (2015) found that individuals who actively seek out a diversity of IER partners experience a greater impact of IER on well-being compared to those who rely on one or two relationships.

Currently, research suggests that IER strategies may be differentially related to psychopathological symptomology and well-being. Evidence using self-report questionnaires suggests that enhancing positive affect is related to lower levels of anxiety and higher levels of well-being, and social modeling is related to higher levels of anxiety (Hofmann et al., 2016). Soothing is related to higher levels of anxiety and depression (Hofmann et al., 2016), however the relationship between soothing and depression may be dependent on maladaptive intrapersonal ER use (Ray-Yol et al., 2022). Individuals with high depression scores tend to use maladaptive strategies (e.g., rumination, catastrophizing, blaming others); for these individuals a reliance on soothing is not adaptive. However, for individuals who rarely use maladaptive ER strategies, soothing is linked with lower levels of depression (Ray-Yol et al., 2022). Co-brooding (i.e. interpersonal focus on negative content) is associated with more depressive symptoms, while support, validation, problem solving, and reappraisal (in women) are negatively related to depression (McMakin et al., 2011; Horn & Maercker, 2016). Intrapersonal ER strategies follow similar patterns; depression is associated with increased use of worry (Chelminski &

Zimmerman, 2003), expressive suppression (Aldao et al., 2010), avoidance (Barlow, 2004) and rumination (Donaldson & Lam, 2004), and decreased problem-solving (Aldao et al., 2010) and reappraisal (John & Gross, 2007). To date, little has been done to understand the dynamic relationships between psychopathology, well-being, and daily IER. One study examined the relationship between momentary IER and emotional and relational wellbeing among romantic couples (Pauw et al., 2024). They found that receiving encouragement to suppress emotions by one's partner was associated with increased negative affect and decreased positive affect. Additionally, perceiving that one's partner ignored their emotions was associated with lower emotional and relational well-being. In contrast, being distracted by one's partner was associated with greater positive affect and relational closeness. While these findings suggest there may be a relationship between momentary IER strategy selection and well-being, they focus on being the regulator or target of extrinsic IER. Thus, this study will investigate the patterns of daily emotions and intrinsic IER use, and how these patterns may vary with psychopathology and well-being.

The Present Study

The goal of this line of research is to understand when and which emerging adults are using IER strategies. Specifically, we aim to (1) examine if within- and between-person variability in reported momentary emotions is associated with differential IER strategy selection and (2) explore if these relationships are moderated by baseline levels of depression and well-being. We expect emerging adults will engage in a wide range of IER strategies with a variety of social partners. Previous literature suggests that there may be differences in IER strategy selection across genders (e.g. Zhang et al., 2023) and cultural background (e.g. Liddell & Williams, 2019); as such, we will test whether demographic variables influence momentary use

of IER and control for any significant demographics in future models. Regarding objective 1, we expect that there will be commonalities in associations between emotion and strategy selection for positive and negative emotions. Specifically, we expect contemporaneous negative emotions to be associated with rumination, distraction, presence, reappraisal, and venting, and positive emotions to be associated with sharing. However, few studies have explored differences across specific emotions, despite research supporting that emotions are conceptually independent, and therefore experienced and regulated differently. While we expect to find differences between high-arousal (e.g. enthusiasm, anger) and low-arousal (e.g. calm, bored) emotions, what these differences may be remains unclear. In general, we expect that increased high-arousal emotions will be associated with a wider range of IER strategies compared to low-arousal emotions. Regarding objective 2, we expect that baseline levels of depression will moderate the relationship between negative emotions (i.e. anxiety, stress, sadness, embarrassment, disappointment, anger, and boredom) and IER use, where participants with higher levels of depression are less likely to rely on adaptive IER strategies when experiencing a negative emotion. Lastly, we expect the opposite relationship for flourishing, where those high in flourishing will be more likely to adaptively rely on others when experiencing negative emotions. The longitudinal design of this study will allow for new explorations of daily IER (versus trait IER reported in surveys) and potential IER trajectories based on demographic and psychological profiles.

Methods

Participants

A sample of 1252 undergraduate students between the ages of 18 to 29 years old were recruited as part of a larger ER study through the research participant pool at York University

(Undergraduate Research Participant Pool), social media postings, emails, and posters at a large urban Canadian university between May 2023 and April 2024. Of the total sample, 214 participated in the EMA portion of the study. Participants were excluded if they did not provide consent for individual EMA surveys ($n = 17$), leaving a total of 197 participants ($M_{age} = 20.31$, $SD = 2.14$). The majority of participants were female ($n = 122$, 61.9%), had a family member who has attended post-secondary ($n = 126$, 63.96%), and reported an annual family income under \$100,000 ($n = 83$, 61.94%). Approximately half of participants live with family ($n = 96$, 48.73%), and were born in Canada ($n = 93$, 47.21%). Of those born outside of Canada, participants reported living in Canada for an average of eight years ($M_{years} = 8.30$, $SD = 6.03$). The sample was diverse and included participants who identified as South Asian ($n = 49$, 24.87%), White/Caucasian ($n = 28$, 14.21%), Black ($n = 22$, 11.17%), and South-East Asian ($n = 17$, 8.63%). See Table 1 for a full description of demographic characteristics.

Procedure

Participants completed an online consent form (see Appendix E), and an online survey comprised of multiple questionnaires including measures on ER, psychopathology, and well-being. Participants were asked for consent to contact them regarding the second portion of the study. For the baseline questionnaire, participants who were part of an introduction to psychology course received 0.5 credits towards their grade; participants who were not a part of this course were entered into a draw to win one of three \$50 gift cards. Research assistants followed up with those who gave consent for part two of the study and they were invited to participate in the EMA. EMA participants completed an online consent form (see Appendix F) followed by a virtual study training where they learned ER strategy terms and how to use the software. During training, participants completed verbal and written questions to ensure they

understood the terminology in English. Participants received notifications five times a day over a ten-day period to complete a brief questionnaire on LifeData, a custom-built, web-based EMA app. Participants had 30 minutes following the notification to complete the questionnaire and were provided with reminders to do so. Upon completion, participants received \$50 credited onto their student card account, with a bonus of \$10 for those who complete over 75% of EMA assessments (i.e. at least 38/50 assessments, $n = 126$). This study was approved by the university research ethics board.

Measures

Demographic Information

Participants reported their date of birth, gender identity, current year of undergraduate study, highest completed level of education, highest level of completed education for each parent, identification of first-generation post-secondary students, total annual household income, ethnicity, who they live with, place of birth, social media use, if they own a cellphone and if so what software, and consent to contact about the second part of the study (Appendix A). All questions included an option of ‘other’ or ‘prefer not to say’.

Depression

Depression was measured with the Centre for Epidemiological Studies Depression Scale – Revised (CESD-R; Eaton et al., 2004; Appendix B), which is a common measure in non-clinical populations (e.g. Bean et al., 2021; Purborini et al., 2021; Wang et al., 2023). The CESD-R is a 20 item self-report measure covering 9 symptom groups from the DSM-IV. It includes 3 items for dysphoria (e.g. “I could not shake off the blues”), 2 for anhedonia (e.g. “Nothing made me happy”), 2 for appetite (e.g. “My appetite was poor”), 3 for sleep (e.g. “I slept much more than usual”), 2 for thinking (e.g. “I could not focus on the important things”), 2

for guilt (e.g. “I felt like a bad person”), 2 for fatigue (e.g. “I could not get going”), 2 for movement (e.g. “I felt like I was moving too slowly”), and 2 for suicide (e.g. “I wished I were dead”). Participants responded to the prompt asking how often they have experienced a behaviour or feeling over the past two weeks on a 5-point Likert scale, ranging from 1 = *Not at all/Less than 1 day* to 5 = *Nearly every day for 2 weeks*. Participants had the option to select a sixth option of “prefer not to say”. Total scores range from 0-80, with higher scores indicating more depressive symptoms and higher frequency of symptoms. Clinical depression is determined algorithmically and using all subscales, however scores above 16 have traditionally been considered to represent high depression risk (sub-clinical/clinical depression; Eaton et al., 2004; Van Dam & Earleywine., 2011). The CESD-R has demonstrated strong reliability and validity (Eaton et al., 2004); in this study Cronbach’s $\alpha = .94$.

Flourishing

Well-being was conceptualized as flourishing and measured with the Flourishing Scale (FS; Diener et al., 2010; Appendix C). The FS contains eight items (e.g. “I lead a purposeful and meaningful life”) which participants rate on a seven-point Likert scale from 1 = *strongly disagree* to 7 = *strongly agree*. The FS measures several domains of psychosocial flourishing, including social relationships, leading a meaningful and fulfilling life, optimism, and feeling competent. Scores range from 8 to 56, with higher scores representing higher global psychosocial flourishing. The FS has demonstrated strong reliability and validity (Diener et al., 2010); in this study Cronbach’s $\alpha = .89$.

EMA measures

The EMA assessment (see Appendix D) asks participants to recall an emotional event they have experienced since the last survey. They reported a summary of the event, emotions

experienced (and therefore regulated), emotion intensity, the intrinsic intra and interpersonal ER strategies used, perceived strategy efficacy, and interpersonal contexts for IER strategies selected. Thirteen emotions were used to assess emotional state, six broadly representing positive affect and six representing negative affect. Participants were asked “What emotions did you regulate when this emotional event occurred?” and presented with a checklist to select all emotions that apply: excited, enthusiastic, happy, satisfied, relaxed, calm, anxious, embarrassed, stressed, sad, disappointed, angry, and bored. To assess IER strategy selection, participants were first asked whether they engaged in a social interaction to help with their thoughts or feelings. If participants indicated that they did use IER, they were asked who the person was (e.g. romantic partner, friend, family member, acquaintance, co-worker, pet, or other) and how they interacted with them (e.g. in-person, phone call, video call, or messaging). Participants were then asked “What did others do to enhance or reduce the intensity of emotion?” and given a checklist of IER strategies: “giving me advice” (i.e. seeking advice), “offering alternative interpretations” (reappraisal), “distracting me” (distraction), “validating my experiences and demonstrating empathy” (validation), “letting me vent” (venting), “just being there with me” (presence), “dismissing or criticizing my experience” (hostility), “helping me think about my thoughts and feelings” (rumination), “talking about how they dealt with something similar” (social modelling), and “letting me share good news” (sharing). Table 2 displays terms utilized to describe these strategies throughout this study, the corresponding EMA prompt, and strategy definition.

Analysis

Statistical analyses were conducted using R statistical software (Version 4.3.1; R Core Team, 2023). Across 10 days, there were a total of 9625 possible observations (197 participants x 50 surveys per participant) and the completion rate was 76.91% ($n = 7403$). Participants

completed an average of 38 surveys (76%; $M = 37.58$; $SD = 11.71$; $Mdn = 42.00$). There was a large variation in the number of surveys completed (Range = 1 - 50), however the average completion rate was similar to other EMA studies (e.g. Do et al., 2025, Liu et al., 2021).

Descriptive statistics and Pearson's correlation tests were calculated. To account for the nested data structure (Level 1: observations; Level 2: persons), data was analyzed through multi-level modelling using the *lmer4* package and *glmer* function (Bates et al., 2015). Multilevel correlations were calculated using the *misty* package and *multilevel.cor* function (Yanagida, 2025). All emotion and strategy variables were binary. Logistic MLM was used because ER was a binary outcome (0 = No, 1 = Yes). Following recommendations by Hoffmann and Walters (2022), emotion was simultaneously used as a within-person (Level 1) and between-person (Level 2) predictors. Variables at Level 1 were person-mean centered, allowing us to examine within-person variability from the participants' average score. Between-person effects were grand-mean centered. We compared fixed intercept only models to random intercept models using the Akaike Information Criterion (AIC); random intercepts were included for all analyses based on model fit. Models conducted controlling for demographic variables (gender, age, living situation, and ethnicity) were not significant predictors of IER, and thus not included in future models. Results were exponentiated and reported as odds ratios (rather than log odds ratios). A total of 143 models were conducted (13 emotions x 10 IER strategies + 13 emotions x general IER use) to explore objective one. Within- and between-person association plots for each model can be found in the Supplementary Materials. Four models did not converge and could not be calculated. Lastly, exploratory analyses were conducted to determine whether standardized baseline levels of depression and flourishing moderate relationships between emotion experiences and general use of IER. Two models were run for each emotion, one with within-

person variability interacting with the baseline variable, controlling for between-person variability, and vice versa. Significant interactions were probed using *reghelper* (Hughes, 2023) and *simple_slopes* function. A total of 52 models were ran (13 emotions x 2 models per emotion (within and between-person variability) x 2 baseline variables) to explore objective two. All models predicting hostility should be interpreted with caution, as hostility was only selected 17 times throughout all surveys.

Results

Descriptive Statistics

Descriptive statistics for momentary emotions are presented in Table 3. A total of 14,625 emotions were reported across 7,403 surveys. The most common emotions reported include happiness ($n = 2,595$), satisfaction ($n = 1,781$), calm ($n = 1,525$), stress ($n = 1,401$), and excitement ($n = 1,256$). Regarding ER strategy selection (Table 4), 90.86% ($n = 179$) of participants reported using an IER strategy on at least one survey. IER strategies were selected 20.41% ($n = 1,511$) of the time. Out of the IER strategies, the most common were presence ($n = 830$), seeking advice ($n = 348$), validation ($n = 269$), venting ($n = 228$), and sharing ($n = 203$). Correlation analyses were conducted for momentary emotions and momentary IER strategy selection. Multilevel correlations between emotions are presented in Table 5. Pearson's correlation coefficients for IER strategies are presented in Table 6. Descriptive statistics for depression (CESD-R) and flourishing (FS) are reported in Table 7. Compared to other samples, our sample had a relatively high mean CESD-R score ($M = 22.85$, $SD = 16.38$), with 82 (41.62%) participants scoring above the sub-clinical cutoff (Figure 1). Flourishing scores ranged from 16 to 56 ($M = 40.33$, $SD = 8.78$; Figure 2). Depression and flourishing were moderately negatively correlated ($r = -.47$, $p < .001$; Table 7), and increased depression was associated with

decreased flourishing ($\beta = -.49$, $R^2 = .22$, $F(1, 93) = 26.34$, $p < .001$; Table 7). Additionally, depression was negatively correlated with trait excitement ($r = -.17$, $p = .04$) and happiness ($r = -.18$, $p = .04$), and positively correlated with trait stress ($r = .19$, $p = .03$) and sadness ($r = .17$, $p = .04$). Lastly, flourishing was positively correlated with trait excitement ($r = -.22$, $p = .01$) and negatively correlated with trait sadness ($r = -.19$, $p = .03$) and boredom ($r = -.30$, $p < .001$).

Objective 1: Emotion predicting momentary IER

Table 8 shows the MLM results for each emotion predicting general (i.e. not strategy specific) IER use. Momentary excitement ($OR = 2.05$, $p < .001$), enthusiasm ($OR = 2.15$, $p < .001$), happiness ($OR = 2.06$, $p < .001$), and anger ($OR = 1.28$, $p = .05$) were associated with increased odds of using general IER, while momentary calmness ($OR = 0.84$, $p = .04$) and boredom ($OR = 0.45$, $p < .001$) were associated with decreased odds of using general IER. Trait excitement ($OR = 14.17$, $p < .001$), enthusiasm ($OR = 76.66$, $p < .001$), happiness ($OR = 4.80$, $p = .007$), anxiety ($OR = 6.35$, $p = .02$), and sadness ($OR = 8.14$, $p = .02$) were associated with increased odds of general IER use. Between-person boredom ($OR = 0.08$, $p = .03$) was associated with decreased odds of using general IER. Table 9 presents findings for models examining the effects of excitement on IER strategy selection. State excitement was associated with decreased odds of seeking advice ($OR = 0.44$, $p < .001$), reappraisal ($OR = 0.22$, $p < .001$), distraction ($OR = 0.25$, $p < .001$), venting ($OR = 0.29$, $p < .001$), and social modelling ($OR = 0.48$, $p = .006$), and increased odds of utilizing presence ($OR = 1.90$, $p < .001$) and sharing ($OR = 7.30$, $p < .001$). Trait excitement was associated with increased odds of seeking advice ($OR = 11.04$, $p < .001$) and rumination ($OR = 13.81$, $p = .002$). Table 10 presents findings for models examining the effects of enthusiasm on IER strategy selection. State enthusiasm was associated with increased odds of selecting presence ($OR = 1.70$, $p = .003$), rumination ($OR = 1.69$, $p =$

.03), and sharing (OR = 6.20, $p < .001$), and decreased odds of seeking advice (OR = 0.44, $p < .001$), reappraisal (OR = 0.27, $p < .001$), distraction (OR = 0.17, $p < .001$), and venting (OR = 0.42, $p < .001$). Trait enthusiasm was associated with increased odds of seeking advice (OR = 8.86, $p = .03$), and rumination (OR = 40.81, $p = .001$). Table 11 presents findings for models examining the effects of happiness on IER strategy selection. State happiness was associated with increased odds of selecting presence (OR = 3.09, $p < .001$) and sharing (OR = 6.24, $p < .001$), and decreased odds of seeking advice (OR = 0.28, $p < .001$), reappraisal (OR = 0.17, $p < .001$), distraction (OR = 0.32, $p < .001$), validation (OR = 0.62, $p = .003$), venting (OR = 0.26, $p < .001$), hostility (OR = 0.24, $p = .05$), and social modelling (OR = 0.43, $p < .001$). Trait happiness was associated with increased odds of seeking advice (OR = 5.25, $p < .001$). Table 12 presents findings for models examining the effects of satisfaction on IER strategy selection. State satisfaction was associated with increased odds of selecting presence (OR = 1.65, $p = .002$) and sharing (OR = 4.00, $p < .001$), and decreased odds of seeking advice (OR = 0.46, $p < .001$), reappraisal (OR = 0.22, $p < .001$), distraction (OR = 0.35, $p < .001$), venting (OR = 0.37, $p < .001$), and social modelling (OR = 0.52, $p = .02$). Trait satisfaction was associated with increased odds of seeking advice (OR = 3.77, $p = .04$), reappraisal (OR = 6.16, $p = .04$), and rumination (OR = 5.87, $p = .04$). Table 13 presents findings for models examining the effects of feeling relaxed on IER strategy selection. State relaxation was associated with increased odds of selecting presence (OR = 1.67, $p = .006$) and sharing (OR = 2.70, $p < .001$), and decreased odds of reappraisal (OR = 0.41, $p = .005$). Trait relaxation was associated with increased odds of utilizing presence (OR = 11.76, $p = .01$). Table 14 presents findings for models examining the effects of feeling calm on IER strategy selection. State calmness was associated with decreased odds of distraction (OR = 0.61, $p = .04$) and hostility (OR < .001, $p = .05$), and increased odds of

sharing ($OR = 1.87, p = .005$). Trait calmness was associated with increased odds of distraction ($OR = 4.75, p = .03$) and decreased odds of hostility ($OR < .001, p = .05$) and sharing ($OR = .15, p = .02$). Table 15 presents findings for models examining the effects of anxiety on IER strategy selection. State anxiety was associated with increased odds of seeking advice ($OR = 3.75, p < .001$), reappraisal ($OR = 3.16, p < .001$), distraction ($OR = 2.49, p < .001$), validation ($OR = 1.73, p = .003$), venting ($OR = 2.09, p < .001$), hostility ($OR = 3.41, p = .04$), social modelling ($OR = 3.04, p < .001$), and decreased odds of sharing ($OR = 0.21, p < .001$), and presence ($OR = 0.48, p < .001$). Trait anxiety was associated with increased odds of reappraisal ($OR = 10.72, p = .03$), distraction ($OR = 9.65, p = .01$), validation ($OR = 22.11, p < .001$), rumination ($OR = 10.68, p = .02$), and social modelling ($OR = 14.29, p = .02$). Table 16 presents findings for models examining the effects of embarrassment on IER strategy selection. State embarrassment was associated with increased odds of seeking advice ($OR = 2.92, p < .001$), reappraisal ($OR = 3.07, p < .001$), distraction ($OR = 2.21, p = .02$), validation ($OR = 2.66, p = .002$), and venting ($OR = 2.78, p = .001$), and decreased odds of sharing ($OR = .05, p < .003$). Trait embarrassment was associated with increased odds of reappraisal ($OR = 1612.58, p = .006$) and rumination ($OR = 1188.48, p = .003$). Table 17 presents findings for models examining the effects of stress on IER strategy selection. State stress was associated with increased odds of seeking advice ($OR = 4.72, p < .001$), reappraisal ($OR = 3.82, p < .001$), distraction ($OR = 3.38, p < .001$), validation ($OR = 2.54, p < .001$), venting ($OR = 4.19, p < .001$), hostility ($OR = 7.27, p = .002$), and social modelling ($OR = 3.56, p < .001$), and decreased odds of using presence ($OR = 0.36, p < .001$) and sharing ($OR = 0.06, p < .001$). Trait stress was associated with increased odds of reappraisal ($OR = 10.86, p = .01$), distraction ($OR = 7.69, p = .02$), venting ($OR = 8.58, p = .01$), and social modelling ($OR = 15.28, p = .01$). Table 18 presents findings for models examining the effects of

sadness on IER strategy selection. State sadness was associated with increased odds of seeking advice (OR = 2.37, $p < .001$), reappraisal (OR = 3.32, $p < .001$), distraction (OR = 3.59, $p < .001$), validation (OR = 2.27, $p < .001$), venting (OR = 3.46, $p < .001$), and social modelling (OR = 2.25, $p = .002$), and decreased odds of using presence (OR = 0.57, $p = .004$) and sharing (OR = .07, $p < .001$). Trait sadness was associated with increased odds of reappraisal (OR = 9.73, $p = .04$) and distraction (OR = 14.22, $p = .007$). Table 19 presents findings for models examining the effects of disappointment on IER strategy selection. State disappointment was associated with increased odds of reappraisal (OR = 5.31, $p < .001$), distraction (OR = 2.69, $p < .001$), validation (OR = 2.07, $p < .001$), venting (OR = 3.43, $p < .001$), and hostility (OR = 6.13, $p = .004$), and decreased odds of utilizing presence (OR = 0.38, $p < .001$) and sharing (OR = 0.02, $p < .001$). Trait disappointment was associated with increased odds of reappraisal (OR = 32.73, $p = .005$), validation (OR = 13.09, $p = .02$), rumination (OR = 17.54, $p = .02$), and social modelling (OR = 36.70, $p = .006$), and decreased odds of presence (OR = .09, $p = .04$). Table 20 presents findings for models examining the effects of anger on IER strategy selection. State anger was associated with increased odds of reappraisal (OR = 5.38, $p < .001$), validation (OR = 2.38, $p < .001$), venting (OR = 10.55, $p < .001$) and social modelling (OR = 2.56, $p = .001$), and decreased odds of using presence (OR = 0.26, $p < .001$). Trait anger was associated with increased odds of reappraisal (OR = 29.65, $p = .02$), validation (OR = 15.18, $p = .04$), venting (OR = 19.40, $p = .03$), and rumination (OR = 15.50, $p = .04$). Table 21 presents findings for models examining the effects of boredom on IER strategy selection. State boredom was associated with increased odds of distraction (OR = 10.45, $p < .001$). Trait boredom was associated with increased odds of distraction (OR = 96.74, $p = .001$). Table 22 presents a summary of these findings.

Objective 2: Depression and Well-Being Moderating Affect and IER Use

Table 23 reports results exploring if and how standardized depression scores moderate the relationship between emotion and IER tendency. For positive emotions, depression positively moderated the relationship between state satisfaction ($OR = 1.26, p = .01$; Figure 3) and IER use. Probing this interaction (Table 24), we found that at $-1 SD$ for depression (i.e. at lower levels of depression), increased state satisfaction was associated with decreased odds of using IER ($OR = 0.75, p = .03$), while there was no relationship between state satisfaction and IER use for individuals at the mean ($OR = 0.94, p = .54$) or $+1 SD$ ($OR = 1.19, p = .18$). Additionally, depression positively moderated the relationship between trait relaxation ($OR = 11.83, p = .02$; Figure 4) and IER, as well as trait calmness ($OR = 5.30, p = .03$; Figure 5) and IER. Specifically, at $-1 SD$, increased trait calmness was associated with decreased odds of using IER ($OR = 0.13, p = .03$), while there was no association at the mean ($OR = 0.67, p = .60$) or $+1 SD$ ($OR = 3.54, p = .29$).

For negative emotions, depression negatively moderated the relationship between state disappointment ($OR = 0.71, p = .009$; Figure 6) and general IER use. Secondly, depression negatively moderated the relationship between state stress ($OR = 0.72, p = .002$; Figure 7) and IER, where at $+1 SD$ for depression, increased state stress was associated with decreased odds of using IER ($OR = 0.66, p = .004$). There was no relationship at the mean ($OR = 0.92, p = .38$) or at $-1 SD$ ($OR = 1.28, p = .11$). Thirdly, depression moderated the relationship between trait stress and IER ($OR = 0.14, p = .01$; Figure 8), where trait stress was associated with increased odds of using IER at $-1 SD$ for depression ($OR = 35.19, p < .001$) and at the mean ($OR = 4.97, p = .05$). There was no significant association at $+1 SD$ ($OR = 0.70, p = .74$). Fourthly, depression moderated the relationship between trait anxiety ($OR = 0.12, p = .03$; Figure 9) and IER, where

increased trait anxiety was associated with increased odds of using IER at -1 *SD* ($OR = 102.88, p = .002$) and the mean ($OR = 12.67, p = .008$) for depression, but not at $+1$ *SD* ($OR = 1.56, p = .72$). Fifthly, depression moderated trait embarrassment and IER ($OR = 0.004, p = 0.03$; Figure 10). Probing this interaction, we found that increased trait embarrassment was associated with increased odds of using IER at -1 *SD* of depression ($OR = 4124.50, p = .04$), but not at the mean ($OR = 17.41, p = .24$) and $+1$ *SD* ($OR = 0.07, p = .40$). Lastly, depression moderated the association between trait sadness and IER ($OR = 0.04, p = .002$; Figure 11). We found that increased trait sadness was associated with increased odds of using IER at -1 *SD* ($OR = 906.22, p < .001$) and mean levels of depression ($OR = 31.93, p = .002$), and not at $+1$ *SD* ($OR = 1.12, p = .93$).

Well-being (Table 25) positively moderated the relationship between state disappointment ($OR = 1.33, p = .03$; Figure 12) and IER, as well as state sadness ($OR = 1.47, p = .004$; Figure 13) and IER. Specifically, state sadness was associated with decreased odds of using IER at decreased (i.e. -1 *SD*) well-being ($OR = 0.68, p = .04$; Table 26) and increased odds at increased (i.e. $+1$ *SD*) well-being ($OR = 1.48, p = .03$). There was no relationship at mean levels of well-being ($OR = 1.01, p = .97$). Well-being also moderated the association between trait sadness and IER ($OR = 64.64, p = .002$; Figure 14). Probing this interaction, we found that increased trait sadness was associated with increased odds of using IER at mean levels of well-being ($OR = 24.32, p = .007$) and at $+1$ *SD* ($OR = 1571.85, p < .001$), and not -1 *SD* ($OR = 0.37, p = .46$). Well-being moderated trait embarrassment and IER ($OR = 6300.95, p < .001$; Figure 15), where increased well-being was associated with increased odds of using IER at $+1$ *SD* ($OR = 920,918.5, p < .001$) and mean levels of well-being ($OR = 146.09, p = .03$), but not at -1 *SD* ($OR = 0.02, p = .20$). Well-being moderated the associated between trait stress and IER ($OR =$

13.35, $p < .001$; Figure 16). Probing this interaction, we found that increased trait stress was associated with increased odds of using IER at +1 SD ($OR = 77.77, p < .001$) and mean ($OR = 5.82, p < .001$) levels of well-being. There was no significant association at +1 SD ($OR = 0.44, p = .15$). Well-being moderated the relationship between trait anger and IER ($OR = 727.22, p < .001$; Figure 17). Specifically, at -1 SD of well-being, increased trait anger was associated with decreased odds of using IER ($OR = 0.01, p = .02$), while at +1 SD , increased trait anger was associated with increased odds of using IER ($OR = 5087.89, p < .001$). There was no significant association at mean levels of well-being ($OR = 7.00, p = .14$). Lastly, well-being negatively moderated the relationship between state happiness ($OR = 0.78, p = .002$; Figure 18) as well as trait happiness ($OR = 0.18, p = .03$; Figure 19) and IER. State happiness was differentially associated with increased odds of using IER at different levels of well-being ($OR_{+1} = 1.50, p < .001$; $OR_{Mean} = 1.93, p < .001$; $OR_{-1} = 2.48, p < .001$). Trait happiness was associated with increased odds of using IER at -1 SD ($OR = 36.17, p = .002$) and mean levels of well-being ($OR = 6.66, p = .01$). There was no significant association and +1 SD ($OR = 1.23, p = .83$).

Discussion

This study describes the emotional state of emerging adults and how they rely on their social relationships to regulate their emotions in daily life, specifically looking at variance in daily IER strategy selection across emotions. To understand how emotions may differentially influence IER tendency and strategy selection, we included a wide range of state and trait emotions and IER strategies in our surveys. We discuss differences between emotions and associated IER use through multiple conceptual lenses, including state versus trait emotion. Additionally, this study explored the role of depression and well-being in the relationship between emotion and IER. We investigated whether baseline levels of depression or well-being

would moderate the relationship between emotion (state and trait) and overarching tendencies to use IER in daily life. This objective is exploratory, as little is known about the relationship between psychopathology, well-being, affect, and IER in the daily lives of emerging adults. To our knowledge, this is the first study of its kind to investigate emotion-specificity of daily IER tendencies and strategy selections.

The Emotional Lives of Emerging Adults

Emerging adults reported experiencing a wide range of emotions in their daily lives. Interestingly, they reported experiencing positive emotions more frequently than negative emotions, with four of the five most common emotions reported being positive (happiness, satisfaction, feeling calm, and excitement), and happiness reported in 35% of surveys. Trait emotions were correlated with one another; individuals who experienced more of one positive emotion also experienced more of another positive emotion. Similarly, people who experienced higher levels of one negative emotion experienced higher levels of other negative emotions. Trait positive emotions were negatively correlated with trait negative emotions. This held true for momentary emotion as well; experiencing one positive emotion was correlated with experiencing another positive emotion. However, these patterns were not consistent across all positive and negative emotions. Additionally, some positive and negative emotions were positively correlated with one another. For example, trait embarrassment and disappointment were positively correlated with trait enthusiasm. Taken together, emerging adults have rich and complex emotional lives, marked by the prevalence of and relationships between many positive and negative emotions.

Emotions, Depression, and Well-Being

The high prevalence of positive emotions is surprising considering the mental health crisis among adolescents and emerging adults (e.g. Arnett & Mitra, 2024). Saying that, despite high levels of positive affect, we found elevated levels of depression within our sample, as 41.62% of the sample scored above the sub-clinical cutoff for depression using the CESD-R. This is higher than the typical ~15% (Van Dam & Earleywine, 2011) and supports evidence that demonstrates elevated levels of depression and psychopathology among emerging adults (Arnett & Mitra, 2024). Depression was positively correlated with trait stress and sadness, and negatively correlated with excitement and happiness, suggesting that the emotional lives of emerging adults experiencing greater symptoms of depression may be different than those with fewer depressive symptoms. This was supported through an investigation of depression and state affect (see Supplementary materials), where depression was associated with decreased excitement and happiness, and increased anxiety, embarrassment, stress, sadness, and boredom. Consistent with existing literature (e.g. Chow et al., 2017), depression is related to both state and trait experiences of emotion.

Based on the dual-continuum model of mental health, we investigated the relationship between well-being (conceptualized as flourishing) and the emotions emerging adults experience in daily life. Scores between 38-49 on the flourishing scale represent moderate levels of flourishing in community samples (Hone et al., 2014); our mean was 40.03, falling within low-average levels of flourishing (Figure 2). Well-being was positively correlated with trait excitement and negatively correlated with trait sadness and boredom. Similarly, flourishing was associated with increased state excitement and decreased state embarrassment, sadness, and

boredom. This suggests that experiences of excitement, sadness, and boredom may be particularly impacted by well-being.

Increased well-being was moderately associated with decreased levels of depression, with 22.07% of the variance in well-being accounted for by depression. While interrelated, we found that depression and well-being were not simply the inverse of one another, providing support for the dual-continuum model of mental health and highlighting the importance of measuring psychopathology and well-being separately from one another. Overall, this seems to be a relative strength within the emotional lives of emerging adults; despite elevated levels of depression, emerging adults are reporting average levels of well-being and consistent daily positive affect.

While our findings need to be contextualized within the mental health crisis among emerging adults (i.e. increased levels of depression, anxiety, and suicidal behaviour; Arnett & Mitra, 2024), results suggest that emerging adults are resilient in the face of these difficulties. Investigating the daily emotional lives of emerging adults provides a beacon of hope—as well as opportunity for intervention—for clinicians.

Daily Interpersonal Emotion Regulation

As stated above, IER is one of the many ways that individuals regulate their emotions in daily life (e.g. Liu et al., 2021). During emerging adulthood, individuals increasingly rely on diverse social relationships (Cheung et al., 2015) rather than primarily on caregivers (Gross, 2015) and, at the same time, develop new ER abilities and awareness of these abilities (Gross, 2015). Thus, describing the use of IER among emerging adults provides a vital groundwork to investigating relationships between daily emotions and IER strategies. As expected, we found that almost everyone engaged in IER at least once over the ten-day data collection period. Contrary to expectations, engagement in IER was not associated with any demographic

characteristic (i.e. age, ethnicity, gender, or living situation). This may be due to unique factors associated with emerging adulthood, that is, it may be that IER is facilitated by the social context of university among our sample, rather than factors related to social demographics. Another explanation may be that in the highly diverse environment our study took place, tendencies to use IER depend on individual differences, compared to in less diverse environments. Regardless of explanation, amongst our sample tendencies to use IER in one's daily life was not impacted by these variables.

Supporting our hypothesis, emerging adults relied on a wide range of IER strategies, engaged with a variety of social partners, and through different modalities. This is to be expected considering the diverse social contexts, such as university classes, work, social engagements, and family engagements, emerging adults immerse themselves within. Approximately half of IER episodes occurred in person (57.51%), and another quarter occurred via technology (22.70%; i.e. video or phone calls, or messaging). Individuals relied on diverse group of social partners, such as family members (39.97%), friends (36.93%), romantic partners (17.67%), and co-workers (5.69%) and used many different strategies to help them regulate their emotions. IER strategies used were primarily strategies typically considered to be adaptive, such as seeking advice, validation, and reappraisal. Some strategies, such as presence and venting, are contextually adaptive (Ray-Yol et al., 2022; Horn & Maercker, 2016); these strategies were utilized in approximately one quarter of IER episodes. In contrast, strategies that are typically associated with negative outcomes (Donaldson & Lam, 2004), like hostility and rumination, were used in less than 2% of IER episodes. Some IER strategies were weakly to moderately correlated with one another; for example, seeking advice was positively correlated with reappraisal ($r = .32, p < .001$) and negatively correlated with presence ($r = -.33, p < .001$). Considering that previous

research suggests individuals polyregulate (i.e. more than one regulatory strategy at a time; Ford et al., 2019) and flexibility select IER strategies (Battaglini et al., 2023) in ER episodes, it is likely that individuals who engage in one “active” IER strategy, like seeking advice or reappraisal, may be more likely to also engage in other active strategies. An over-reliance on soothing is associated with increased difficulties with ER (e.g. Sarisoy-Aksüt & Gençöz, 2020), therefore, it is possible that those who rely heavily on presence are less likely (and able) to employ other adaptive IER strategies. Overall, these findings demonstrate that emerging adults use a diverse selection of IER strategies throughout their daily lives.

Daily Affect and Interpersonal Emotion Regulation

General Tendencies to use Interpersonal Emotion Regulation

To date, research suggests that IER is typically used to regulate negative affect (Boemo et al., 2022). However, few studies have included positive affect, contemporaneous affect and IER, or investigated emotion-specificity in strategy selection. As such, we aimed to fill this gap. First, we investigated if general tendencies to use IER in daily life varied by state and trait emotion. We found that on a state-level, excitement, enthusiasm, happiness, and anger were associated with increased odds of using IER, while on a trait-level, excitement, enthusiasm, happiness, anxiety, and sadness were associated with increased odds of using IER. In contrast, state calmness and boredom, as well as trait boredom, were associated with decreased odds of utilizing IER.

Interestingly, it appears that emotion arousal, rather than affect, influences general tendencies of IER use among emerging adults. We found that high arousal emotions (i.e. excitement, enthusiasm, happiness, anxiety, and anger) increased odds of using IER, while low arousal emotions either decreased odds of utilizing IER (i.e. boredom and calmness) or had no

significant effect (i.e. relaxed and satisfied). There are a few potential explanations for this finding. It could be that these emotions are more difficult to regulate using intrapersonal ER. Another explanation is that people may be more motivated to share these emotions with others. Research suggests that motivation and ER goals play a significant role in deciding to use IER (Tran et al., 2023; 2025). There may be an aspect of high-arousal emotions that increase one's motivation to share them in social contexts. A third possible explanation is that these emotions, due to increased arousal, may be more noticeable to others and this results in increased IER. For example, it may be easier for a social partner to notice when someone is excited or anxious, compared to calm or bored, and initiate an interaction that leads to extrinsic or intrinsic IER. Lastly, all these explanations could play a role in the emotion-specificity of general IER tendencies. Further research is necessary to explain the mechanisms behind IER tendency and emotion arousal. However, it is clear affect is not the only salient factor in the emotional experience that influences one's decision to use IER.

Strategy Specific Interpersonal Emotion Regulation

Our first research aim was to investigate the relationship between state and trait emotions and IER strategy selection in the daily lives of emerging adults. Overall, we found that the regulation of emotion among emerging adults is complex; they utilized a variety of IER strategies across different emotions. Every emotion, except boredom, was associated with more than one IER strategy. Similarly, most strategies were deployed across a range of positive and negative, state and trait emotions, with two exceptions: validation was associated with only one positive emotion (state happiness), and rumination was primarily associated with trait emotion and associated with only one state emotion (enthusiasm). When considering our findings, three clear comparisons worth discussing emerge: 1) state versus trait emotion, 2) high versus low

arousal emotions, and 3) positive versus negative emotions. While our findings cannot explain *why* these patterns emerge, we highlight trends for consideration and suggest potential explanations to be explored in future research.

State emotion was associated with more strategy variability than trait emotion. State emotions were associated with a median of 7 strategies ($M = 6.23$), compared to 2 ($M = 2.72$) for trait emotions. This suggests that people react in many ways to within-person differences in emotion (i.e. feeling more or less of an emotion than their individual baseline), while person-level differences in emotions experienced influence overall strategy selection tendencies. A pattern of strategy selection emerged across trait emotions. Positive trait emotions (excitement, enthusiasm, happiness, and satisfaction) were most often associated with increased odds of using seeking advice, meaning individuals who experience more of these emotions than average have increased odds of seeking advice. In comparison, and supporting our hypothesis, negative trait emotions were commonly associated with increased odds of using reappraisal (i.e. anxiety, embarrassment, stress, sadness, disappointment, and anger) and distraction (i.e. anxiety, stress, sadness, and boredom). This aligns with existing research on intrapersonal ER, where negative affect predicted increased distraction (Brans et al., 2013) and positive affect was associated with problem-solving (Boemo et al., 2022). Surprisingly, a range of positive (i.e. excitement, enthusiasm, and satisfaction) and negative (i.e. anxiety, embarrassment, and disappointment) emotions were associated with increased odds of rumination. While rumination was hypothesized to be associated with negative affect (e.g. Brans et al., 2013, Boemo et al., 2022), it is surprising to find these associations with positive emotions. One explanation may be that focusing on positive feelings and thoughts associated with the emotional event *maintains* the positive emotions for an increased length of time (e.g. Larsen & Prizmic, 2004; Martin & Tesser,

1996). When considering these patterns across trait emotions, it is possible that individuals who experience higher levels of these emotions than average may need to rely more on interpersonal strategies to regulate these emotions. In other words, increased trait emotionality may result in increased reliance on social relationships to regulate their emotions through receiving advice, distractions, and reappraisal. Additionally, these specific strategies are all somewhat cognitive in nature: seeking advice moves one's focus from the event to next steps, distraction moves one's focus from the event to other thoughts or stimuli, reappraisal moves one away from potentially maladaptive interpretations of an event to more helpful interpretations, and rumination involves maintaining attention on the event and related thoughts and feelings. It is possible that individuals with higher levels of trait emotion rely more heavily on “active” or thought-related IER strategies compared to those who report lower levels of trait emotion. There are exceptions to these patterns of trait emotion and strategy selection. For example, trait calmness is associated with increased odds in engaging in distraction (not associated with other positive trait emotions) and decreased odds of engaging in positive sharing (not associated with other trait emotions). Additionally, trait anxiety, disappointment, and anger are all associated with at least four IER strategies. It may be that individuals who experience more of these emotions require a larger IER repertoire for regulation. Momentary emotions resulted in varied regulatory strategies. As mentioned above, all strategies except rumination were associated with multiple state emotions. Differences across state emotions may be better understood through the lenses of valence and arousal.

A second angle commonly used within existing literature to examine the relationships between state emotion and ER strategies is affect valence. We assessed 13 emotions in daily life, which can be divided into groupings of positive affect (i.e. excitement, enthusiasm, happiness,

satisfaction, feeling calm, and feeling relaxed) and negative affect (i.e. anxiety, embarrassment, stress, sadness, disappointment, and anger). Whether boredom is a negative or neutral emotion may depend on context, however, for the purposes of this discussion, boredom is classified as a neutral emotion. Momentary positive and negative emotions were associated with many IER strategies (i.e. between 6-7 for both emotions). While some strategies were associated with many state emotions (e.g. reappraisal was associated with 11 emotions), the nature of these relationships changed by affect. In general, state positive affect was associated with increased odds of utilizing presence and sharing, and decreased odds of seeking advice, reappraisal, distraction, venting, and social modelling. The opposite pattern emerges for negative affect; state negative affect was associated with increased odds of seeking advice, reappraisal, distraction, validation, venting, and social modelling, and decreased odds of presence and sharing. This suggests that emerging adults differentially regulate their emotions depending on state affect. In other words, when experiencing more positive affect and less negative affect than one's individual norm, emerging adults have increased odds of relying on their social relationships through presence and sharing. It is possible that these strategies are related to momentary positive affect because they allow an individual to maintain, up-regulate, or invite others into their positive affect, compared to strategies that involve active cognitive or social processes to change or explain one's focus on the emotional event. Sharing appears to be adaptive (Gable et al., 2004) and may be a way individuals utilize IER to maintain or increase relationship quality (Niven et al., 2012). In contrast, when experiencing less positive and more negative affect than their norm, emerging adults rely on a wide range of IER strategies, including seeking advice, reappraisal, distraction, validation, venting, and social modelling. These findings support existing literature, which shows that increased negative affect is associated with a range of ER

strategies, including intrapersonal rumination, distraction, reappraisal, suppression, and worry (Brans et al., 2013; Boemo et al., 2022), and demonstrate that these similar relationships exist between IER and daily affect. It is likely that when faced with increased negative affect in daily life, emerging adults utilized context and goal-dependent IER strategies (Tran et al., 2023) to navigate or down-regulate negative affect. Investigating IER strategy selection via positive and negative affect provides insight into the relationship between state emotion and daily IER use. However, it does not explain differences between emotions with the same affective valence.

Simply understanding emotions through the lens of affect may be too narrow of a classification of emotion (Ling et al., 2023) to fully understand patterns in ER. Another potential difference between emotions is arousal. It is possible that arousal may explain some of the differential IER selection across state emotions independently from affect. Individuals can discriminate between emotions, both in the lab (e.g. Tottenham et al., 2011) and in daily life (Trampe et al., 2015). Despite being of the same affective category, emotions may be experienced quite differently, occur in different contexts, and be regulated in separate ways. For example, being excited is a different experience than being calm. Similarly, being anxious is different than being disappointed. As mentioned above, differences in arousal influenced one's general tendencies of using IER. On a strategy-specific level, arousal in state emotions may differentially influence how one regulates positive emotions. We found that state high-arousal positive emotions (i.e. excitement, enthusiasm, and happiness) were associated with a greater strategy specificity compared to low-arousal emotions (i.e. feeling calm and relaxed). For example, while feeling relaxed was associated with decreased odds of reappraisal and increased odds of presence, feeling excited was associated with decreased odds of seeking advice, reappraisal, distraction, venting, and social modelling, and increased odds of presence and

sharing. It is possible that low-arousal positive emotions require less regulatory effort and are less noticeable to social partners compared to high-arousal emotions. State and trait boredom follows this pattern as well and is only associated with increased odds of distraction. However, this pattern does not seem to hold true for state negative emotions, all of which are positively associated with at least four IER strategies. It may be the increased distress invoked by negative emotions results in increased regulatory and interpersonal needs independent of how arousing the specific emotion is.

It is important to consider what may result in the emotion-specificity of IER selection. Within these patterns, the same strategy is not selected for every emotion, and thus probing these differences is vital to understanding factors, mechanisms, and individual differences among emerging adults that influence IER in daily life.

The Role of Depression and Well-Being in Daily Affect and Interpersonal Emotion Regulation

Our second study aim was to explore if mental health or well-being moderates the relationship between state and trait emotion, and tendencies to use IER in daily life. To begin answering this question, we investigated whether depression and well-being interacted with each emotion to predict the odds of utilizing IER.

Depression

As hypothesized, standardized baseline levels of depression moderated relationships between both state and trait emotion and IER tendency. Depression significantly moderated state satisfaction, stress, and disappointment. Probing these interactions, we found that at -1 *SD* of depression, increased state satisfaction was associated with decreased odds of using IER, and at +1 *SD*, increased state stress was associated with decreased odds of utilizing IER. Individuals

with increased depression are not relying on social relationships when experiencing increased momentary stress compared to individuals without elevated depression scores. This suggests that the difficulties with IER associated with depression (Messina et al., 2023) may impede one's ability to adaptively utilize IER specifically in the face of increased stress.

Additionally, depression positively moderated the relationship between trait relaxation and calmness and IER use, and negatively moderated the relationship between trait anxiety, embarrassment, stress, sadness, and general IER tendency. Probing these interactions, we found that at $-1\ SD$ for depression, increased trait calmness was associated with decreased odds of utilizing IER, while increased trait anxiety, embarrassment, stress, and sadness were associated with increased odds of utilizing IER. Trait anxiety and sadness was associated with increased odds of IER at mean levels of depression. These findings suggest that individuals with fewer depressive symptoms, but higher negative emotionality, employ IER more compared to those with higher levels of depression. One explanation for this finding is that having higher negative emotionality without the anhedonia characteristic of depression allows individuals to rely on social partners for ER. Whether these strategies are utilized effectively is unknown. However, understanding the relationship between trait negative emotions, depression, and IER provides opportunities to explore the mechanisms of ER underlying depression among emerging adults.

Well-being

In addition to depression, baseline standardized well-being moderated relationships between state and trait emotion and IER use. Specifically, well-being moderated the relationship between state disappointment and IER, as well as state sadness and IER. In addition, well-being moderated the relationship between trait happiness and IER, as well as trait embarrassment, stress, sadness, and anger, and IER. Probing these interactions, we found that at $-1\ SD$ of well-

being, trait happiness was associated with increased odds of utilizing IER. In contrast, and as hypothesized, we found that state sadness and trait embarrassment, stress, sadness, and anger were associated with increased odds of utilizing IER at $+1$ *SD* of well-being. State sadness and trait embarrassment, stress, and sadness were associated with increased odds of utilizing IER at the well-being mean. Lastly, trait anger was associated with decreased odds of utilizing IER at one standard deviation below the mean. Taken together, these findings indicate that emerging adults with higher levels of well-being may be more likely to utilize social relationships to help them regulate negative emotions compared to emerging adults with lower well-being.

Overall, these findings highlight the role of psychopathology and well-being in daily affect and IER and demonstrate the vitality of considering how these individual factors may influence relationships between emotion and IER tendencies and strategy selection.

Limitations

There are several limitations associated with this study. Firstly, four models could not be calculated due to issues with convergence. These models are noted in Tables 16, 18, 19, and 20. Secondly, due to the binomial outcome variables in this study, we reported effects as odds ratios, which you cannot compare across models. In other words, we were unable to say that one emotion has a larger effect on strategy selection than another. Thirdly, we only measured psychopathology and well-being at baseline. It is possible that there may have been changes to these factors between the completion of baseline surveys and the last day of the EMA. Fourthly, we did not measure alignment with ER goals. Although this study did not focus on efficacy, this dataset did include measures of strategy efficacy. It did not include any checks to determine if a) the strategy selected was intentional, or b) the resulting ER aligned with goals within the regulatory context. Fifthly, we did not control for multiple comparisons, due to an ongoing

debate in the literature regarding best practice for multiple comparisons when using multilevel modelling and if it is necessary with these models (e.g. Gelman et al., 2012). Lastly, while this study focused on the emerging adult population, there are limits to its generalization. All our participants were post-secondary students at the time of completing the surveys. There may be factors unique to being a post-secondary student (e.g. coursework, access to many same-aged peers) that impact daily emotions and ER within this age group.

Implications

This line of research has important implications for clinical practice. Our study shines light onto the complex emotional lives of emerging adults in real-time and provides insight into patterns of IER among emerging adults. Our sample reported elevated levels of depression, moderate well-being, and experiencing a wide range of positive and negative emotions in their daily lives. IER tendency and strategy selection varied considerably across state/trait emotions, affect, and arousal, demonstrating that IER is a nuanced process and responds dynamically to the complexities of daily emotions. Considering that ER underlies psychopathology (Tull & Aldao, 2015) and well-being (Williams et al., 2018) among emerging adults, insight into ways emerging adults regulate within social context provides unique opportunities for future intervention development. For example, this study may help inform strategy-specific or emotion-specific interventions and determine whether to intervene on a state- or trait-level. ER interventions are especially vital in light of the ongoing mental health crisis among emerging adults (Arnett & Mitra, 2024). ER is a developmental process (Gross, 2015; Riediger & Luong, 2015) and transdiagnostic risk factor for many negative outcomes (e.g. Aldao et al., 2016; Cludius et al., 2020; Lukas et al., 2018); thus, ER interventions support well-being, improve psychopathology, and prevent the development of future or worsening psychopathology (e.g. Finkelstein-Fox et al.,

2018; Gatto et al., 2022). Emerging adulthood is a significant stage of ER development and a “window of opportunity for positive change in life course trajectories” (Aldao et al., 2015, p. 860). Despite this, few resources to improve ER among emerging adults are easily accessible. Our research provides the picture of the emotional life of emerging adults to situate new interventions within.

Furthermore, our study has important implications for ER research. This study highlights the importance of including a wide range of emotions and ER strategies when investigating daily ER. To our knowledge, this is the first EMA study to include a combination of a high number of emotions and strategies. It is possible that some of the current literature regarding positive and negative affect could be better explained if emotions were differentiated or categorized through a combination of valence and emotion arousal. The emotions, IER tendencies, and IER strategy selections of emerging adults are complex, studying these constructs using daily methodologies provides insight to the dynamic processes of ER and allows for nuanced understandings of IER among emerging adults.

Future Research

While this study significantly contributes to the field, in many ways it is the starting point for future research. Firstly, while this study maps out *what* patterns exist between emotion and IER, it does not explore *why* these patterns exist. Understand what is foundational to exploring why. Incorporating additional variables related to ER, like anxiety (Schäfer et al., 2016), loneliness (Scott et al., 2024), relationship quality (Niven et al., 2012; Marroquín & Nolen-Hoeksema, 2015), ER goals and motivations (Liu et al., 2021), and intrapersonal ER (Boemo et al., 2022) is vital to understanding why these patterns emerged. Secondly, this study focused on the presence of IER strategies and measured state and trait emotion through the presence of the

emotion, rather than emotion intensity or strategy effectiveness. Research suggests that both of these factors may influence strategy selection and prospective affect (e.g. Williams et al., 2018, Dixon-Gordon et al., 2015a; 2015b). Thus, continuing to explore these relationships with these additional factors may further our understanding of daily emotion and IER. Thirdly, it is vital to continue to utilize a wide range of emotions and strategies when studying ER. Future research can contribute to developing a nuanced classification of state and trait emotion (rather than only positive and negative affect) and related ER strategies. Lastly, this research provides insight into ER among emerging adults and may provide important theoretical knowledge for future ER intervention development.

Conclusion

This study explored the emotional world of emerging adults and how they regulate their emotions through social relationships. We captured the real-time daily emotions and IER strategy use of 197 emerging adults through EMA to describe the complex emotional lives of emerging adults. Emerging adults experienced a plethora of positive and negative emotions in their daily lives and regulate these emotions using their social relationships in a variety of ways. When investigating emotion-based strategy selection, three patterns emerged. Firstly, state emotion was associated with a wide range of IER strategies, while trait affect was specifically associated with increased seeking advice, rumination, reappraisal, and distraction. Secondly, state emotion was differentially regulated according to affect; for many strategies, positive affect was associated with decreased odds of strategy selection while negative affect was associated with increased odds. Lastly, high arousal emotions were associated with more specific strategy selection compared to low arousal emotions. Next, we explored if depression and well-being moderate relationships between emotion and IER tendency. We found that depression impedes,

and well-being supports, emerging adults in their ability to utilize IER in the face of negative emotions. Overall, this study is one of the first to explore daily IER strategy selection and provides vital groundwork for future emotion regulation intervention research with emerging adults.

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Table 1

Demographics of EMA Sample

Demographic	Participant <i>N</i> (%)	Mean (SD)	Range
Age		20.31 (2.14)	18.03-28.69
Gender			
Male	61 (30.96%)		
Female	122 (61.93%)		
Non-binary	3 (1.52%)		
Trans	1 (2.03%)		
Other/Prefer not to answer	10 (5.08%)		
Ethnicity			
Black	22 (11.17%)		
East-Asian	10 (5.08%)		
Hispanic or Latinx	7 (3.55%)		
Indo-Caribbean	3 (1.52%)		
Person of mixed origins	4 (2.03%)		
South Asian	49 (24.87%)		
South-East Asian	17 (8.63%)		
West-Asian	11 (5.58%)		
White/Caucasian	28 (14.21%)		
Other/Prefer not to answer	46 (23.35%)		
Parental Income			
\$0-24,999	12 (6.09%)		
\$25,000-49,999	22 (11.17%)		
\$50,000-74,999	28 (14.21%)		
\$75,000-99,000	21 (10.66%)		
\$100,000-124,999	21 (10.66%)		

\$125,000-149,999	7 (3.55%)		
\$150,000-174,999	8 (4.06%)		
\$175,000-199,999	3 (1.52%)		
\$200,000 and up	12 (6.60%)		
Prefer not to answer	63 (31.98%)		
Parental Education Level			
Post-secondary degree	126 (63.96%)		
High-school diploma	10 (5.08%)		
Prefer not to answer	61 (30.96%)		
Living Situation			
Alone	7 (3.55%)		
With family	96 (48.73%)		
With friends	33 (16.75%)		
With a roommate	16 (8.12%)		
With a romantic partner	5 (2.54%)		
Other/Prefer not to answer	40 (20.30%)		
Born in Canada			
Yes	93 (47.21%)		
No	73 (37.06%)		
Prefer not to answer	31 (15.74%)		
Years in Canada		8.30 (6.03)	0.00-25.00

Note. Participant total = 197.

Table 2*Definitions of IER Strategies*

Term	EMA prompt	Definition
Seeking advice ^c	<i>Giving me advice</i>	To obtain advice and solutions regarding the emotional experience
Reappraisal ^c	<i>Offering alternative interpretations of the situation</i>	Altering an emotional experience by readjusting perspective
Distraction ^c	<i>Distracting me</i>	Moving attention away from the emotional situation
Validation ^c	<i>Validating my experiences and demonstrating empathy</i>	Focusing on the emotional experience, providing acceptance and empathy
Venting	<i>Letting me vent</i>	Intense verbal expression of emotions to others
Presence ^a	<i>Just being there with me</i>	Having physical or virtual company
Hostility ^b	<i>Dismissing or criticizing my experience</i>	Dismissiveness, criticism, and other unsupportive behaviours

Rumination ^c	<i>Helping me to think a lot more about my feelings/thoughts</i>	Repeatedly maintaining focus on the emotional experience
Social modelling ^a	<i>Talking about how they dealt with something similar</i>	Looking to others for examples of coping
Sharing	<i>Letting me share good news</i>	Sharing positive news with others

Note. Term definitions are derived from multiple sources.

^a Items based on the Interpersonal Emotion Regulation Questionnaire by Hoffmann and colleagues (2016).

^b Items by on the IRIS by Swerdlow and Johnson (2022).

^c Items based on the extended process model by Nozaki and Mikolajczak (2020).

Table 3*Description of EMA Emotion Reports*

Momentary Emotion	Total reported <i>n</i> (% of surveys)
Emotion	14,625
Excited	1,256 (16.97%)
Enthusiastic	747 (10.09%)
Happy	2,595 (35.07%)
Satisfied	1,781 (24.06%)
Calm	1,525 (20.60%)
Relaxed	1,207 (16.30%)
Anxious	1,211 (16.36%)
Embarrassed	246 (3.32%)
Stressed	1,401 (18.92%)
Sad	802 (10.83%)
Disappointed	796 (10.75%)
Bored	513 (6.93%)
Angry	544 (7.35%)
Total Positive Affect	9,112 (62.30%)
Total Negative Affect	5,513 (37.70%)

Table 4*Description of EMA ER Strategy Selection*

Momentary ER	<i>N</i> (% of surveys)
IER Strategy Selection	1,511 (20.41% of total surveys)
Seeking advice	348 (23.03%)
Reappraisal	161 (10.66%)
Distraction	188 (12.44%)
Validation	269 (17.80%)
Venting	228 (15.09%)
Presence	830 (54.93%)
Hostility	17 (1.13%)
Rumination	109 (7.21%)
Social modelling	135 (8.93%)
Sharing	203 (13.43%)
Interaction Partner	
Family Member	604 (39.97%)
Romantic Partner	267 (17.67%)
Friend	558 (36.93%)
Acquaintance	32 (2.12%)
Co-worker	86 (5.69%)
Pet	23 (1.52%)
Other	68 (4.50%)
Interaction Modality	
In-person	869 (57.51%)
Video call	75 (4.96%)
Phone call	98 (6.49%)
Messaging	170 (11.25%)

Table 5

Multilevel Correlations Between Emotions and Trait Emotion with Psychopathology Variables

Emotion	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Excited		.39	.31	.04	-.06	-.02	-.13	-.10	-.20	-.16	-.17	-.11	-.14
2. Enthusiastic	.59		.27	.09	-.03	.01	-.12	-.07	-.15	-.13	-.15	-.08	-.11
3. Happy	.51	.50		.24	.01	.04	-.27	-.13	-.34	-.26	-.27	-.18	-.22
4. Satisfied	.28	.54	.51		.15	.12	-.20	-.10	-.25	-.19	-.21	-.15	-.16
5. Calm	.07	.20	.13	.37		.32	-.16	-.07	-.19	-.12	-.15	-.10	-.12
6. Relaxed	.16	.23	.34	.42	.76		-.15	.06	-.18	-.11	-.13	-.10	-.11
7. Anxious	.00	.16	-.11	-.03	-.15	-.15		.12	.31	.05	.03	-.01	.05
8. Embarrassed	.10	.22	-.05	-.05	-.22	-.23	.56		.10	.12	.19	-.03	.08
9. Stressed	-.08	.03	-.18	-.11	-.30	-.25	.65	.52		.11	.15	.01	.16
10. Sad	-.02	.05	-.02	-.08	-.30	-.22	.43	.58	.51		.30	.04	.17
11. Disappointed	0.00	.22	.05	.16	-.29	-.23	.40	.51	.51	.56		.03	.23
12. Bored	-.24	-.19	-.21	.10	.17	.28	.03	-.03	.05	.16	-.06		.00
13. Anger	-.01	.15	-.02	-.07	-.26	-.26	.36	.68	.45	.46	.51	-.07	
14. CESD_R	-.17	-.12	-.18	-.16	-.05	-.09	.16	.16	.19	.17	.03	.15	.10
15. FS	.22	.15	.15	.02	-.08	-.05	-.08	-.14	-.09	-.19	-.11	-.30	-.10

Note. Bolded = $p < .05$; Upper triangle = within-person correlations; Lower triangle = between person correlations

Table 6*Pearson's Correlation Coefficients of Momentary IER Strategy Selection*

IER Strategy	1	2	3	4	5	6	7	8	9
1. Seeking advice									
2. Reappraisal	.32								
3. Distraction	-.04	-.03							
4. Validation	.08	.09	-.02						
5. Venting	.09	.09	.09	.22					
6. Presence	-.33	-.18	-.09	-.16	-.04				
7. Hostility	.00	.02	.00	-.03	-.01	-.08			
8. Rumination	.09	.14	-.03	.12	.13	.00	-.01		
9. Social Modelling	.13	.14	.00	.11	.14	-.10	-.01	.20	
10. Sharing	-.10	-.09	-.11	.01	-.08	-.15	-.02	.05	.03

Note. Bolded correlation coefficients represent correlations with $p < .05$

Table 7*Descriptive Statistics and Linear Regression for Depression Predicting Well-Being*

Variable	Estimate	Std. E	<i>t</i> -score	<i>p</i> -value	<i>M</i> (SD)	Range
Depression					22.85 (16.38)	0-77
Intercept	.12	.09	1.27	.21		
Flourishing	-.49	.10	-5.13	<.001	40.33 (8.78)	16-56
Model fit	R^2	$F(1, 93)$	p -value			
	.22	26.34	< .001			

Note. Pearson's Correlation Coefficient demonstrates that depression and flourishing are moderately correlated ($r = -.47, p < .001$).

Table 8*Multilevel Logistic Models for Emotion Predicting IER Tendency*

Emotion	State Emotion				Trait Emotion			
	OR	<i>p</i> -value	Std. E	95% CI	OR	<i>p</i> -value	Std. E	95% CI
Excitement	2.05	<.001	1.09	1.74, 2.43	14.17	<.001	1.91	3.99, 51.72
Enthusiasm	2.15	<.001	1.10	1.77, 2.63	76.66	<.001	2.60	11.88, 525.79
Happiness	2.06	<.001	1.07	1.08, 2.36	4.80	.007	1.79	1.53, 15.57
Satisfaction	0.93	.34	1.08	.79, 1.08	3.29	.06	1.90	0.93, 11.94
Relaxation	0.91	.29	1.09	.76, 1.09	2.88	.17	2.15	0.63, 13.41
Calmness	0.84	.04	1.09	.70, 1.00	1.25	.71	1.84	0.38, 4.20
Anxiety	0.86	.09	1.09	.72, 1.02	6.35	.02	2.18	1.35, 30.20
Embarrassment	1.28	.17	1.20	.89, 1.81	6.11	.38	8.01	0.10, 356.04
Stress	0.91	.27	1.09	.77, 1.08	2.83	.13	2.00	0.70, 11.29
Sadness	1.11	.33	1.11	.90, 1.36	8.14	.02	2.47	1.36, 49.85
Disappointment	0.97	.77	1.11	.78, 1.19	6.79	.05	2.69	0.96, 49.22
Anger	1.28	<.05	1.13	1.00, 1.63	2.62	.41	3.24	0.25, 26.63
Boredom	0.45	<.001	1.17	.33, .62	0.08	.03	3.25	0.007, .81

Note. *N* = 197.

Table 9*Multilevel Logistic Models of Excitement Predicting IER Strategy Selection*

IER Strategy	Situation Level Excitement				Person Level Excitement			
	OR	<i>p</i> -value	Std. E	95% CI	OR	<i>p</i> -value	Std. E	95% CI
Seek advice	0.44	<.001	1.20	0.31, 0.63	11.04	<.001	1.89	3.18, 38.35
Reappraisal	0.22	<.001	1.33	0.13, 0.38	3.30	.18	2.41	0.59, 18.48
Distraction	0.25	<.001	1.31	0.15, 0.43	0.54	.45	2.27	0.11, 2.68
Validation	0.85	.37	1.21	0.59, 1.22	0.78	.75	2.17	0.17, 3.55
Venting	0.29	<.001	1.26	0.19, 0.46	0.70	.66	2.23	0.15, 3.38
Presence	1.90	<.001	1.17	1.39, 2.60	2.03	.38	2.24	0.42, 9.87
Hostility	0.17	.11	2.99	0.02, 1.46	0.48	.84	41.79	0.0003, 714.95
Rumination	0.82	.42	1.28	0.50, 1.33	13.81	.002	2.33	2.63, 72.64
Social modelling	0.48	.006	1.31	0.28, 0.81	1.95	.50	2.71	0.28, 13.78
Sharing	7.30	<.001	1.23	4.89, 10.88	2.19	.35	2.30	0.43, 11.19

Note. *N* = 197.

Table 10*Multilevel Logistic Models of Enthusiasm Predicting IER Strategy Selection*

IER Strategy	Situation Level Enthusiasm				Person Level Enthusiasm			
	OR	<i>p</i> -value	Std. E	95% CI	OR	<i>p</i> -value	Std. E	95% CI
Seek Advice	0.44	<.001	1.23	0.29, 0.66	8.86	.03	2.65	1.31, 59.70
Reappraisal	0.27	<.001	1.37	0.14, 0.50	10.10	.06	3.47	0.88, 115.66
Distraction	0.17	<.001	1.44	0.08, 0.36	0.31	.33	3.35	0.03, 3.31
Validation	1.00	.98	1.23	0.67, 1.49	1.93	.54	2.95	0.23, 16.04
Venting	0.42	<.001	1.28	0.26, 0.68	1.35	.79	3.16	0.14, 12.89
Presence	1.70	.003	1.19	1.20, 2.40	1.08	.94	3.23	0.11, 10.78
Hostility	0.63	.58	2.34	0.12, 3.32	11.26	.61	119.29	0.001, 132,323.3
Rumination	1.69	.03	1.28	1.05, 2.73	40.81	.001	3.09	4.47, 372.59
Social Modelling	0.90	.68	1.31	0.53, 1.52	3.21	.40	4.03	0.21, 49.41
Sharing	6.20	<.001	1.23	4.12, 9.32	2.07	.54	3.31	0.20, 21.63

Note. *N* = 197.

Table 11*Multilevel Logistic Models of Happiness Predicting IER Strategy Selection*

IER Strategy	Situation Level Happiness				Person Level Happiness			
	OR	<i>p</i> -value	Std. E	95% CI	OR	<i>p</i> -value	Std. E	95% CI
Seek Advice	0.28	<.001	1.18	0.20, 0.38	5.25	.009	1.89	1.51, 18.21
Reappraisal	0.17	<.001	1.27	0.11, 0.28	1.29	.76	2.33	0.25, 6.81
Distraction	0.32	<.001	1.22	0.22, 0.48	0.64	.55	2.12	0.14, 2.80
Validation	0.62	.003	1.17	0.45, 0.85	0.72	.64	2.04	0.18, 2.91
Venting	0.26	<.001	1.21	0.18, 0.37	1.94	.36	2.07	0.47, 8.05
Presence	3.09	<.001	1.15	2.36, 4.04	3.58	.08	2.05	0.87, 14.66
Hostility	0.24	<.05	2.06	0.06, 0.98	1.20	.96	36.34	0.001, 1,370.00
Rumination	0.96	.84	1.25	0.62, 1.47	3.25	.16	2.32	0.63, 16.88
Social Modelling	0.43	<.001	1.25	0.28, 0.67	0.94	.95	2.60	0.14, 6.15
Sharing	6.24	<.001	1.23	4.16, 9.36	3.22	.14	2.22	0.68, 15.35

Note. *N* = 197.

Table 12*Multilevel Logistic Models of Satisfaction Prediction IER Strategy Selection*

IER Strategy	Situation Level Satisfaction				Person Level Satisfaction			
	OR	<i>p</i> -value	Std. E	95% CI	OR	<i>p</i> -value	Std. E	95% CI
Seek advice	0.46	<.001	1.20	0.33, 0.66	3.77	.04	1.89	1.08, 13.19
Reappraisal	0.22	<.001	1.34	0.13, 0.40	6.16	.04	2.45	1.07, 35.53
Distraction	0.35	<.001	1.28	0.22, 0.57	0.95	.95	2.26	0.19, 4.73
Validation	0.75	.11	1.20	0.52, 1.07	1.59	.54	2.13	0.36, 6.99
Venting	0.37	<.001	1.26	0.24, 0.58	0.91	.91	2.22	0.19, 4.37
Presence	1.65	.002	1.17	1.21, 2.24	.60	.52	2.20	0.13, 2.82
Hostility	<.001	.63	3.32 x 10 ²⁸	3.06 x 10 ⁷⁰ , 1.97 x 10 ⁴²	<.001	.67	3.35 x 10 ²⁸	1.25 x 10 ⁻ 68, 8.24 x 10 ⁴³
Rumination	1.11	.66	1.28	0.69, 1.80	5.87	.04	2.34	1.11, 30.96
Social Modelling	0.52	.02	1.31	0.31, 0.89	5.41	.09	2.68	0.78, 37.51
Sharing	4.00	<.001	1.21	2.76, 5.78	2.98	.18	2.25	0.61, 14.60

Note. *N* = 197.

Table 13*Multilevel Logistic Models of Relaxation Predicting IER Strategy Selection*

IER Strategy	Situation Level Relaxation				Person Level Relaxation			
	OR	<i>p</i> -value	Std. E	95% CI	OR	<i>p</i> -value	Std. E	95% CI
Seek advice	0.78	.22	1.22	0.53, 1.16	1.37	.72	2.38	0.25, 7.51
Reappraisal	0.41	.005	1.37	0.22, 0.77	2.61	.40	3.10	0.28, 24.05
Distraction	0.66	.10	1.29	0.40, 1.09	3.71	.17	2.62	0.56, 24.60
Validation	0.74	.19	1.25	0.48, 1.16	0.20	.11	2.72	0.03, 1.42
Venting	0.68	.10	1.27	0.43, 1.08	1.45	.70	2.65	0.22, 9.76
Presence	1.67	.006	1.20	1.16, 2.40	11.76	.01	2.67	1.72, 80.41
Hostility	<.001	.21	7.15 x 10 ⁸³	1.87 x 10 ⁻²⁷⁰ , 9.47 x 10 ⁵⁸	<.001	.22	6.79 x 10 ⁸³	6.22 x 10 ⁻ 269, 2.57 x 10 ⁶⁰
Rumination	1.27	.39	1.32	0.74, 2.19	5.67	.11	2.95	0.68, 47.13
Social Modelling	0.89	.69	1.33	0.51, 1.57	2.34	.49	3.43	0.21, 26.21
Sharing	2.70	<.001	1.24	1.77, 4.10	0.14	.07	2.96	0.02, 1.18

Note. *N* = 197.

Table 14*Multilevel Logistic Models of Calmness Predicting IER Strategy Use*

IER Strategy	Situation Level Calmness				Person Level Calmness			
	O.R.	<i>p</i> -value	Std. E	95% CI	O.R.	<i>p</i> -value	Std. E	95% CI
Seek advice	0.90	.57	1.21	0.61, 1.30	1.20	.78	1.91	0.34, 4.26
Reappraisal	0.82	.46	1.30	0.49, 1.38	1.64	.56	2.31	0.32, 8.48
Distraction	0.61	.04	1.28	0.38, 0.98	4.75	.03	2.07	1.15, 19.72
Validation	0.84	.42	1.23	0.56, 1.27	0.36	.17	2.14	0.08, 1.58
Venting	0.68	.08	1.25	0.44, 1.05	1.63	.50	2.08	0.39, 6.86
Presence	1.35	.08	1.19	0.96, 1.91	4.17	.06	2.11	0.96, 18.03
Hostility	<.001	<.05	3.38 x 10 ⁵⁶	2.64 x 10 ⁻²²⁴ , 0.01	<.001	<.05	3.32 x 10 ⁵⁶	3.76 x 10 ⁻ 223, 0.14
Rumination	1.45	.17	1.32	0.85, 2.47	3.12	.17	2.30	0.61, 15.94
Social Modelling	0.79	.42	1.33	0.45, 1.39	1.15	.88	2.58	0.18, 7.37
Sharing	1.87	.005	1.25	1.21, 2.89	0.15	.02	2.23	0.03, 0.72

Note. *N* = 197.

Table 15*Multilevel Logistic Models of Anxiety Predicting IER Strategy Selection*

IER Strategy	Situation Level Anxiety				Person Level Anxiety			
	O.R.	<i>p</i> -value	Std. E	95% CI	O.R.	<i>p</i> -value	Std. E	95% CI
Seek advice	3.75	<.001	1.20	2.60, 5.41	0.36	.26	2.45	0.06, 2.09
Reappraisal	3.16	<.001	1.24	2.06, 4.84	10.72	.03	2.88	1.35, 85.36
Distraction	2.49	<.001	1.23	1.66, 3.71	9.65	.01	2.52	1.58, 58.83
Validation	1.73	.003	1.21	1.20, 2.50	22.11	<.001	2.44	3.85, 126.84
Venting	2.09	<.001	1.22	1.42, 3.07	5.31	.07	2.49	0.89, 31.80
Presence	0.48	<.001	1.19	0.34, 0.67	2.09	.45	2.66	.31, 14.24
Hostility	3.41	.04	1.83	1.04, 11.14	148.47	.21	52.69	0.06, 351,711.4
Rumination	1.46	.14	1.29	.88, 2.41	10.68	.02	2.70	1.52, 75.05
Social modeling	3.04	<.001	1.27	1.90, 4.87	14.29	.02	3.27	1.40, 146.07
Sharing	0.21	<.001	1.37	0.12, 0.40	0.66	.68	2.78	0.09, 4.88

Note. *N* = 197.

Table 16*Multilevel Logistic Models of Embarrassment Predicting IER Strategy Selection*

IER Strategy	Situation Level Embarrassment				Person Level Embarrassment			
	O.R.	<i>p</i> -value	Std. E	95% CI	O.R.	<i>p</i> -value	Std. E	95% CI
Seek advice	2.92	<.001	1.35	1.61, 5.28	5.15	.47	9.46	0.06, 421.02
Reappraisal	3.07	<.001	1.39	1.60, 5.88	1612.58	.006	14.34	8.73, 297,929.3
Distraction	2.21	.02	1.42	1.12, 4.36	20.90	.23	12.90	0.14, 3,138.94
Validation	2.66	.002	1.37	1.45, 4.90	49.71	.13	12.84	0.33, 7,404.17
Venting	2.78	.001	1.38	1.49, 5.19	2.40	.74	13.33	0.01, 383.80
Presence	0.63	.13	1.36	0.34, 1.14	0.83	.95	16.88	0.003, 210.87
Hostility	-							
Rumination	1.06	.90	1.53	0.46, 2.43	1188.48	.003	11.27	10.30, 137,095.8
Social Modelling	1.92	.08	1.46	0.92, 4.02	88.91	.16	24.50	0.17, 46,933.89
Sharing	0.05	.003	2.80	0.007, .37	8.19	.45	16.24	0.03, 1,933.03

Note. $N = 197$. Model for Hostility did not converge.

Table 17*Multilevel Models of Stress Predicting IER Strategy Selection*

IER Strategy	Situation Level Stress				Person Level Stress			
	O.R.	<i>p</i> -value	Std. E	95% CI	O.R.	<i>p</i> -value	Std. E	95% CI
Seek advice	4.72	<.001	1.19	3.38, 6.59	0.49	.34	2.12	0.11, 2.11
Reappraisal	3.82	<.001	1.23	2.55, 5.72	10.86	.01	2.53	1.75, 67.20
Distraction	3.38	<.001	1.22	2.30, 4.97	7.69	.02	2.39	1.40, 42.32
Validation	2.54	<.001	1.19	1.79, 3.60	4.74	.06	2.28	0.94, 23.91
Venting	4.19	<.001	1.20	2.92, 6.00	8.58	.01	2.29	1.69, 43.52
Presence	0.36	<.001	1.18	0.26, 0.50	0.39	.29	2.43	0.07, 2.21
Hostility	7.27	.002	1.87	2.13, 24.76	6.09	.66	62.88	0.002, 20,415.56
Rumination	1.29	.33	1.29	0.78, 2.12	1.61	.62	2.64	0.24, 10.81
Social Modelling	3.56	<.001	1.26	2.28, 5.57	15.28	.01	3.00	1.78, 131.25
Sharing	0.06	<.001	1.53	0.03, 0.14	1.07	.95	2.64	0.16, 7.15

Note. *N* = 197.

Table 18*Multilevel Logistic Models of Sadness Predicting IER Strategy Selection*

IER Strategy	Situation Level Sadness				Person Level Sadness			
	O.R.	<i>p</i> -value	Std. E	95% CI	O.R.	<i>p</i> -value	Std. E	95% CI
Seek advice	2.37	<.001	1.22	1.61, 3.50	0.39	.31	2.50	0.07, 2.36
Reappraisal	3.32	<.001	1.27	2.08, 5.29	9.73	.04	3.08	1.07, 88.45
Distraction	3.59	<.001	1.25	2.32, 5.57	14.22	.007	2.68	2.05, 98.48
Validation	2.27	<.001	1.23	1.51, 3.40	4.02	.18	2.83	0.52, 30.95
Venting	3.46	<.001	1.25	2.25, 5.32	2.76	.35	2.94	0.33, 22.84
Presence	0.57	.004	1.22	0.38, 0.83	0.32	.30	3.01	0.04, 2.80
Hostility	-							
Rumination	1.65	.08	1.33	0.94, 2.90	1.68	.67	3.45	0.15, 19.01
Social	2.25	.002	1.30	1.34, 3.77	6.43	.16	3.78	0.47, 87.06
Modelling								
Sharing	0.07	<.001	1.72	0.02, 0.19	0.51	.59	3.40	0.05, 5.65

Note. $N = 197$. Model for hostility did not converge.

Table 19*Multilevel Logistic Models of Disappointment Predicting IER Strategy Selection*

IER Strategy	Situation Level Disappointment				Person Level Disappointment			
	O.R.	<i>p</i> -value	Std. E	95% CI	O.R.	<i>p</i> -value	Std. E	95% CI
Seek advice	-							
Rumination	5.31	<.001	1.27	3.34, 8.44	32.73	.005	3.48	2.85, 376.06
Distraction	2.69	<.001	1.27	1.69, 4.30	1.13	.92	3.23	0.11, 11.27
Validation	2.07	<.001	1.23	1.37, 3.14	13.09	.02	2.89	1.63, 104.99
Venting	3.43	<.001	1.25	2.23, 5.29	2.27	.46	3.04	0.26, 20.14
Presence	0.38	<.001	1.23	0.25, 0.57	0.09	.04	3.19	0.009, 0.87
Hostility	6.31	.004	1.90	1.79, 22.26	9.98	.65	161.53	0.0004, 212,342.2
Rumination	.87	.65	1.37	0.47, 1.60	17.54	.02	3.27	1.72, 178.77
Social Modelling	1.28	.37	1.32	0.75, 2.19	36.70	.006	3.73	2.77, 485.36
Sharing	0.02	<.001	2.77	0.002, 0.12	0.54	.68	4.57	0.03, 10.51

Note. *N* = 197. Model for seeking advice did not converge.

Table 20*Multilevel Logistic Models of Anger Predicting IER Strategy Selection*

IER Strategy	Situation Level Anger				Person Level Anger			
	O.R.	<i>p</i> -value	Std. E	95% CI	O.R.	<i>p</i> -value	Std. E	95% CI
Seek advice	-							
Reappraisal	5.38	<.001	1.29	3.25, 8.92	29.65	.02	4.45	1.59, 552.69
Distraction	1.38	.26	1.33	0.79, 2.42	1.59	.74	3.96	0.11, 23.68
Validation	2.38	<.001	1.26	1.51, 3.76	15.18	.04	3.67	1.19, 193.74
Venting	10.55	<.001	1.28	6.49, 17.15	19.40	.03	3.93	1.33, 282.65
Presence	0.26	<.001	1.27	0.16, 0.41	1.20	.90	4.33	0.07, 21.20
Hostility	3.76	.09	2.18	0.82, 17.30	0.66	.95	630.41	2.15 x 10 ⁻⁶ , 202,881.2
Rumination	1.38	.32	1.38	0.73, 2.59	15.50	.04	3.80	1.13, 212.08
Social Modelling	2.56	.001	1.34	1.45, 4.51	13.26	.13	5.50	0.47, 374.17
Sharing	1.83 x 10 ⁻⁸	.62	4.75 x 10 ¹⁵	3.44 x 10 ⁻³⁹ , 9.71 x 10 ²²	1.82 x 10 ⁻⁶	.71	4.76 x 10 ¹⁵	3.41 x 10 ³⁹ , 9.73 x 10 ²⁴

Note. *N* = 197. Model for seeking advice did not converge.

Table 21*Multilevel Logistic Models of Boredom Predicting IER Strategy Selection*

IER Strategy	Situation Level Boredom				Person Level Boredom			
	O.R.	<i>p</i> -value	Std. E	95% CI	O.R.	<i>p</i> -value	Std. E	95% CI
Seek advice	0.64	.29	1.53	0.28, 1.47	0.09	.13	4.73	0.004, 1.97
Reappraisal	1.92	.14	1.56	0.81, 4.57	0.98	.99	6.28	0.03, 35.70
Distraction	10.45	<.001	1.42	5.27, 20.71	96.74	.001	4.05	6.23, 1502.03
Validation	0.88	.77	1.55	0.37, 2.08	0.12	.18	4.78	0.006, 2.62
Venting	1.49	.34	1.52	0.66, 3.40	0.29	.43	4.77	0.01, 6.21
Presence	0.66	.23	1.41	0.34, 1.29	2.31	.59	4.78	0.11, 49.51
Hostility	4.85	.23	3.72	0.37, 63.78	<.001	.49	122,411.8	3.33 x 10 ⁻¹⁴ , 2.92 x 10 ⁶
Rumination	0.30	.24	2.83	0.04, 2.28	0.02	.07	9.82	<.001, 1.39
Social Modelling	0.64	.44	1.80	0.20, 2.02	5.50	.37	6.77	0.13, 233.58
Sharing	0.66	.47	1.76	0.22, 2.01	0.10	.17	5.34	0.004, 2.72

Note. *N* = 197; O.R. = Odds Ratio.

Table 22*Summary of Emotion Predicting IER Strategy Use*

			IER Strategies									
			Seek Advice	Reappraisal	Distraction	Validation	Venting	Presence	Hostility	Rumination	Social modelling	Sharing
State Emotion	Positive Affect	Excited	-	-	-		-	+			-	+
		Enthusiastic	-	-	-		-	+		+		+
		Happy	-	-	-	-	-	+	-		-	+
		Satisfied	-	-	-		-	+			-	+
		<i>Relaxed</i>		-				+				+
		<i>Calm</i>			-				-			+
	Negative Affect	Anxious	+	+	+	+	+	-	+		+	-
		Embarrassed	+	+	+	+	+					-
		Stressed	+	+	+	+	+	-	+		+	-
		Sad	+	+	+	+	+	-			+	-
		Disappointed		+	+	+	+	-	+			-
		Angry		+		+	+	-			+	
		<i>Bored</i>			+							
Trait Emotion	Positive Affect	Excited	+							+		
		Enthusiastic	+							+		
		Happy	+									
		Satisfied	+	+						+		
		<i>Relaxed</i>						+				
		<i>Calm</i>			+							-
	Negative Affect	Anxious		+	+	+				+	+	
		Embarrassed		+						+		
		Stressed		+	+		+				+	
		Sad		+	+							
		Disappointed		+		+		-		+	+	
		Angry		+		+	+			+		
		<i>Bored</i>			+							

Note. + indicates increased odds of strategy selection; - indicates decreased odds of strategy selection. Emotions are organized through three conceptual lenses. Bold indicates high arousal; italics indicates low arousal emotions.

Table 23*Multilevel Logistic Models of Depression Moderating Emotion Predicting IER Tendency*

Predictor Emotion	Situation-Level Emotion			Person-Level Emotion		
	Emotion	CESD_R	Interaction with Emotion	Emotion	CESD_R	Interaction with Emotion
Excitement	2.11**	1.09	1.03	13.15*	1.09	1.22
Enthusiasm	1.99**	1.08	0.94	126.75**	1.08	2.57
Happiness	2.04**	1.06	1.09	5.23*	1.07	1.18
Satisfaction	0.94	1.05	1.26*	4.94*	1.06	1.72
Relaxation	0.86	1.02	1.08	1.34	1.01	11.83*
Calmness	0.87	0.97	0.84	0.67	0.99	5.30*
Anxiety	0.84	.97	0.84	12.67*	0.93	0.12*
Embarrassment	1.76*	1.01	0.69	17.41	0.97	0.004*
Stress	0.92	0.97	0.72*	4.97*	0.97	0.14*
Sadness	1.13	0.97	0.83	31.93*	0.99	0.04*
Disappointment	1.01	1.01	0.71*	23.77*	1.01	1.48
Anger	1.22	1.00	0.91	7.40	0.99	0.06
Boredom	.31**	1.08	1.06	0.02*	1.07	0.27

Note. $n = 144$. * = $p < .05$; ** = $p < .001$. Reported as odds ratios. CESD_R = Standardized total depression score measured using Centre for Epidemiologic Studies Depression Scale Revised (Eaton et al., 2004).

Table 24*Probing Depression as a Moderator Between Emotion and IER Tendency*

Emotion	Level of Depression		
	-1 <i>SD</i>	Mean	+1 <i>SD</i>
State			
Satisfaction	0.75*	0.94	1.19
Stress	1.28	0.92	0.66*
Disappointment	1.43	1.01	0.71
Trait			
Relaxation	0.11	1.34	15.90
Calmness	0.13*	0.67	3.54
Anxiety	102.88*	12.67*	1.56
Embarrassment	4,124.50*	17.41	0.07
Stress	35.19*	4.97*	0.70
Sadness	906.22*	31.93*	1.12

Note. $n = 144$. * = $p < .05$. Reported as odds ratios. CESD_R = Standardized total depression score measured using Centre for Epidemiologic Studies Depression Scale Revised (Eaton et al., 2004).

Table 25*Multilevel Logistic Models of Well-Being Moderating Emotion Predicting IER Tendency*

Predictor Emotion	Situation-Level Emotion			Person-Level Emotion		
	Emotion	FS	Interaction with Emotion	Emotion	FS	Interaction with Emotion
Excitement	2.09**	1.10	0.91	29.22**	1.10	0.87
Enthusiasm	2.21**	1.14	0.81	113.84**	1.15	0.52
Happiness	1.93**	1.20	0.78*	6.66*	1.20	0.18*
Satisfaction	0.84	1.22	1.04	2.35	1.22	0.60
Relaxation	0.88	1.23	1.12	5.35	1.24	0.70
Calmness	0.83	1.24	1.03	3.29	1.24	0.69
Anxiety	0.90	1.26	1.07	11.10*	1.23	5.90
Embarrassment	1.32	1.25	1.31	146.09*	1.27*	6,300.95**
Stress	0.77*	1.19*	1.22	5.82**	1.10	13.35**
Sadness	1.01	1.26	1.47*	24.32*	1.31*	64.64*
Disappointment	1.04	1.24	1.33*	5.85	1.23	11.50
Anger	1.16	1.24	1.08	7.00	1.16	727.22**
Boredom	0.60*	1.16	1.12	0.17	1.16	1.75

Note. $n = 132$. * = $p < .05$; ** = $p < .001$. Reported as odds ratios. FS = Standardized well-being score measured using Flourishing Scale (Diener et al., 2010).

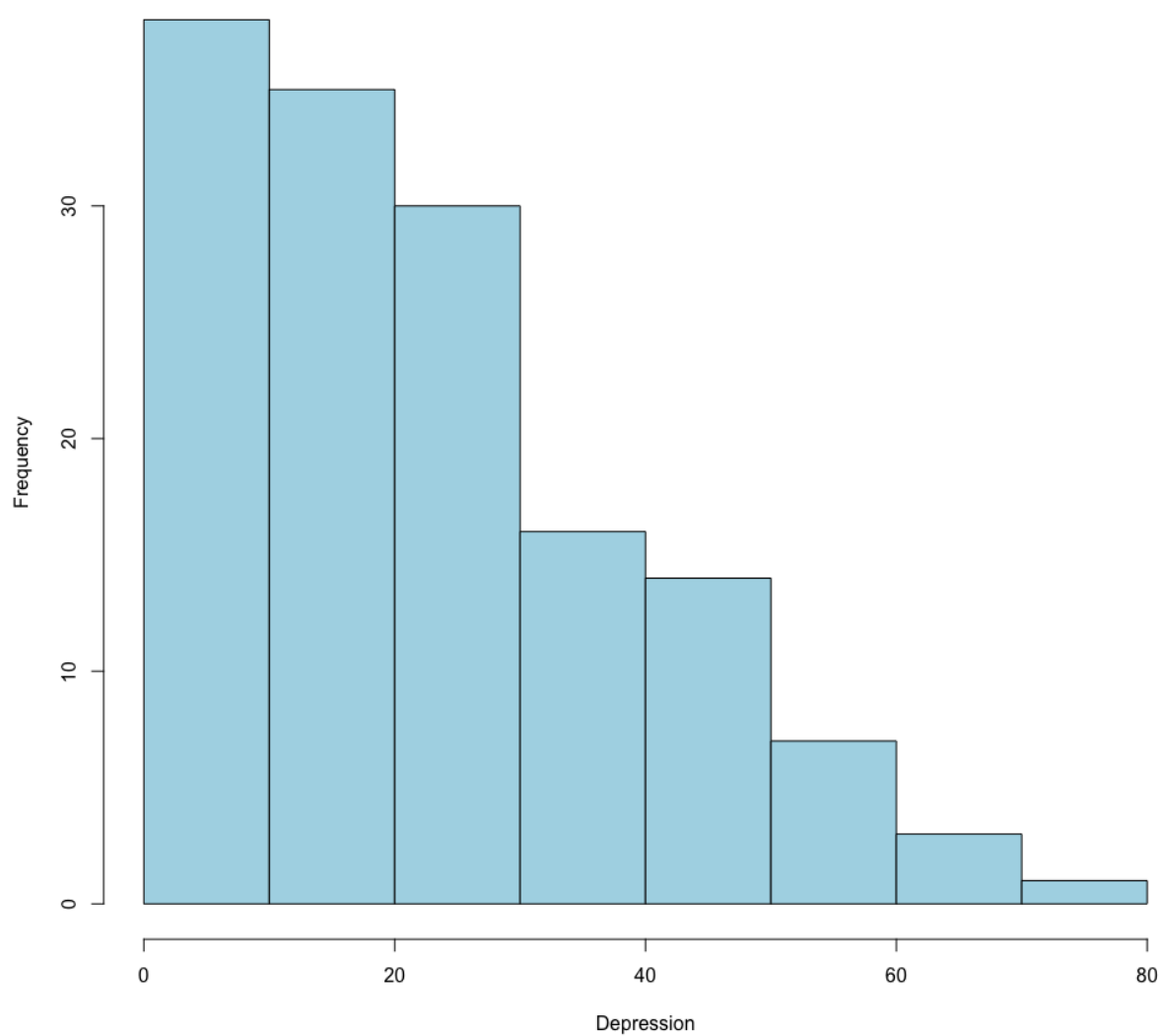
Table 26*Probing Well-Being as a Moderator Between Emotion and IER Tendency*

Emotion	Level of Well-Being		
	-1 <i>SD</i>	Mean	+1 <i>SD</i>
State			
Happiness	2.48*	1.93*	1.50*
Sadness	0.68*	1.01	1.48*
Disappointment	0.78	1.04	1.38
Trait			
Happiness	36.17*	6.66*	1.23
Embarrassment	0.02	146.09*	920,918.5*
Stress	0.44	5.82*	77.77*
Sadness	0.38	24.32*	1,571.85*
Anger	0.01*	7.00	5,087.89*

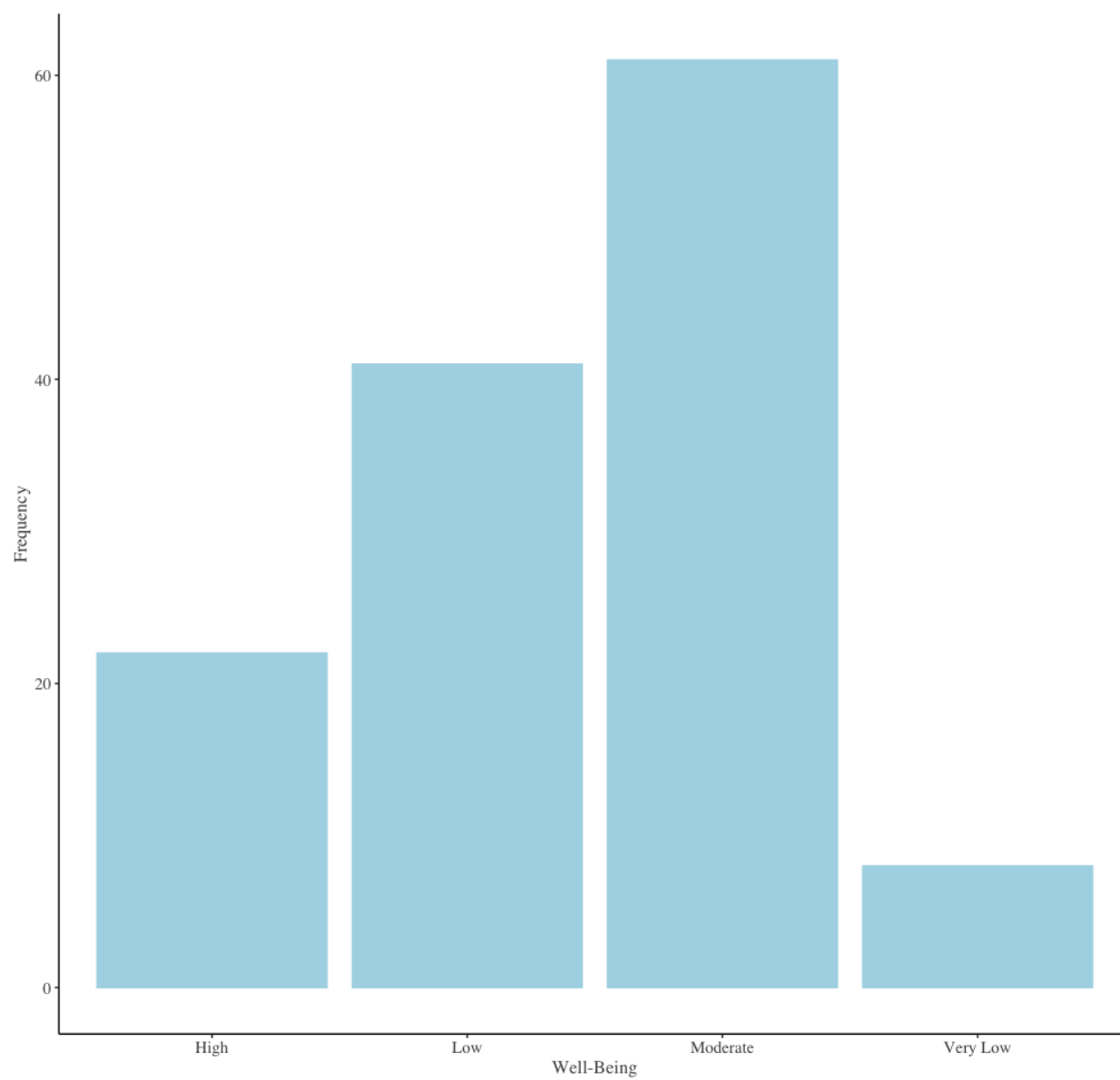
Note. $n = 132$. * = $p < .05$. Reported as odds ratios. FS = Standardized well-being score measured using Flourishing Scale (Diener et al., 2010).

Figure 1

Frequency of Total Depression Scores



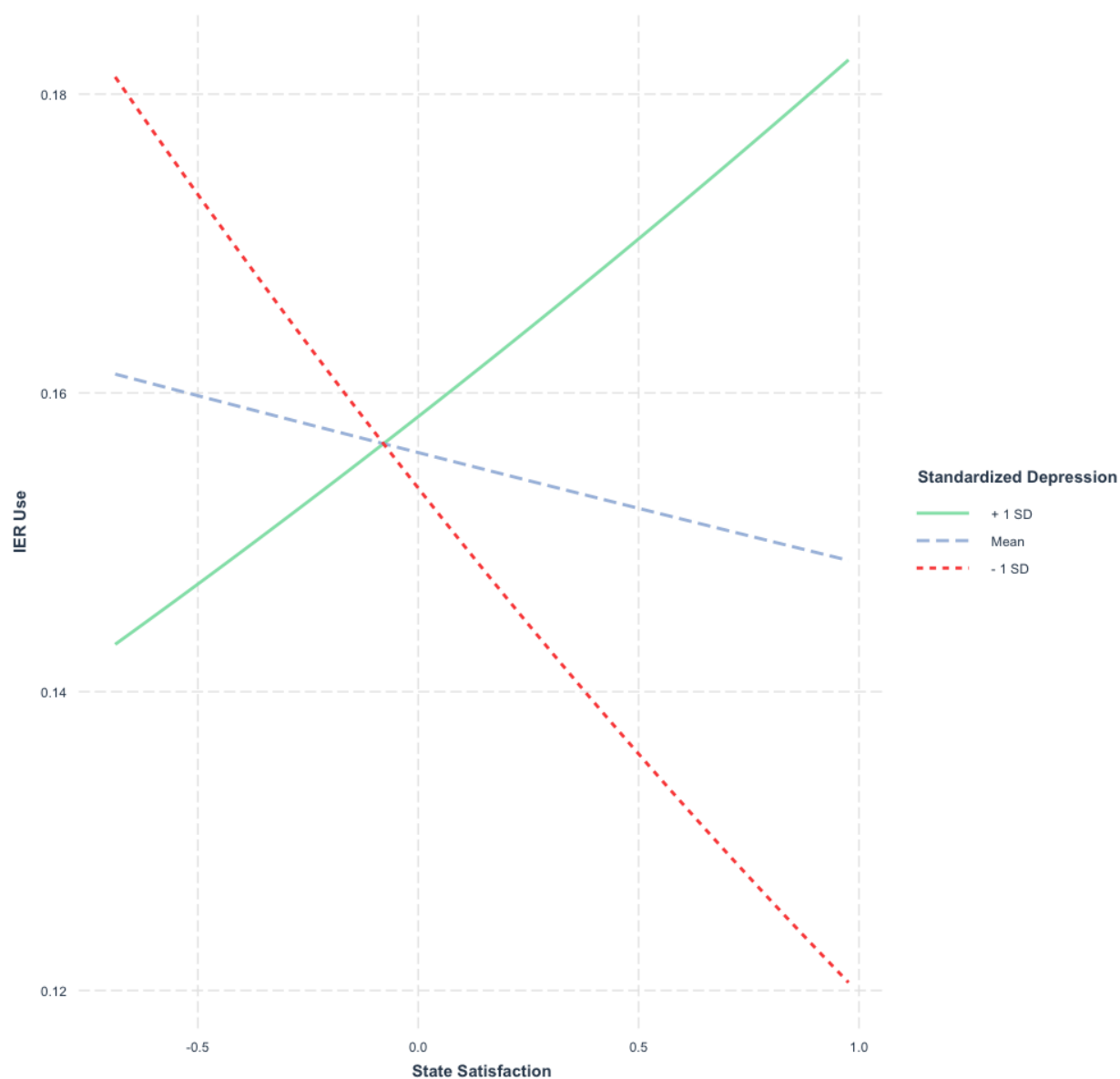
Note. $N = 144$. Scores above 16 represent high depression risk.

Figure 2*Frequency of Flourishing Scores*

Note. $N = 132$.

Figure 3

Probability of Using IER by State Satisfaction and Standardized Depression



Note.

Figure 4

Probability of Using IER by Trait Relaxation and Standardized Depression

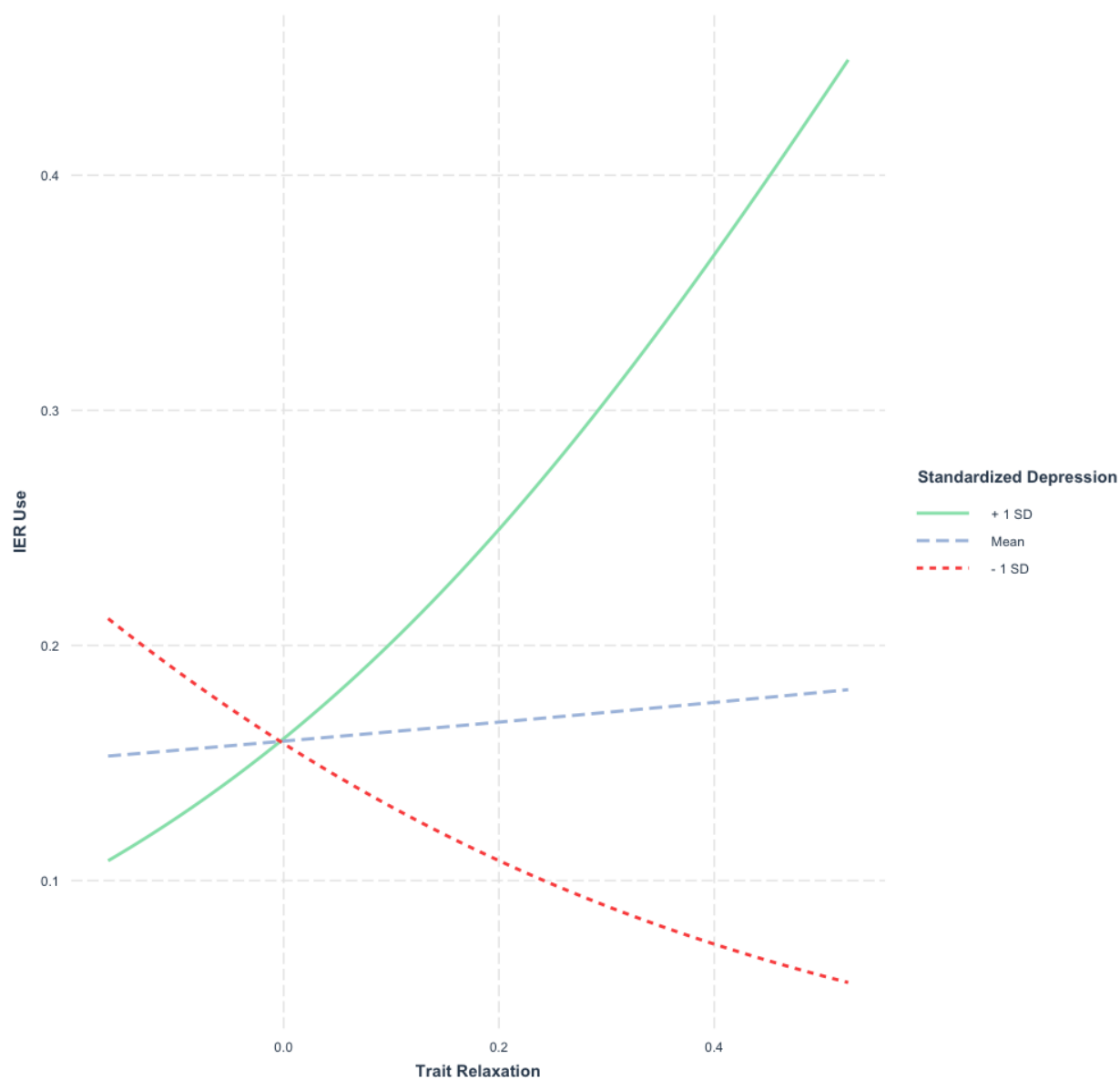


Figure 5

Probability of Using IER by Trait Calmness and Standardized Depression

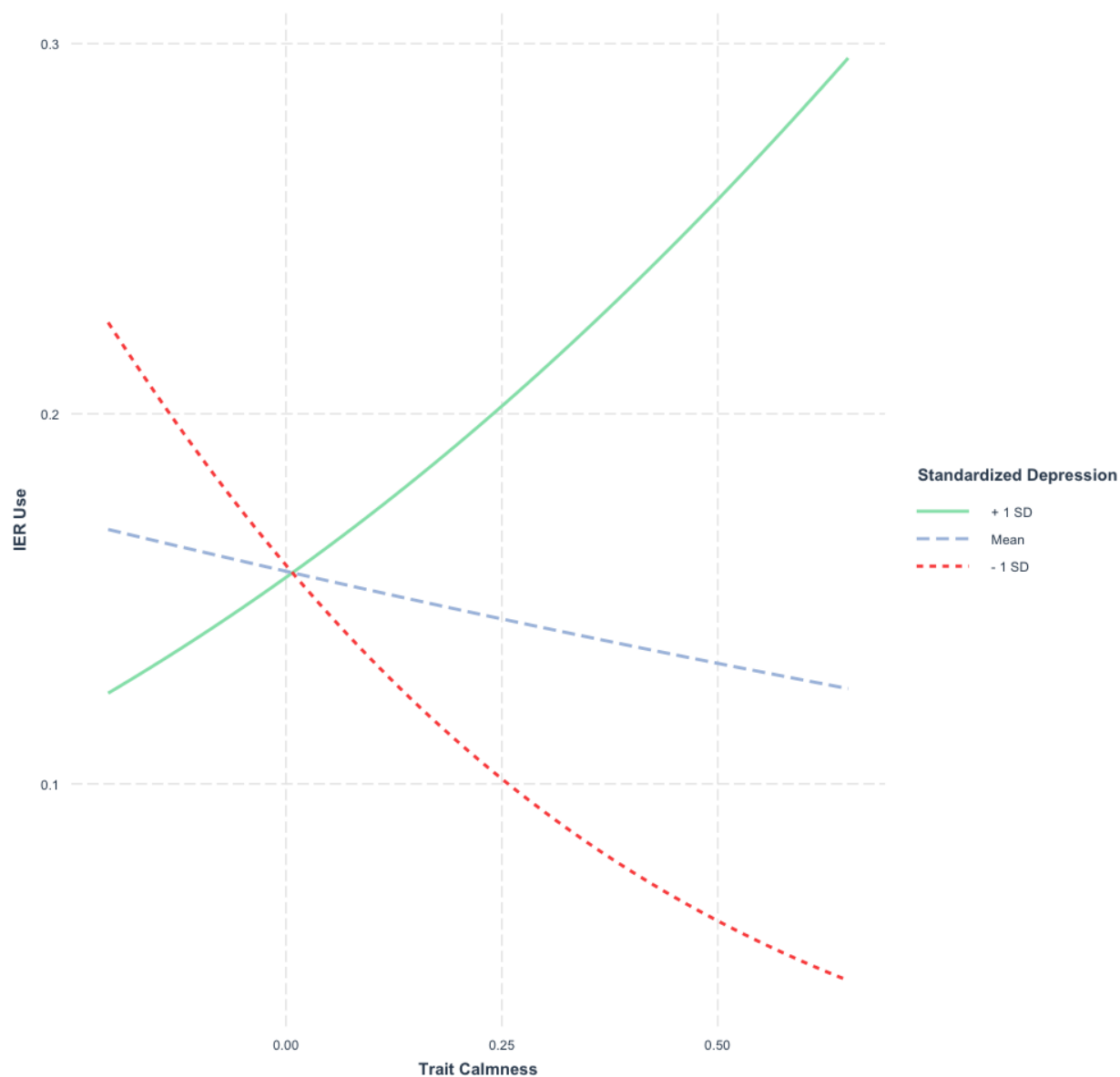


Figure 6

Probability of Using IER by State Disappointment and Standardized Depression

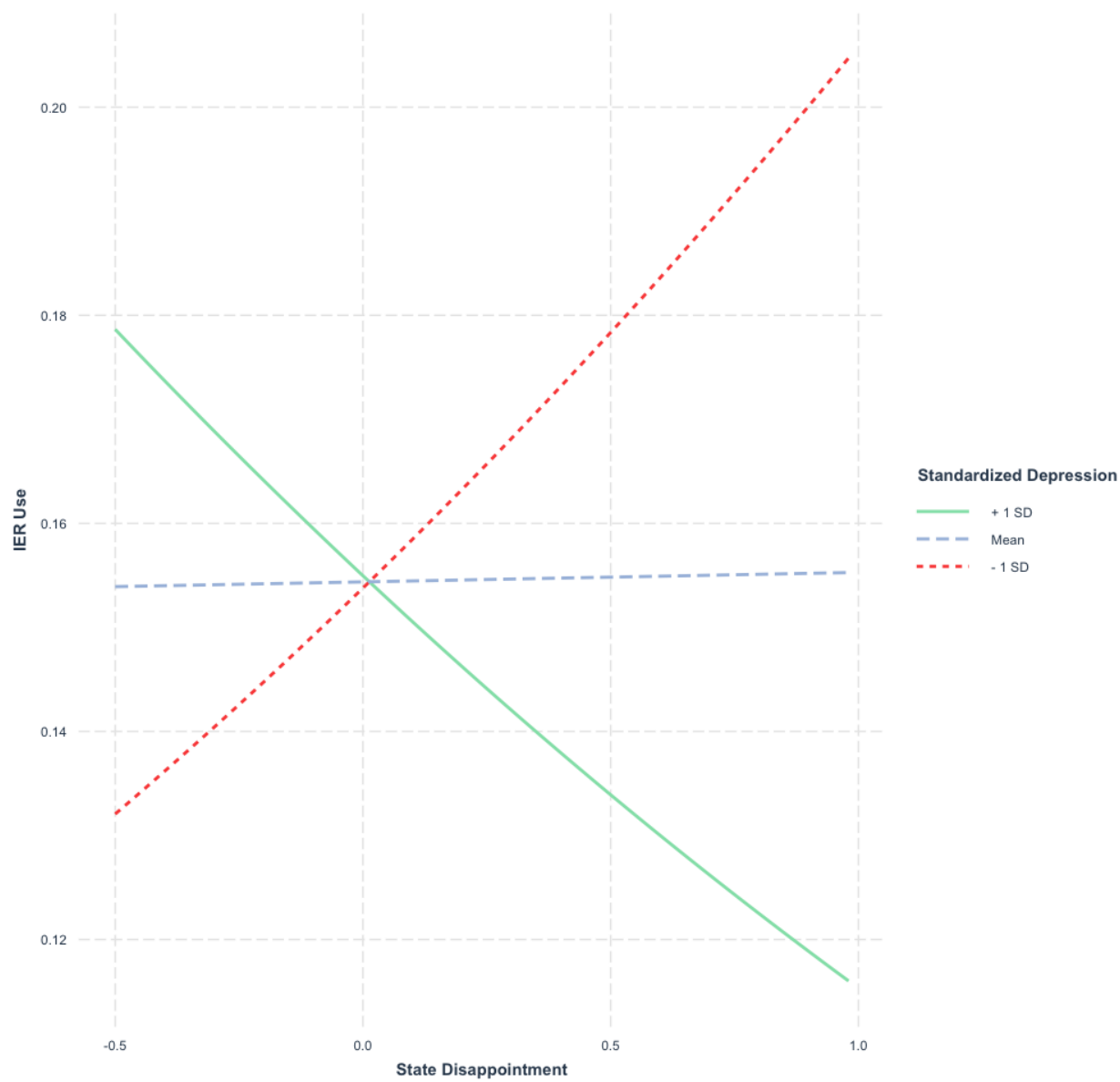


Figure 7

Probability of Using IER by State Stress and Standardized Depression

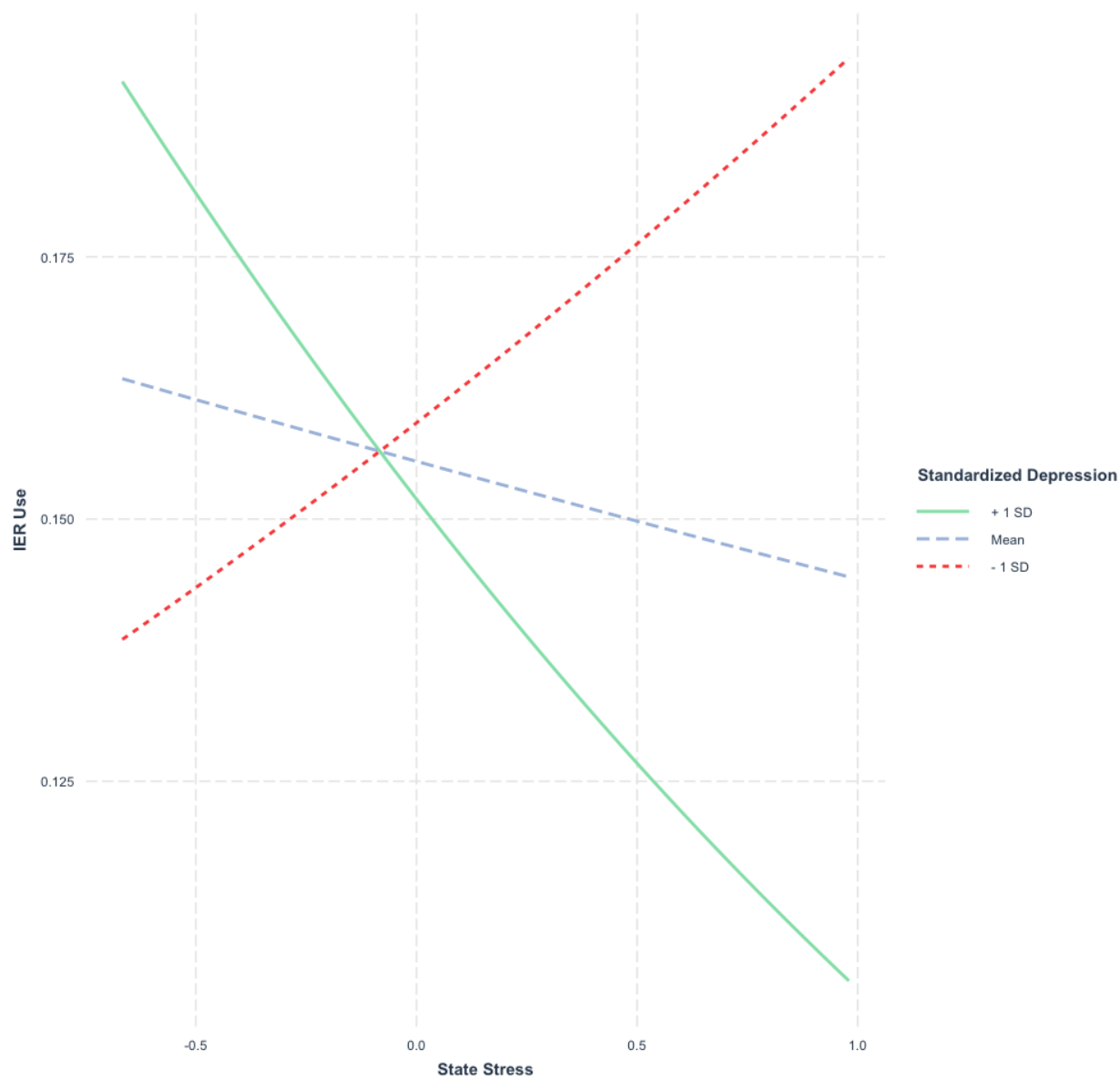


Figure 8

Probability of Using IER by Trait Stress and Standardized Depression

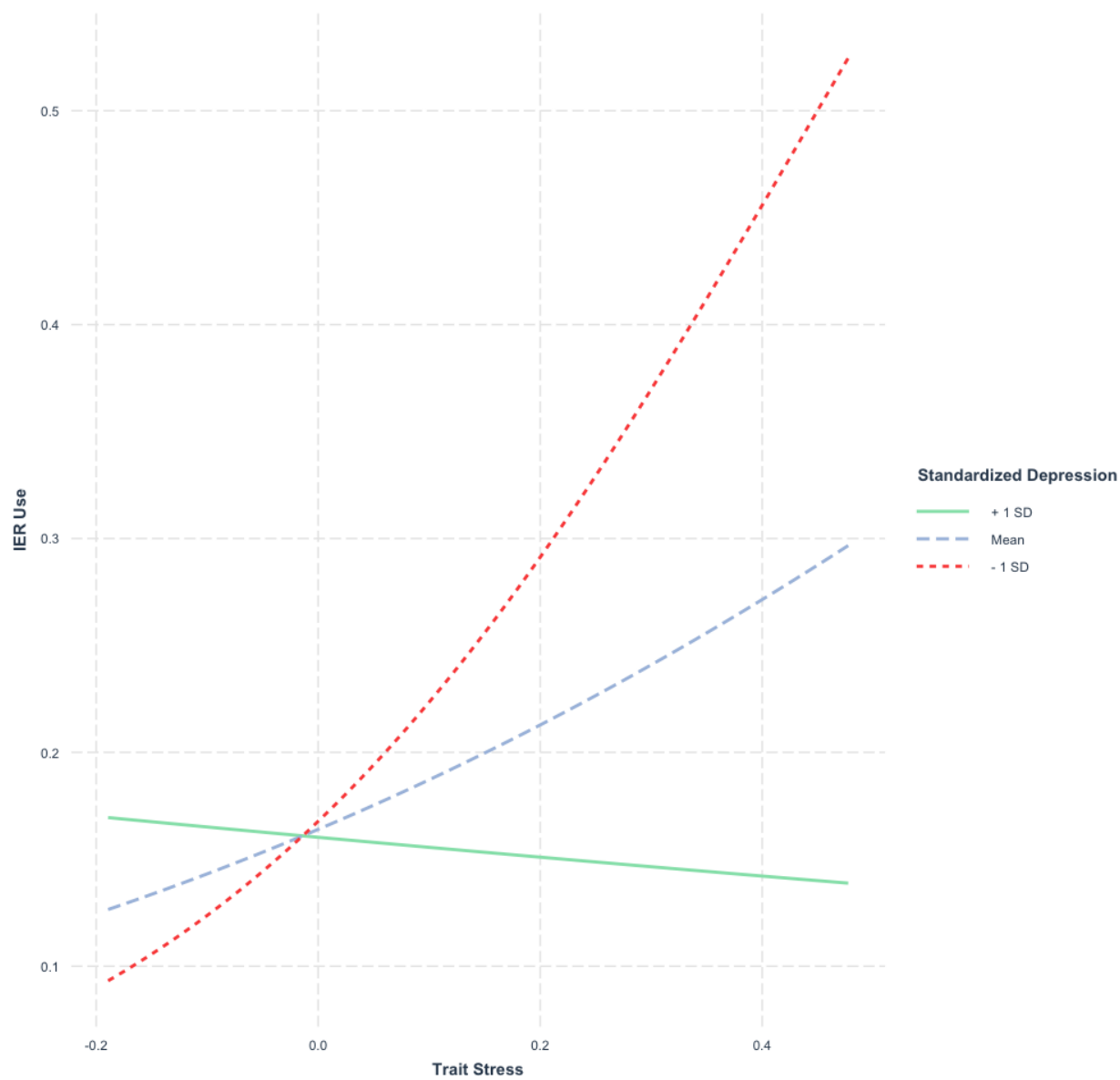


Figure 9

Probability of Using IER by Trait Anxiety and Standardized Depression

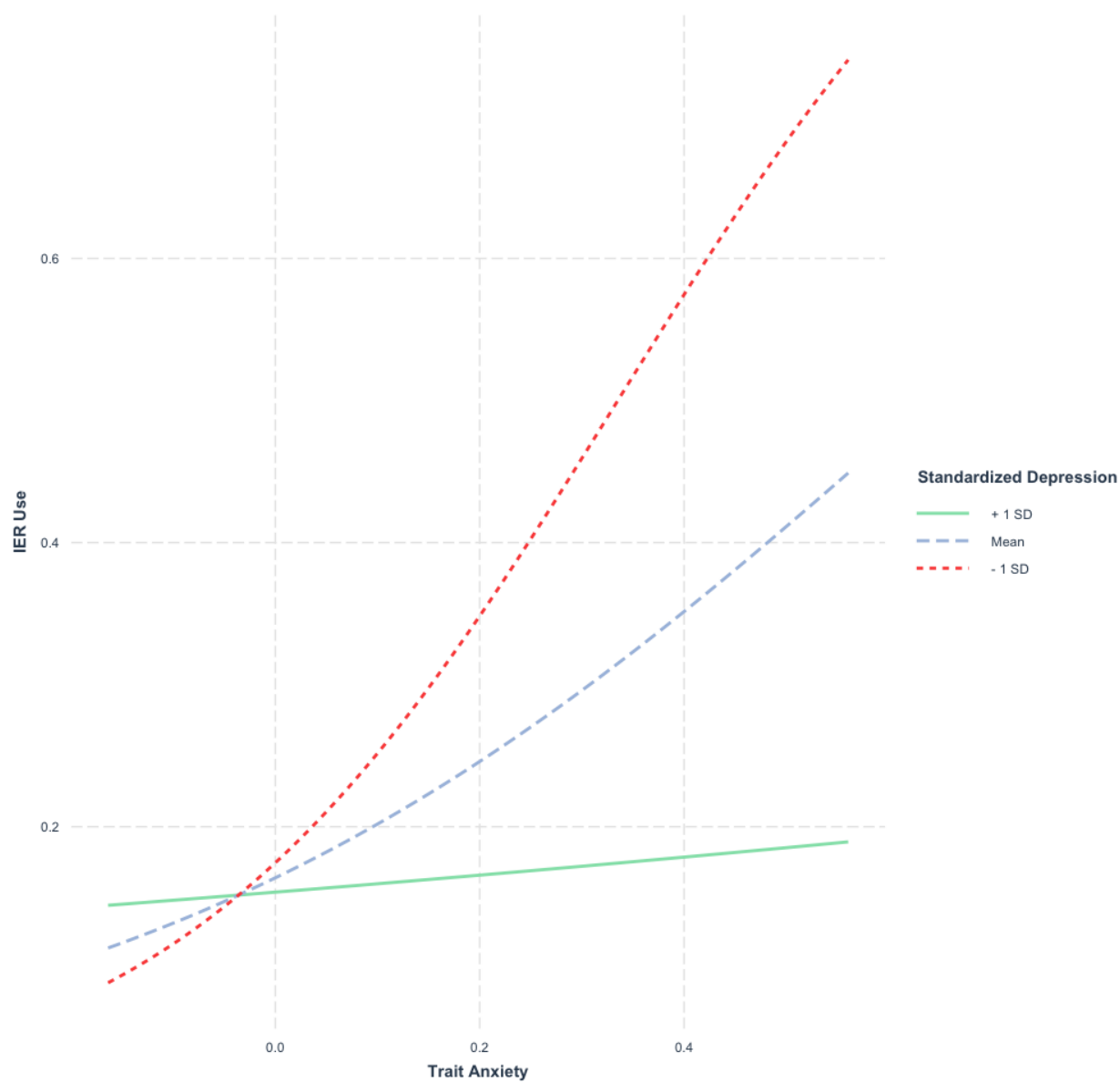


Figure 10

Probability of Using IER by Trait Embarrassment and Standardized Depression

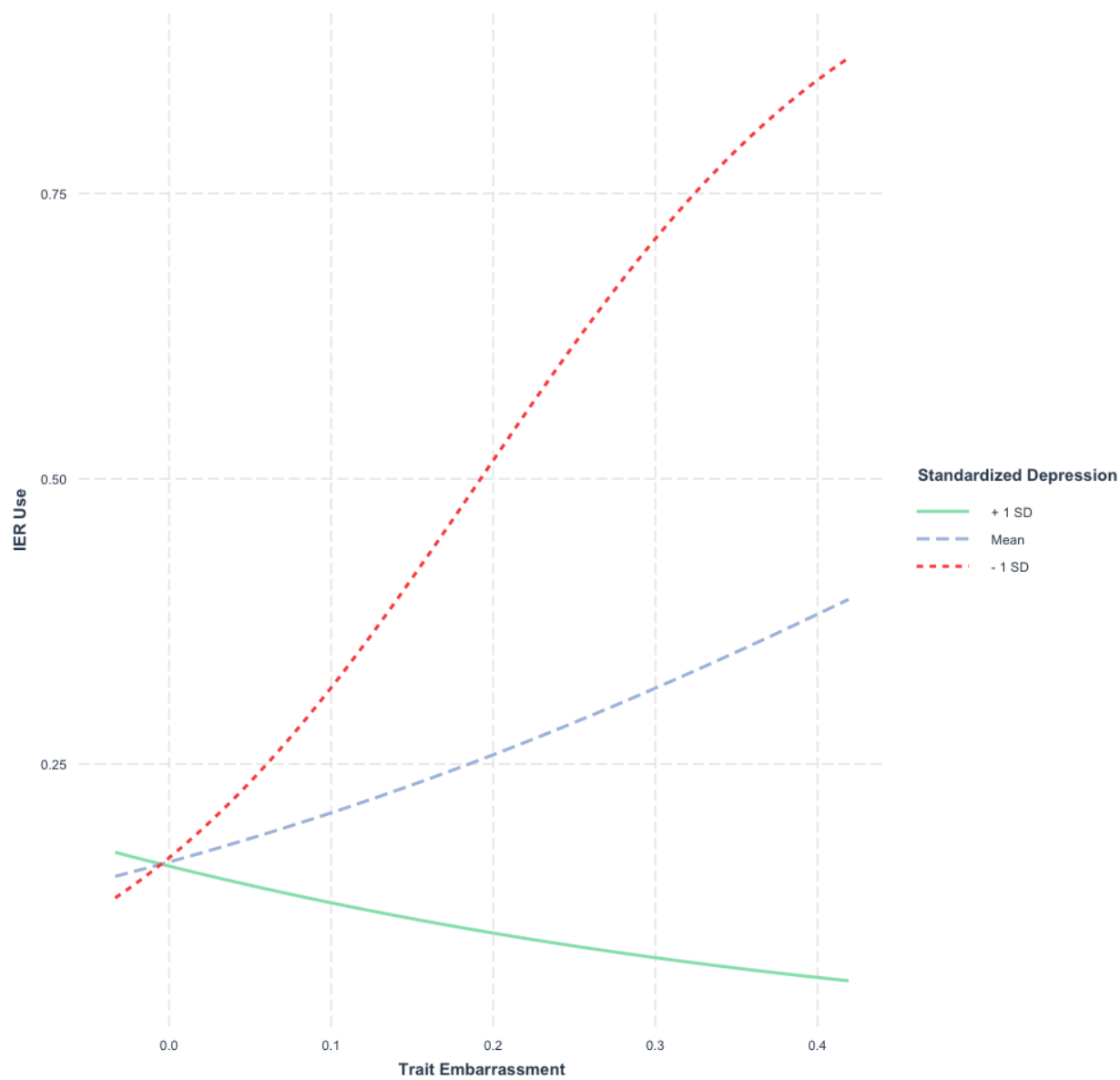


Figure 11

Probability of Using IER by Trait Sadness and Standardized Depression

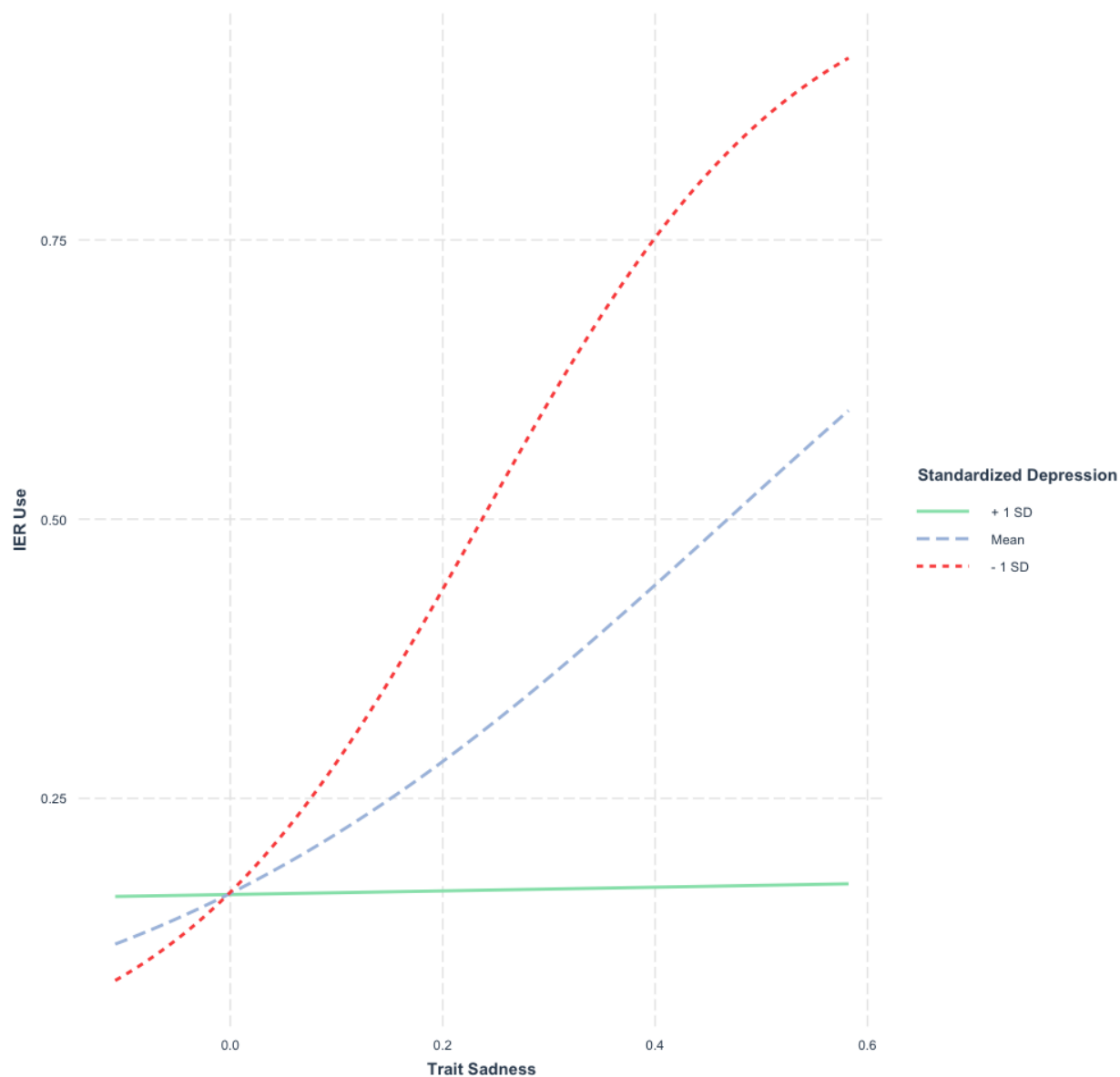


Figure 12

Probability of Using IER by State Disappointment and Standardized Well-Being

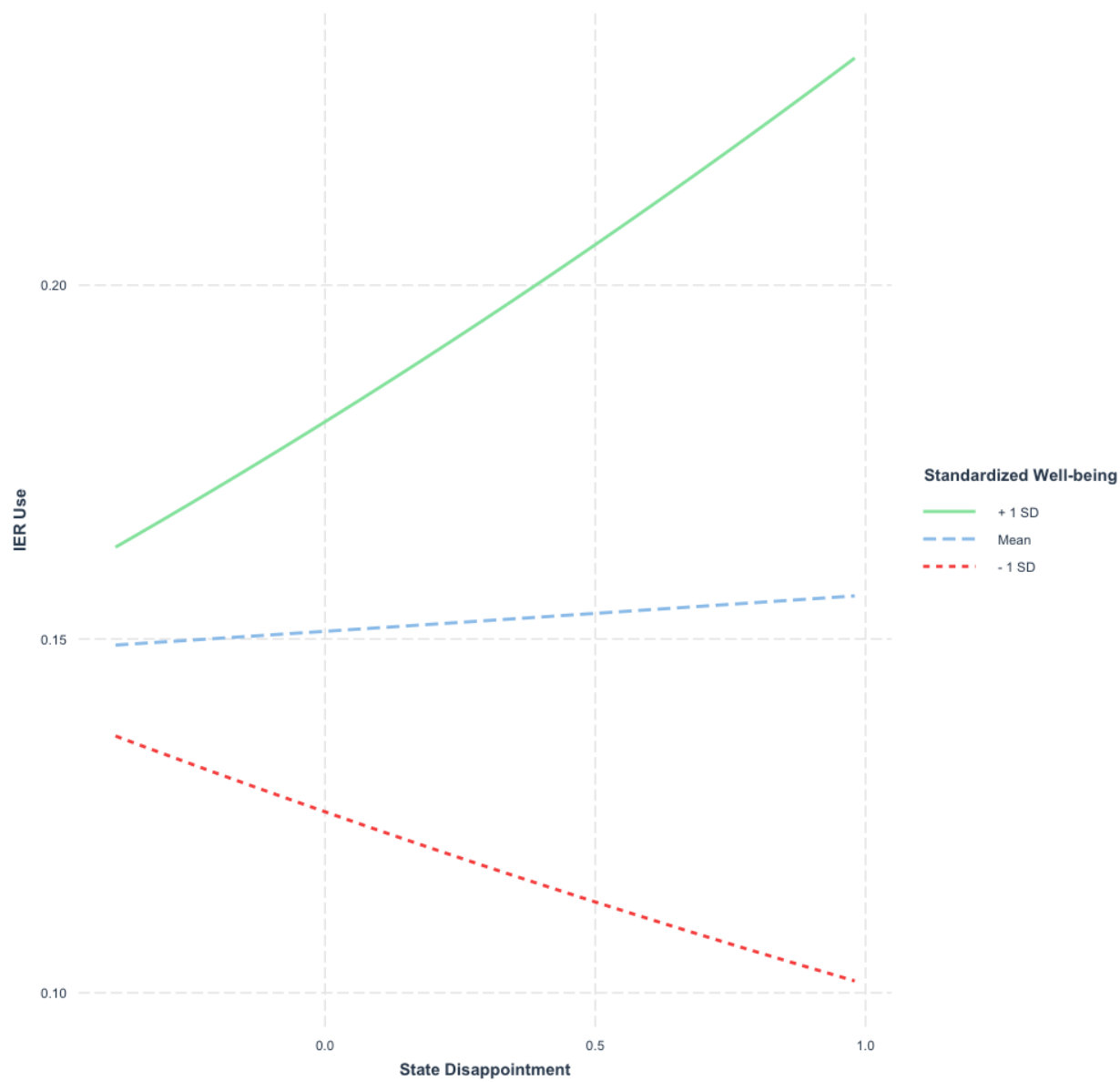


Figure 13

Probability of Using IER by State Sadness and Standardized Well-Being

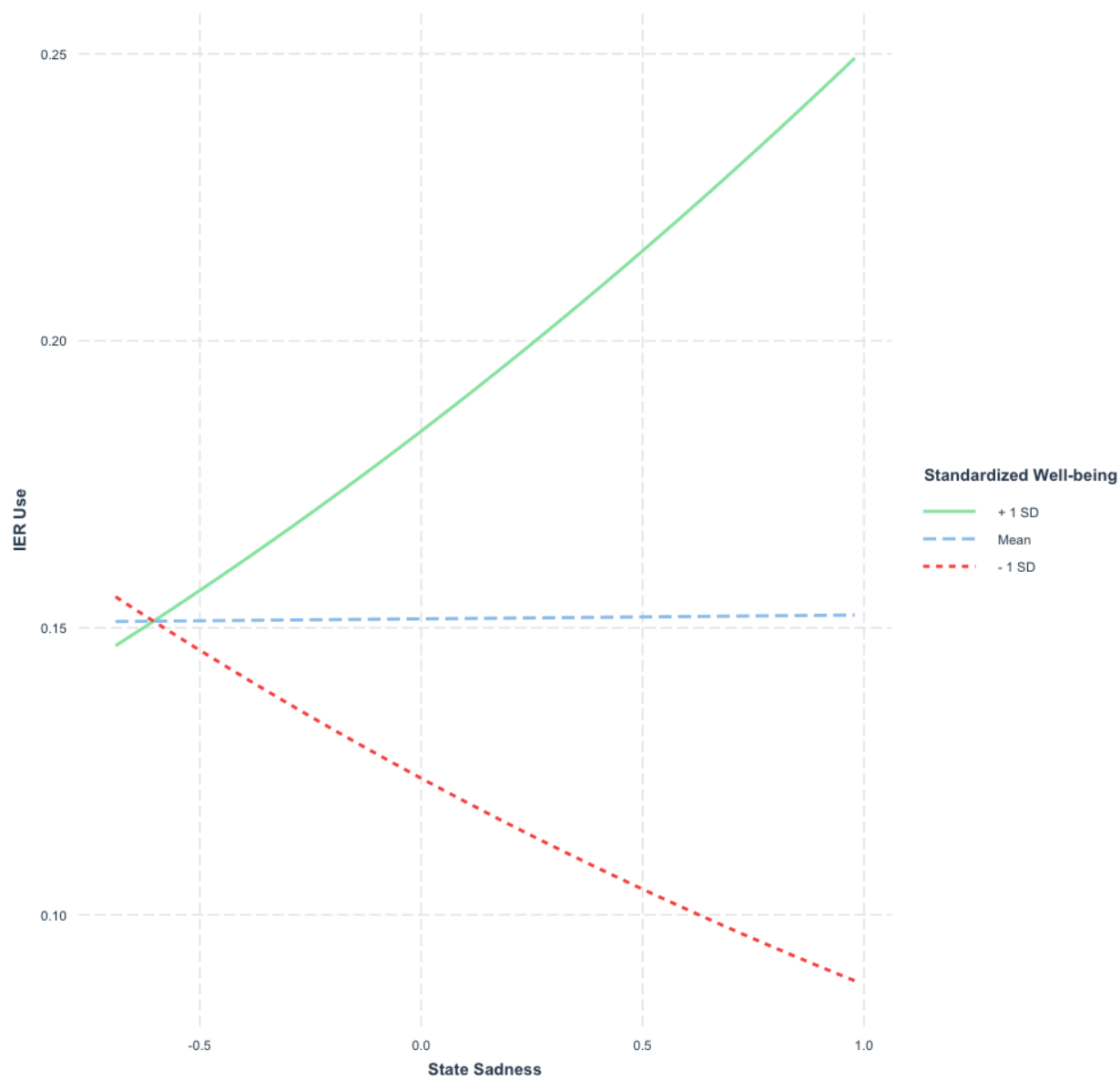


Figure 14

Probability of Using IER by Trait Sadness and Standardized Well-Being

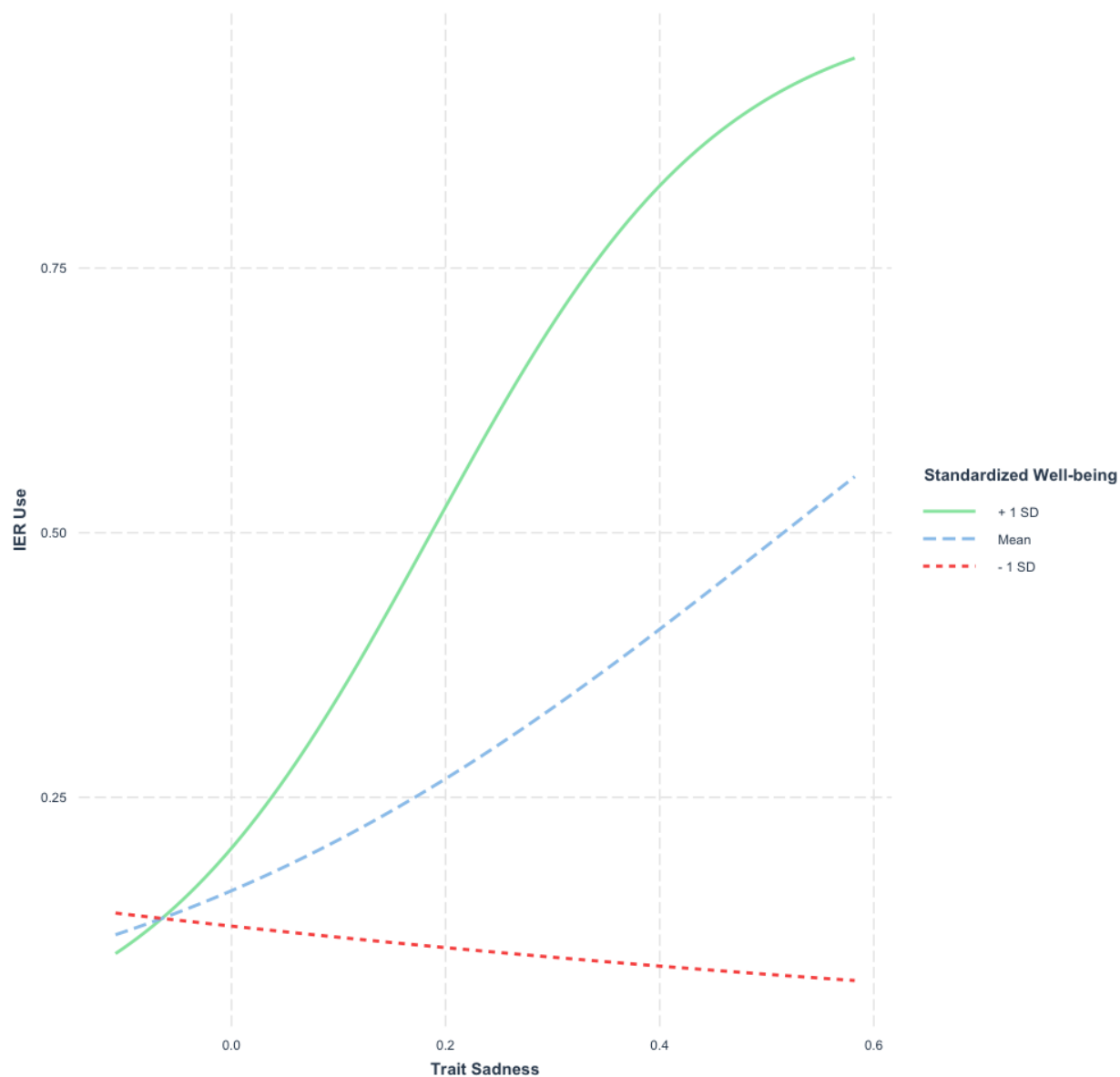


Figure 15

Probability of Using IER by Trait Embarrassment and Standardized Well-Being

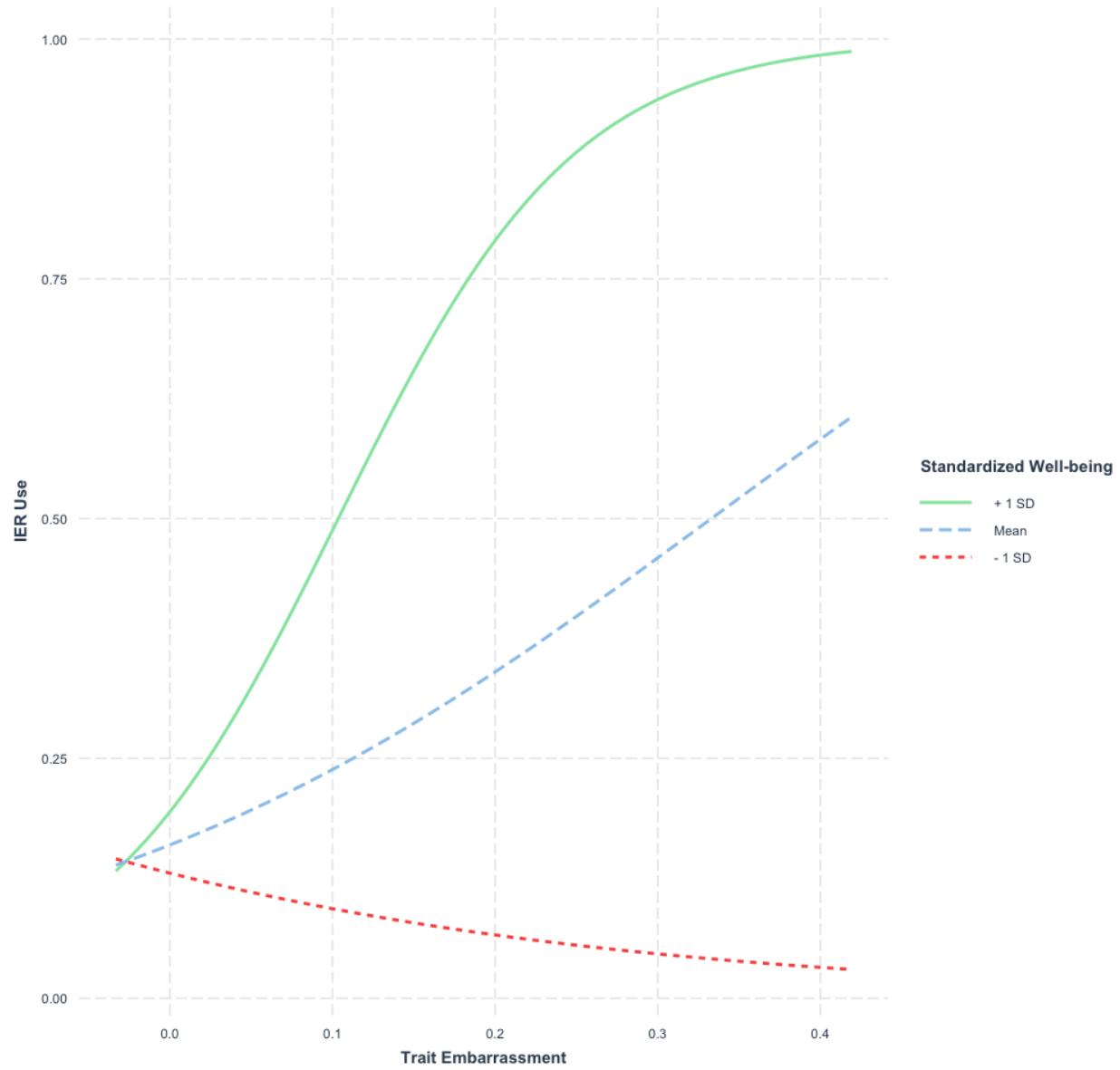


Figure 16

Probability of Using IER by Trait Stress and Standardized Well-Being

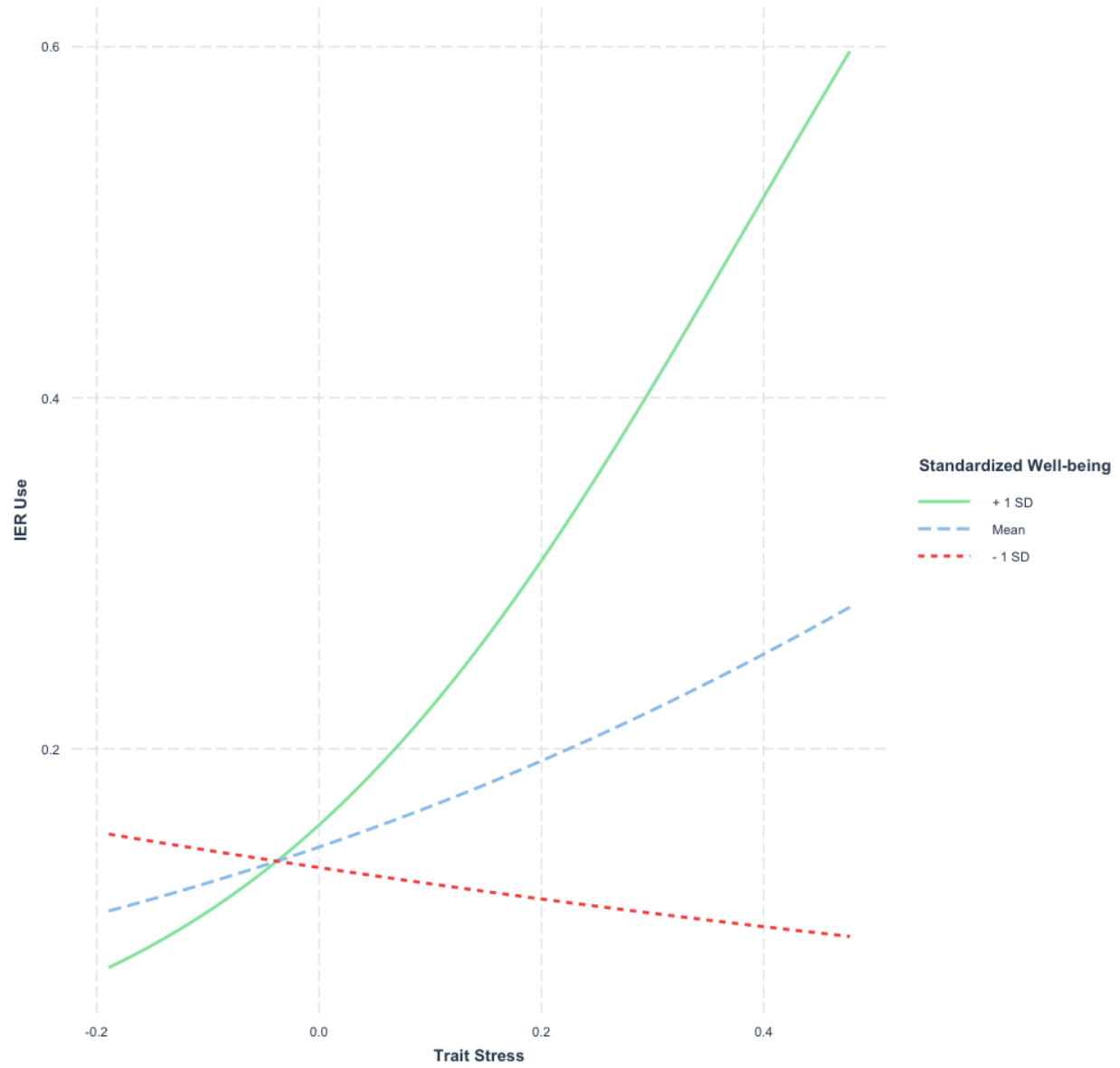


Figure 17

Probability of Using IER by Trait Anger and Standardized Well-Being

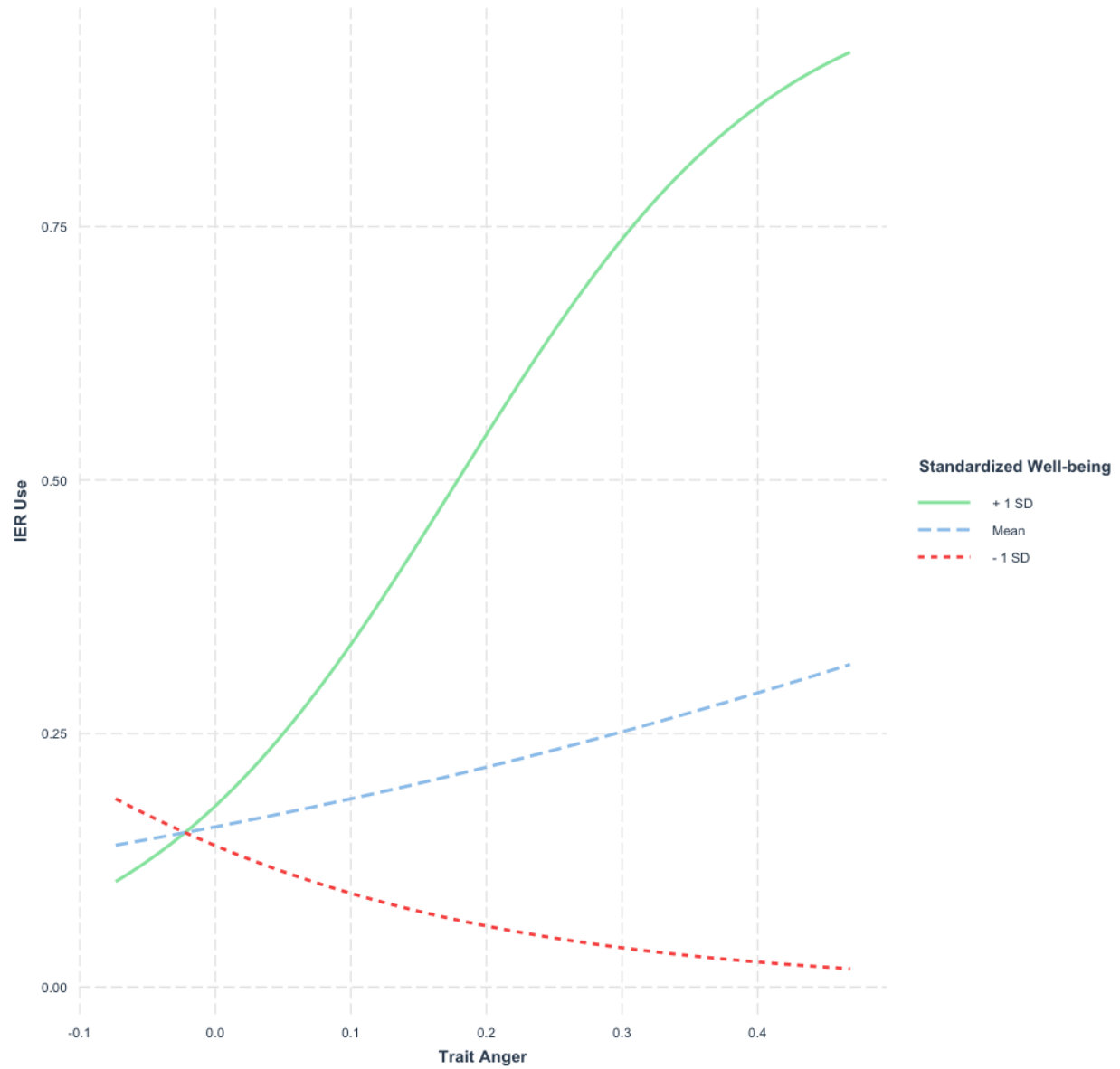


Figure 18

Probability of Using IER by State Happiness and Standardized Well-Being

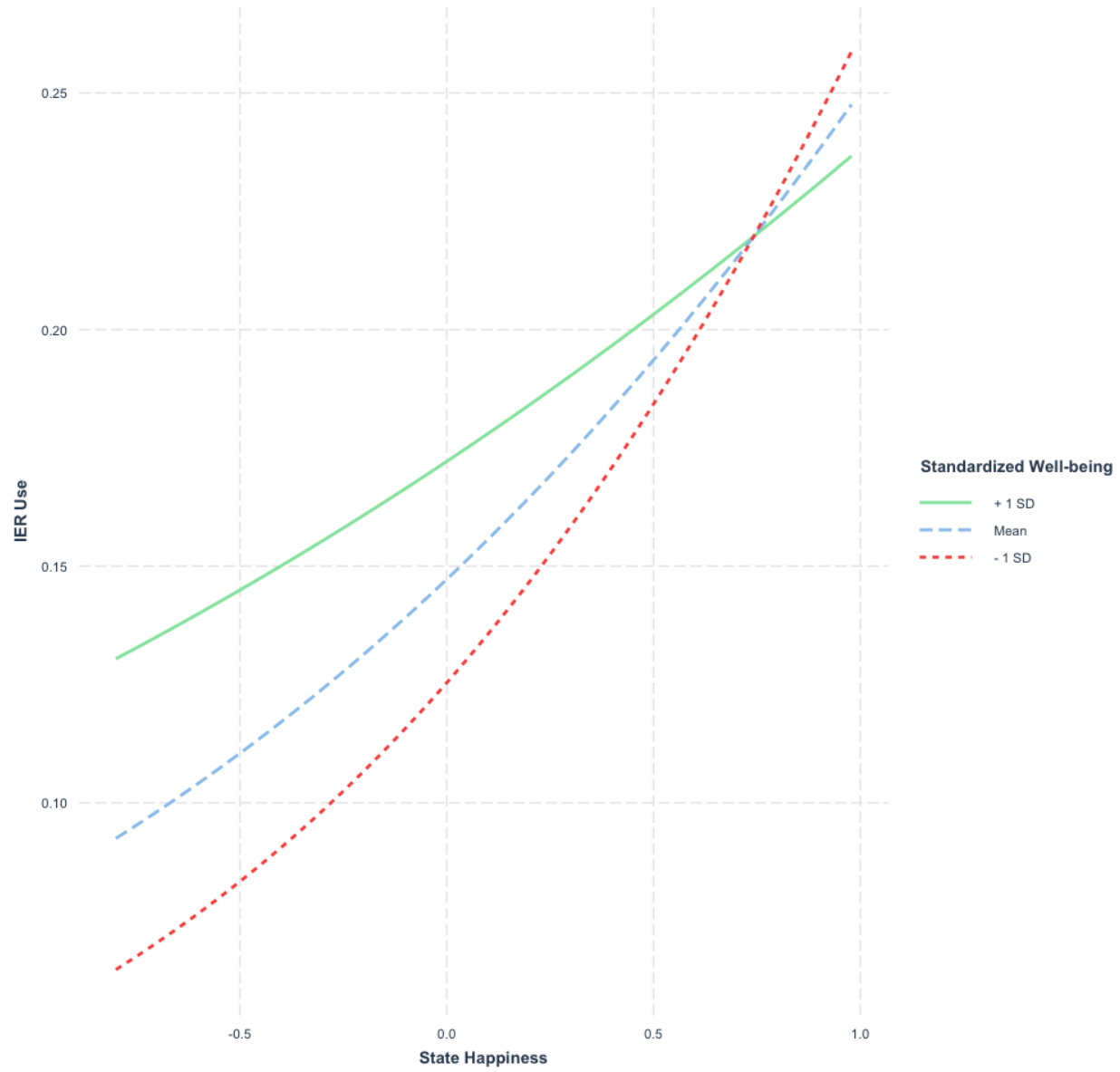
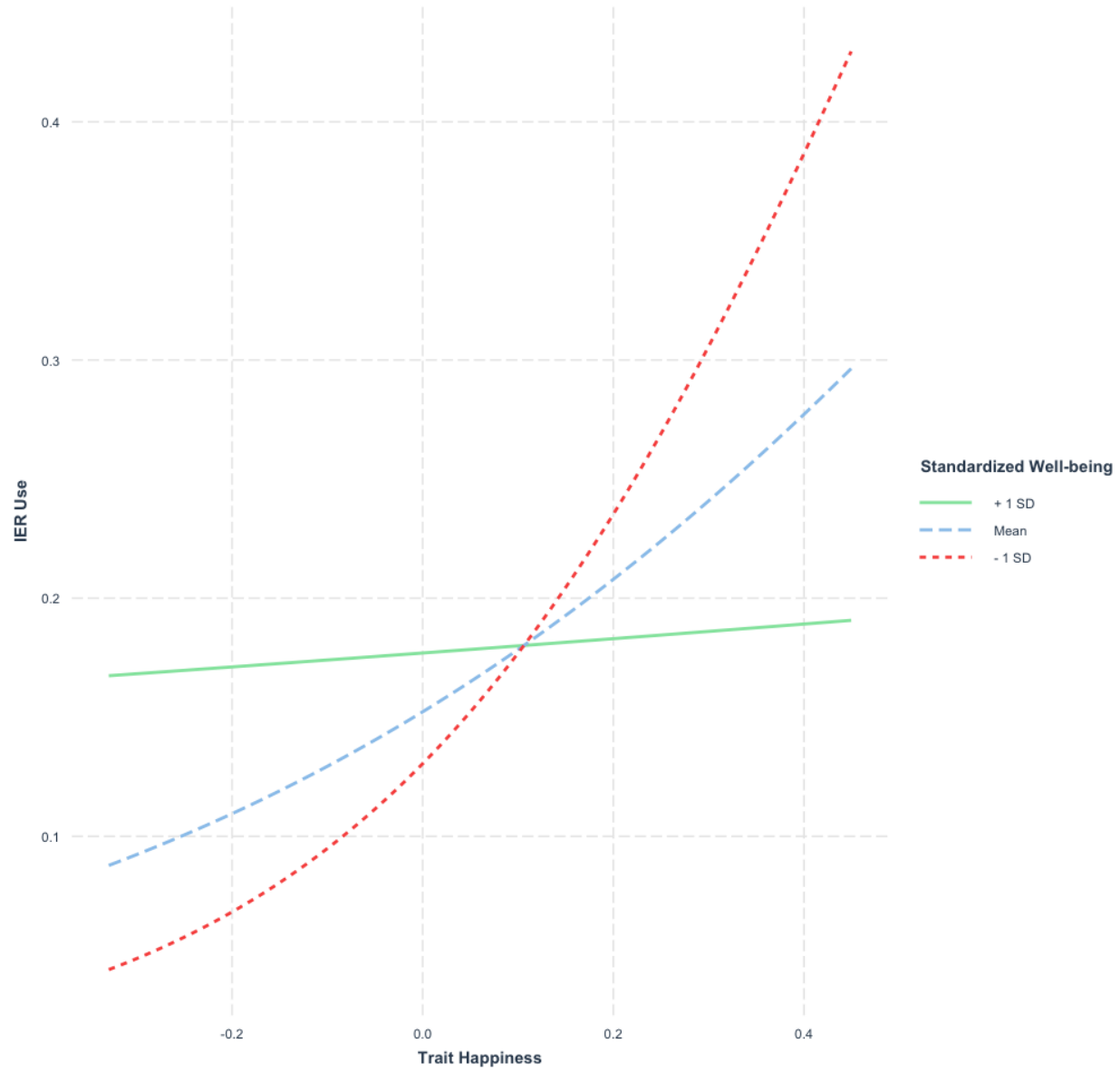


Figure 19

Probability of Using IER by Trait Happiness and Standardized Well-Being



Appendix A

Demographics Questionnaire

1. URPP ID # _____
2. What is your birth date? (dd/mm/yyyy; e.g., January 20, 2006 = 01/20/2006) __/__/__
3. Please indicate your identified gender
 - ☐ Male
 - ☐ Female
 - ☐ Non-binary
 - ☐ Transgender
 - ☐ Two-Spirit
 - ☐ Gender fluid
 - ☐ Something else; please specify: _____
4. What year of undergraduate studies are you in?
 - ☐ 1st year
 - ☐ 2nd year
 - ☐ 3rd year
 - ☐ 4th year
 - ☐ 5th year or above
 - ☐ Other; please specify: _____
5. What is the highest level of education you have completed?
 - ☐ Less than high school diploma
 - ☐ High school diploma
 - ☐ Some college or university studies
 - ☐ College diploma
 - ☐ Bachelor's degree
 - ☐ Some post graduate studies (e.g., Masters, PhD)
 - ☐ Graduate degree (e.g., Masters, PhD)
6. What is the highest level of education that your parent(s) has/have completed?

Parent 1	Parent 2	
☐	☐	Less than high school
☐	☐	High school diploma
☐	☐	Some college or university studies
☐	☐	College diploma
☐	☐	Bachelor's degree
☐	☐	Some post graduate studies (e.g., Masters, PhD)

☐	☐	Graduate degree (e.g., Masters, PhD)
☐	☐	Prefer not to answer/not applicable

7. Has anyone in your immediate family (other than yourself) attended post-secondary education (e.g., university, college)?

☐ Yes

☐ No

☐ Prefer not to say

8. What is your total annual household income? *Please include yourself and the family members that you live with.*

☐ \$0 - \$24,999

☐ \$25,000 - \$49,999

☐ \$50,000 - \$74,999

☐ \$75,000 - \$99,999

☐ \$100,000 - \$124,999

☐ \$125,000 - \$149,999

☐ \$150,000 - \$174,999

☐ \$175,000 - \$199,999

☐ \$200,000 and up

9. Please indicate your ethnicity

☐ Black (e.g., Africans and African heritage people from the Caribbean, Americas, Europe, etc)

☐ East Asian (e.g., Chinese, Japanese, Korean, etc)

☐ Hispanic or Latinx (including Indigenous persons from Central and South America)

☐ Indigenous peoples of North America

☐ Indo-Caribbean (e.g., Trinidadian, Guyanese, etc)

☐ Persons of mixed origin (e.g., with one parent member of a visible minority group)

☐ South Asian (e.g., Indian, Pakistani, Bangladeshi, etc)

☐ South East Asian (e.g., Filipino, Thai, Vietnamese, etc)

☐ West Asian (e.g., Iranian, Lebanese, Afghan, etc)

☐ White/Caucasian

☐ Other; please specify: _____

10. Who do you live with?

☐ Alone

☐ Family

☐ Friend(s)

☐ Family

☐ Roommate

- ☐ Romantic partner
- ☐ Other; please specify _____

11. Were you born in Canada?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

If "NO":

1. How long have you lived in Canada? (years)

B. What country were you born in?

12. Do you own a smartphone that runs either iOS or Android software?

- ☐ Yes
- ☐ No

13. Do you use social media on a regular basis?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

14. Please select all the social media platforms you use on a regular basis.

- ☐ Facebook/Meta
- ☐ Instagram
- ☐ TikTok
- ☐ YouTube
- ☐ WhatsApp
- ☐ Other _____ (e.g. BeReal, Threads, Twitter / X, Reddit, SnapChat, Discord)
- ☐ Prefer not to say

15. How many hours do you spend on ____ (repeating question for Facebook, Instagram, TikTok, YouTube, and WhatsApp) every day? Please provide your answer as a number (for example, 1.5).

[Repeats based on prior answers].

16. Please provide your email address so we may contact you to sign up for the second portion of this study. By providing your email address you are consenting to us contacting you to participate in the second portion of this study.

If you are not comfortable with providing your email, you may leave this blank.

17. Do you consent to be contacted for future studies?

☐ Yes

☐ No

Appendix C

Flourishing Scale (FS; Diener et al., 2010)

Please rate yourself on these statements.

	Strongly Disagree	Disagree	Slightly Disagree	Mixed or Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1. I lead a purposeful and meaningful life	O	O	O	O	O	O	O
2. My social relationships are supportive and rewarding	O	O	O	O	O	O	O
3. I am engaged and interested in my daily activities	O	O	O	O	O	O	O
4. I actively contribute to the happiness and well-being of others	O	O	O	O	O	O	O
5. I am competent and capable in the activities that are important to me	O	O	O	O	O	O	O
6. I am a good person and live a good life	O	O	O	O	O	O	O
7. I am optimistic	O	O	O	O	O	O	O

about my future							
8. People respect me	O	O	O	O	O	O	O

Appendix D

Daily EMA Survey

Emotional Event

1. Before you received this notification, describe a recent event that made you feel a positive or negative emotion (e.g., happy, sad, disappointed, excited).

For example, this event could be getting a test grade.

_____ (*Short answer*)

Setting

2. Where were you when this event occurred?

- ☐ Home
- ☐ School
- ☐ Work
- ☐ Outside (at a park, on a walk)
- ☐ Transit (car, bus, subway)
- ☐ Restaurant or coffee shop
- ☐ Store
- ☐ Gym
- ☐ Pub or bar
- ☐ Online
- ☐ Other

IF “Other” SELECTED, SHOW QUESTION:

Setting Other

You selected Other. Where were you when this event occurred?

_____ (*Short answer*)

Emotions Regulated

3. What emotions did you regulate when this emotional event occurred? Please select all that apply.

Positive

- ☐ Excited
- ☐ Enthusiastic
- ☐ Happy
- ☐ Satisfied
- ☐ Calm
- ☐ Relaxed

Negative

- ☐ Anxious
- ☐ Embarrassed

- ☐ Stressed
- ☐ Sad
- ☐ Disappointed
- ☐ Bored
- ☐ Angry

Emotion Intensity

4. How _____ did you feel?

Felt this emotion a little (1)	(2)	(3)	(4)	(5)	(6)	Felt this emotion a lot (7)
☐	☐	☐	☐	☐	☐	☐

Note: Depending on which emotions were selected in Question 3, Question 4 will fill in the blank with the previous emotion from Question 3. E.g., "How excited did you feel?" Question 4 will repeat for each emotion selected.

Intrapersonal ER Strategies Employed

5. What did you do to enhance or reduce the intensity of the emotion(s) **by yourself**?

Engagement-oriented strategies:

- ☐ Thinking a lot about your thoughts/feelings
- ☐ Thinking of different ways to interpret the situation
- ☐ Coming up with a concrete plan for action
- ☐ Trying to accept your thoughts/feelings

Avoidance-oriented strategies:

- ☐ Trying to hide your thoughts/feelings
- ☐ Trying to ignore or push away thoughts/feelings
- ☐ Trying to distract yourself
- ☐ Avoiding the situation
- ☐ Not doing anything
- ☐ Other

If Selected OTHER:

What else did you do to enhance or reduce the intensity of the emotion(s) by yourself?

_____ (Short answer)

Intrapersonal ER Efficacy

6. How helpful was _____ in enhancing or reducing your emotion(s)?

Depending on what was selected in Question 5, the following will appear:

How helpful was thinking a lot about your thoughts/feelings in enhancing or reducing your emotions?

How helpful was thinking of different ways to interpret the situation in enhancing or reducing your emotions?

How helpful was coming up with a concrete plan for action in enhancing or reducing your emotions?

How helpful was trying to accept your thoughts/feelings in enhancing or reducing your emotions?

How helpful was trying to hide your thoughts/feelings in enhancing or reducing your emotions?

How helpful was trying to ignore or push away thoughts/feelings in enhancing or reducing your emotions?

How helpful was trying to distract yourself in enhancing or reducing your emotions?

How helpful was avoiding the situation in enhancing or reducing your emotions?

How helpful was not doing anything in enhancing or reducing your emotions?

Very unhelpful (1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	Very helpful (9)
☐	☐	☐	☐	☐	☐	☐	☐	☐

Note: Depending on which strategies were selected in Question 5, Question 6 will fill in the blank with the previous strategy from Question 5. E.g., "How helpful was avoiding the situation in making you feel better?" Question 6 will repeat for each strategy selected.

Others Present

7. Was anyone there to help you feel better or did you reach out to anyone when you were dealing with these thoughts/feelings?

☐ Yes

☐ No

IF YES, subsequent question appears:

Who made you feel better when you were dealing with these thoughts and feelings?

☐ Family member

☐ Romantic partner

☐ Friend

If Selected FRIEND:

Was it the same friend or a different friend from your last report?

☐ Acquaintance

☐ Co-worker

☐ Pet

☐ Other

If Selected OTHER:

Who else made you feel better?

8. How did you interact with them?

☐ In-person

☐ On a video call

☐ On the phone

☐ Online message (e.g., texting, social media messaging)

Interpersonal ER Strategies Employed

9. What did others do to enhance or reduce the intensity of emotion?

☐ Giving me advice

☐ Offering alternative interpretations of the situation

☐ Distracting me

☐ Validating my experiences and demonstrating empathy

☐ Letting me vent

☐ Just being there with me

☐ Dismissing or criticizing my experience

☐ Helping me to think a lot more about my feelings/thoughts

☐ Talking about how they dealt with something similar

Interpersonal ER Efficacy

10. How helpful was others _____ in feeling better?

Depending on what was selected in Question 8, the following will appear:

How helpful was others giving you advice in feeling better?

How helpful was others offering alternative interpretations of the situation in feeling better?

How helpful was others distracting you in feeling better?

How helpful was others validating your experiences and demonstrating empathy in feeling better?

How helpful was others letting you vent in feeling better?

How helpful was others just being there with you in feeling better?

How helpful was others dismissing or criticizing your experience in feeling better?

How helpful was others helping you think a lot more about your feelings/thoughts in feeling better?

How helpful was others talking about how they dealt with something similar in feeling better?

Very unhelpful	(2)	(3)	(4)	(5)	(6)	(7)	(8)	Very helpful (9)
-------------------	-----	-----	-----	-----	-----	-----	-----	------------------------

(1)								
O	O	O	O	O	O	O	O	O

Note: Depending on which strategies were selected in Question 8, Question 9 will fill in the blank with the previous strategy from Question 8. E.g., “How helpful was others giving you advice in feeling better?” Question 9 will repeat for each strategy selected.

Appendix E

Qualtrics Consent Form

PSYC 1010 Consent Form

Study Name: Capturing Real-Time and Real-World Emotion Regulation During Emerging Adulthood: The Application of an Integrated Theoretical Perspective

Researchers:

Dr. Jennine S. Rawana	131 BSB	rawana@yorku.ca
Dr. Gordon Flett	5022K TEL	gflett@yorku.ca
Dr. Jessica Fraser-Thomas	350 BC	jft@yorku.ca
Dr. Rebecca Bassett-Gunter	310 SC	rgunter@yorku.ca
Rivka Levin	133D BSB	rivka@yorku.ca
Kate Y. Lee	133D BSB	katelee@yorku.ca
Paolina Onorato	133D BSB	onoratop@yorku.ca
Kaja Bakken	133D BSB	kbakken@yorku.ca
Lucas Liu	133D BSB	lliu041@yorku.ca

Purpose of the Research: The purpose of this research is to investigate how emerging adults regulate their emotions throughout their daily lives and how this relates to well-being and psychopathology.

What You Will Be Asked to Do in the Research: This study will be conducted online and on your smartphone. During the first portion of the study, you will be asked questions related to your demographic information, managing emotions, social support, anxiety, depression, well-being, feelings of self-worth, social anxiety, perfectionism, and social media use. In the second portion of the study, you will be asked to attend a brief 30-minute training session over Zoom to learn how to use the smartphone app, LifeData. Then, over the course of a ten-day period, you will be asked to complete five five-minute assessments each day on your smartphone in which you will be asked to recall a positive or negative emotional event. The first portion of the study will take approximately 30 minutes to complete, and the second portion will take a total of 280 minutes to complete. For your participation in the first portion of the study, you will receive 0.5 PSYC 1010 course credit. For your participation in the second portion of the study, you will receive a \$50 YU Card.

Risks and Discomforts: There are no serious foreseeable risks involved with participating in the current study. Some people may find answering questions related to personal issues, such as emotions, to be uncomfortable or distressing. If you do become distressed, please contact the Counselling & Development Centre at York University (Phone: 416-736-5297; Location: N110 Bennett Centre for Student Services) or refer to the following list of local counselling resources in the GTA:

Counselling Services in the GTA:

1. Toronto Psychological Services 416-531-0727 www.toronto-ps.com
2. Distress Centre of Toronto 416-408-4357 (HELP)
3. Help Line for All Youth HEYY 416-423-4399 (HEYY)
4. Good 2 Talk (for post-secondary students) 1-866-925-5454 <http://www.good2talk.ca/>
5. York University - Personal Counselling Services (PCS). Located in Counselling & Disability Services (CDS) in N110 Bennett Centre for Student Services, and can also be reached by phone at 416-736-5297 or <http://pcs.info.yorku.ca/in-case-of-crisis/>
6. The Freedom from Fear Foundation in Toronto is an organization established to help people with anxiety disorders. They have a network of support groups set up throughout Ontario 416-761-6006
7. Drug & Alcohol Registry of Treatment (DART)/Treatment info-line 1-800-565-8603
8. The National Eating Disorder Information Centre has a national register of private therapists, medical programs, and information 416-340-4156
9. Mood Disorders Association of Ontario 416-486-8046 OR call TOLL-FREE at 1-888-486-8236
10. A.C.C.E.S. (Accessible Community Counselling and Employment Services)
Toronto: 416-921-1800 Scarborough: 416-431-5326 Mississauga: 905-361-2522
11. Family Services Association of Toronto 416-595-9230
12. For a list of more health, social, community, and/or government community resources/services, you can access it via www.211toronto.ca or you can dial 2-1-1 in Toronto 24 hours a day. This phone number is free, confidential, and the trained staff is multilingual.

Benefits of the Research and Benefits to You: You may or may not benefit directly from this research. The main benefits of participating in this research include gaining credit for your PSYC 1010 course and a \$50 YU Card for participating in the second portion of the study. Other benefits of participating in this research include contributing to emotion regulation research in psychology and helping us better understand how different people manage emotions within different contexts.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researchers or study staff, and York University either now, or in the future. If you stop participating, you will still be eligible to receive the promised compensation for agreeing to be in the project. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

Confidentiality: All of your responses to the questions asked during the survey will be kept confidential and anonymous. Unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Your data will be safely stored on a secure password-protected website and will be transferred to Dr. Jennine Rawana's secure research server. Only research team members will have access to this information. The data files, which do not include identifying information will be kept indefinitely at York University.

Confidentiality will be provided to the fullest extent possible by law. The data collected in this research project may be used –in an anonymized form– by members of the research team in

subsequent research investigations exploring similar lines of inquiry. Such projects will still undergo ethics review by the HPRC, our institutional REB. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project.

The researcher(s) acknowledge that the host of the online survey, Qualtrics, may automatically collect participant data without their knowledge (i.e., IP addresses.) Although this information may be provided or made accessible to the researchers, it will not be used or saved without participant's consent on the researchers' system. The host of the surveys for the second portion of the study, LifeData, is HIPAA- and GDPR-compliant. Any participant data collected over LifeData is stored in secure servers and can only be accessed by the researchers of the study. LifeData can only access participant data to provide troubleshooting and support for study researchers and does not sell data to third parties. All data stored on LifeData servers will be permanently deleted once study data collection is complete. Further, because this project employs e-based collection techniques, data may be subject to access by third parties as a result of various security legislation now in place in many countries and thus the confidentiality and privacy of data cannot be guaranteed during web-based transmission.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact Dr. Jennine Rawana either by telephone at (416) 736-2100, extension 20771 or by e-mail (rawana@yorku.ca). This research has received ethics review and approval by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Legal Rights:

Please select below that you “agree” or “disagree” to participate in this study. By selecting “agree” and continuing to complete this survey online, you are providing your consent to participate in this study and are indicating that you have read this Consent Form. Thank you.

Response Options:

I agree ☐ or disagree ☐ to participate in the Survey component of the study.

Date:

Are you willing to be contacted for future studies?

Yes ☐ No ☐

If YES, please provide your contact information.

Email: _____ I do not want to provide my email ☐

Phone Number: _____ I do not want to provide my phone number ☐

Non-URPP Consent Form

Study Name: Capturing Real-Time and Real-World Emotion Regulation During Emerging Adulthood: The Application of an Integrated Theoretical Perspective

Researchers:

Dr. Jennine S. Rawana	131 BSB	rawana@yorku.ca
Dr. Gordon Flett	5022K TEL	gflett@yorku.ca
Dr. Jessica Fraser-Thomas	350 BC	jft@yorku.ca
Dr. Rebecca Bassett-Gunter	310 SC	rgunter@yorku.ca
Rivka Levin	133D BSB	rivka@yorku.ca
Kate Y. Lee	133D BSB	katelee@yorku.ca
Paolina Onorato	133D BSB	onoratop@yorku.ca
Kaja Bakken	133D BSB	kbakken@yorku.ca
Lucas Liu	133D BSB	lliu041@yorku.ca

Purpose of the Research: The purpose of this research is to investigate how emerging adults regulate their emotions throughout their daily lives and how this relates to well-being and psychopathology.

What You Will Be Asked to Do in the Research: This study will be conducted online and on your smartphone. During the first portion of the study, you will be asked questions related to your demographic information, managing emotions, social support, anxiety, depression, well-being, feelings of self-worth, social anxiety, perfectionism, and social media use. In the second portion of the study, you will be asked to attend a brief 30-minute training session over Zoom to learn how to use the smartphone app LifeData. Then, over the course of a ten-day period, you will be asked to complete five five-minute assessments each day on your smartphone in which you will be asked to recall a positive or negative emotional event. The first portion of the study will take approximately 30 minutes to complete, and the second portion will take a total of 280 minutes to complete. For your participation in the first portion of the study, you will be entered into a draw to win one of three \$50 YU gift cards. For your participation in the second portion of the study, you will receive a \$50 YU Card.

Risks and Discomforts: There are no serious foreseeable risks involved with participating in the current study. Some people may find answering questions related to personal issues, such as emotions, to be uncomfortable or distressing. If you do become distressed, please contact the Counselling & Development Centre at York University (Phone: 416-736-5297; Location: N110 Bennett Centre for Student Services) or refer to the following list of local counselling resources in the GTA:

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2. Distress Centre of Toronto 416-408-4357 (HELP)

3. Help Line for All Youth HEYY 416-423-4399 (HEYY)
4. Good 2 Talk (for post-secondary students) 1-866-925-5454 <http://www.good2talk.ca/>
5. York University - Personal Counselling Services (PCS). Located in Counselling & Disability Services (CDS) in N110 Bennett Centre for Student Services, and can also be reached by phone at 416-736-5297 or <http://pcs.info.yorku.ca/in-case-of-crisis/>
6. The Freedom from Fear Foundation in Toronto is an organization established to help people with anxiety disorders. They have a network of support groups set up throughout Ontario 416-761-6006
7. Drug & Alcohol Registry of Treatment (DART)/Treatment info-line 1-800-565-8603
8. The National Eating Disorder Information Centre has a national register of private therapists, medical programs, and information 416-340-4156
9. Mood Disorders Association of Ontario 416-486-8046 OR call TOLL-FREE at 1-888-486-8236
10. A.C.C.E.S. (Accessible Community Counselling and Employment Services)
Toronto: 416-921-1800 Scarborough: 416-431-5326 Mississauga: 905-361-2522
11. Family Services Association of Toronto 416-595-9230
12. For a list of more health, social, community, and/or government community resources/services, you can access it via www.211toronto.ca or you can dial 2-1-1 in Toronto 24 hours a day. This phone number is free, confidential, and the trained staff is multilingual.

Benefits of the Research and Benefits to You: You may or may not benefit directly from this research. The main benefits of participating in this research include being entered into a draw to win one of three \$50 YU Cards, and a \$50 YU Card for participating in the second portion of the study. Other benefits of participating in this research include contributing to emotion regulation research in psychology and helping us better understand how different people manage emotions within different contexts.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researchers or study staff, and York University either now, or in the future. If you stop participating, you will still be eligible to receive the promised compensation for agreeing to be in the project. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

Confidentiality: All of your responses to the questions asked during the survey will be kept confidential and anonymous. Unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Your data will be safely stored on a secure password-protected website and will be transferred to Dr. Jennine Rawana's secure research server. Only research team members will have access to this information. The data files, which do not include identifying information will be kept indefinitely at York University.

Confidentiality will be provided to the fullest extent possible by law. The data collected in this research project may be used –in an anonymized form– by members of the research team in subsequent research investigations exploring similar lines of inquiry. Such projects will still undergo ethics review by the HPRC, our institutional REB. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project.

The researcher(s) acknowledge that the host of the online survey, Qualtrics, may automatically collect participant data without their knowledge (i.e., IP addresses.) Although this information may be provided or made accessible to the researchers, it will not be used or saved without participant's consent on the researchers' system. The host of the surveys for the second portion of the study, LifeData, is HIPAA- and GDPR-compliant. Any participant data collected over LifeData is stored in secure servers and can only be accessed by the researchers of the study. LifeData can only access participant data to provide troubleshooting and support for study researchers and does not sell data to third parties. All data stored on LifeData servers will be permanently deleted once study data collection is complete. Further, because this project employs e-based collection techniques, data may be subject to access by third parties as a result of various security legislation now in place in many countries and thus the confidentiality and privacy of data cannot be guaranteed during web-based transmission.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact Dr. Jennine Rawana either by telephone at (416) 736-2100, extension 20771 or by e-mail (rawana@yorku.ca). This research has received ethics review and approval by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Legal Rights:

Please select below that you “agree” or “disagree” to participate in this study. By selecting “agree” and continuing to complete this survey online, you are providing your consent to participate in this study and are indicating that you have read this Consent Form. Thank you.

Response Options:

I agree ☐ or disagree ☐ to participate in the Survey component of the study.

Date:

Are you willing to be contacted for future studies?

Yes ☐ No ☐

If YES, please provide your contact information.

Email: _____ I do not want to provide my email ☐

Phone Number: _____ I do not want to provide my phone number ☐

Appendix F

EMA Consent Form

EMA Study Consent Form

Study Name: Capturing Real-Time and Real-World Emotion Regulation During Emerging Adulthood: The Application of an Integrated Theoretical Perspective

Researchers:

Dr. Jennine S. Rawana	131 BSB	rawana@yorku.ca
Dr. Gordon Flett	5022K TEL	gflett@yorku.ca
Dr. Jessica Fraser-Thomas	350 BC	jft@yorku.ca
Dr. Rebecca Bassett-Gunter	310 SC	rgunter@yorku.ca
Rivka Levin	133D BSB	rivka@yorku.ca
Kate Y. Lee	133D BSB	katelee@yorku.ca
Paolina Onorato	133D BSB	onoratop@yorku.ca
Elizabeth Liu	133D BSB	elilisal@my.yorku.ca
Liran Leidershnaider	133D BSB	liranl01@my.yorku.ca

Purpose of the Research: The purpose of this research is to investigate how emerging adults regulate their emotions throughout their daily lives and how this relates to well-being and psychopathology.

What You Will Be Asked to Do in the Research: This study will be conducted online and on your smartphone. During the first portion of the study, you will be asked questions related to your demographic information, managing emotions, social support, anxiety, depression, well-being, and feelings of self-worth. In the second portion of the study, you will be asked to attend a brief 30-minute training session over Zoom to learn how to use the smartphone app, LifeData. Then, over the course of a ten-day period, you will be asked to complete five five-minute assessments each day on your smartphone in which you will be asked to recall a positive or negative emotional event. The first portion of the study will take approximately 30 minutes to complete, and the second portion will take a total of 280 minutes to complete. For your participation in the first portion of the study, you will receive 0.5 PSYC 1010 course credit if you signed up for the study through URPP, or be entered into a draw to win 1 of 3 \$50 YU gift cards if you did not sign up for the study through URPP. For your participation in the second portion of the study, you will receive a \$50 YU Card.

Risks and Discomforts: There are no serious foreseeable risks involved with participating in the current study. Some people may find answering questions related to personal issues, such as emotions, to be uncomfortable or distressing. If you do become distressed, please contact the Counselling & Development Centre at York University (Phone: 416-736-5297; Location: N110 Bennett Centre for Student Services) or refer to the following list of local counselling resources in the GTA, which will also be provided at the end of the study:

1. Toronto Psychological Services 416-531-0727 www.toronto-ps.com
2. Distress Centre of Toronto 416-408-4357 (HELP)
3. Help Line for All Youth HEYY 416-423-4399 (HEYY)

4. Good 2 Talk (for post-secondary students) 1-866-925-5454 <http://www.good2talk.ca/>
5. The Freedom from Fear Foundation in Toronto is an organization established to help people with anxiety disorders. They have a network of support groups set up throughout Ontario 416-761-6006
6. Drug & Alcohol Registry of Treatment (DART)/Treatment info-line 1-800-565-8603
7. The National Eating Disorder Information Centre has a national register of private therapists, medical programs, and information 416-340-4156
8. Mood Disorders Association of Ontario 416-486-8046 OR call TOLL-FREE at 1-888-486-8236
9. A.C.C.E.S. (Accessible Community Counselling and Employment Services)
Toronto: 416-921-1800 Scarborough: 416-431-5326 Mississauga: 905-361-2522
10. Family Services Association of Toronto 416-595-9230
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Benefits of the Research and Benefits to You: You may or may not benefit directly from this research. The main benefits of participating in this research include gaining credit for your PSYC 1010 course if you signed up with URPP, being entered into a draw to win 1 of 3 \$50 YU gift cards if you did not sign up for the study with URPP, and a \$50 YU Card for participating in the second portion of the study. Other benefits of participating in this research include contributing to emotion regulation research in psychology and helping us better understand how different people manage emotions within different contexts.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researchers or study staff, and York University either now, or in the future. If you stop participating, you will still be eligible to receive the promised compensation for agreeing to be in the project. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

Confidentiality: All of your responses to the questions asked during the survey will be kept confidential and anonymous. Unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Your data will be safely stored on a secure password-protected website and will be transferred to Dr. Jennine Rawana's secure research server. Only research team members will have access to this information. The data files, which do not include identifying information will be kept indefinitely at York University.

Confidentiality will be provided to the fullest extent possible by law. The data collected in this research project may be used –in an anonymized form– by members of the research team in subsequent research investigations exploring similar lines of inquiry. Such projects will still undergo ethics review by the HPRC, our institutional REB. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project.

The researcher(s) acknowledge that the host of the online survey, Qualtrics, may automatically collect participant data without their knowledge (i.e., IP addresses.) Although this information may be provided or made accessible to the researchers, it will not be used or saved without

participant's consent on the researchers' system. The host of the surveys for the second portion of the study, LifeData, is HIPAA- and GDPR-compliant. Any participant data collected over LifeData is stored in secure servers and can only be accessed by the researchers of the study. LifeData can only access participant data to provide troubleshooting and support for study researchers and does not sell data to third parties. All data stored on LifeData servers will be permanently deleted once study data collection is complete. Further, because this project employs e-based collection techniques, data may be subject to access by third parties as a result of various security legislation now in place in many countries and thus the confidentiality and privacy of data cannot be guaranteed during web-based transmission.

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Legal Rights:

Please select below that you “agree” or “disagree” to participate in this study. By selecting “agree” and continuing to complete this survey online, you are providing your consent to participate in this study and are indicating that you have read this Consent Form. Thank you.

Response Options:

I agree ☐ or disagree ☐ to participate in the Survey component of the study.

Appendix G

The author of this thesis was substantially involved in this project. She assisted with data collection and cleaning baseline data, and independently cleaned EMA data and conducted analyses. This project was supported partially by funding from the Social Sciences and Humanities Research Council through a SSHRC Insight Grant and Canada Graduate Scholarship, and partially by funding of Ontario Graduate Scholarship.

Supplementary Materials

Table 27

Daily Emotions Predicted by Depression Scores

Emotion	OR	<i>p</i> -value	Std. Er	95% CI
Excitement	0.80	.02	1.10	0.67, 0.97
Enthusiasm	0.86	.16	1.11	0.70, 1.06
Happiness	0.86	.04	1.07	0.75, 0.99
Satisfaction	0.88	.10	1.08	0.76, 1.02
Relaxation	0.94	.49	1.09	0.80, 1.11
Calmness	0.96	.67	1.10	0.79, 1.16
Anxiety	1.23	.01	1.09	1.05, 1.45
Embarrassment	1.41	.01	1.16	1.06, 1.88
Stress	1.28	.007	1.10	1.07, 1.52
Sadness	1.25	.01	1.10	1.04, 1.49
Disappointment	1.09	.40	1.10	0.90, 1.31
Anger	1.23	.70	1.12	0.98, 1.55
Boredom	1.28	.03	1.12	1.03, 1.59

Table 28*Daily Emotions Predicted by Well-Being Scores*

Emotion	OR	<i>p</i> -value	Std. Er	95% CI
Excitement	1.24	.02	1.10	1.03, 1.48
Enthusiasm	1.17	.12	1.10	0.96, 1.41
Happiness	1.13	.10	1.07	0.98, 1.30
Satisfaction	1.01	.93	1.08	0.86, 1.17
Relaxation	0.97	.72	1.09	0.82, 1.15
Calmness	0.91	.35	1.10	0.75, 1.10
Anxiety	0.88	.14	1.09	0.75, 1.04
Embarrassment	0.74	.03	1.15	0.56, 0.96
Stress	0.90	.17	1.08	0.77, 1.05
Sadness	0.81	.03	1.10	0.66, 0.98
Disappointment	0.89	.20	1.10	0.75, 1.06
Anger	0.86	.15	1.11	0.70, 1.06
Boredom	0.68	.002	1.13	0.53, 0.87

Figure 20

Between- and within-person association plots of emotions predicting IER tendency

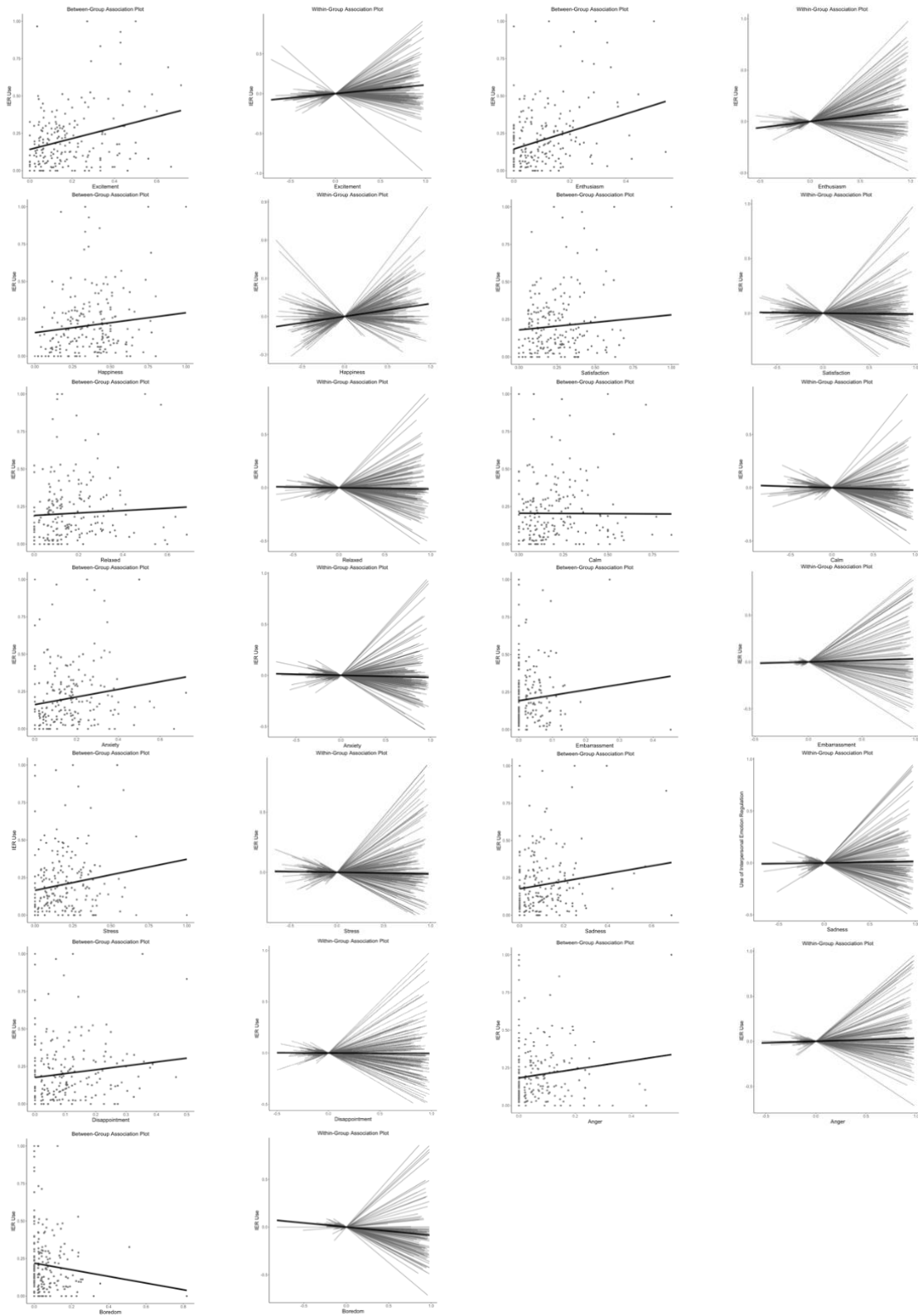


Figure 21

Between- and within-person association plots of emotions predicting seeking advice

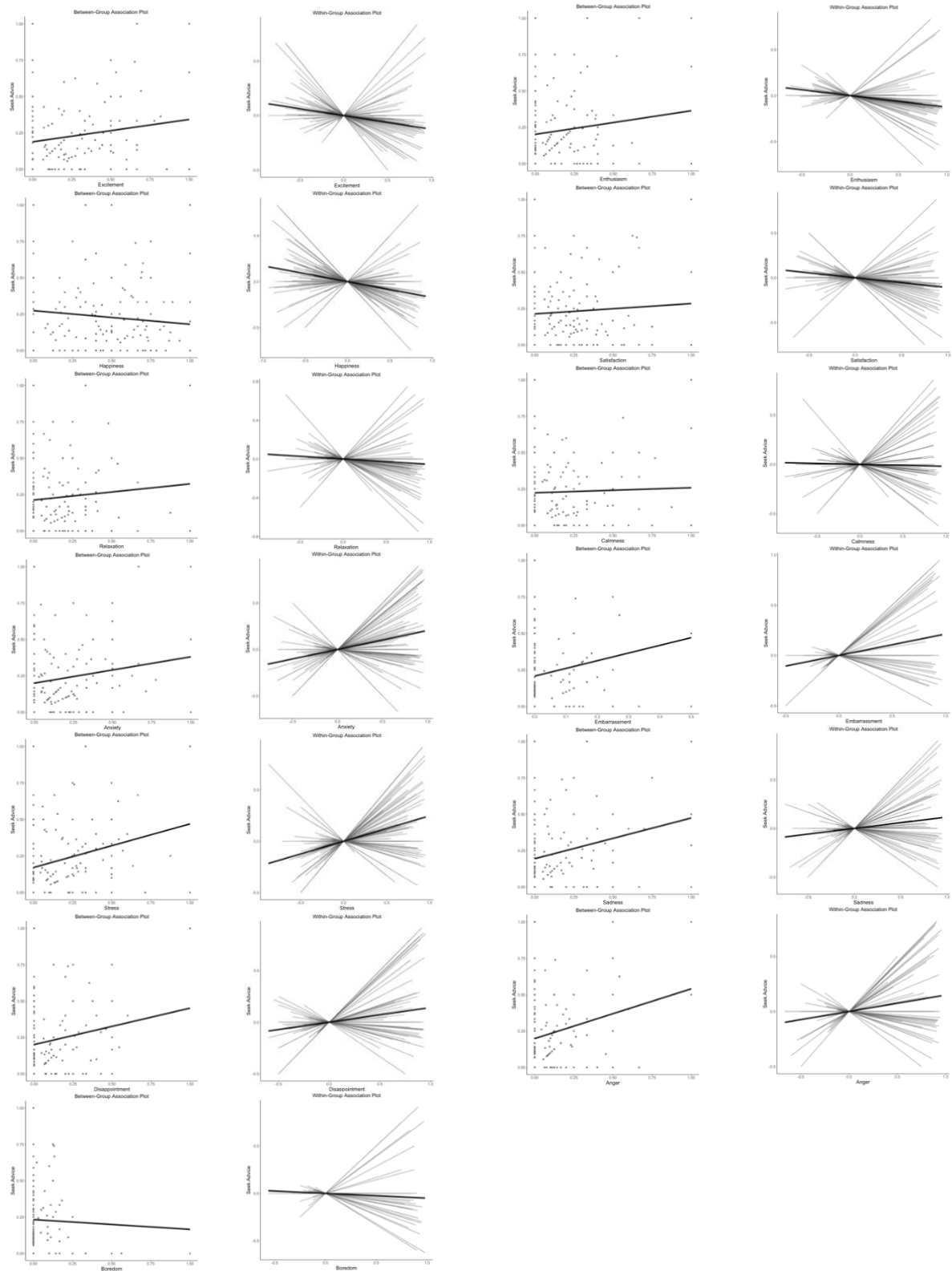


Figure 22

Between- and within-person association plots of emotions predicting reappraisal

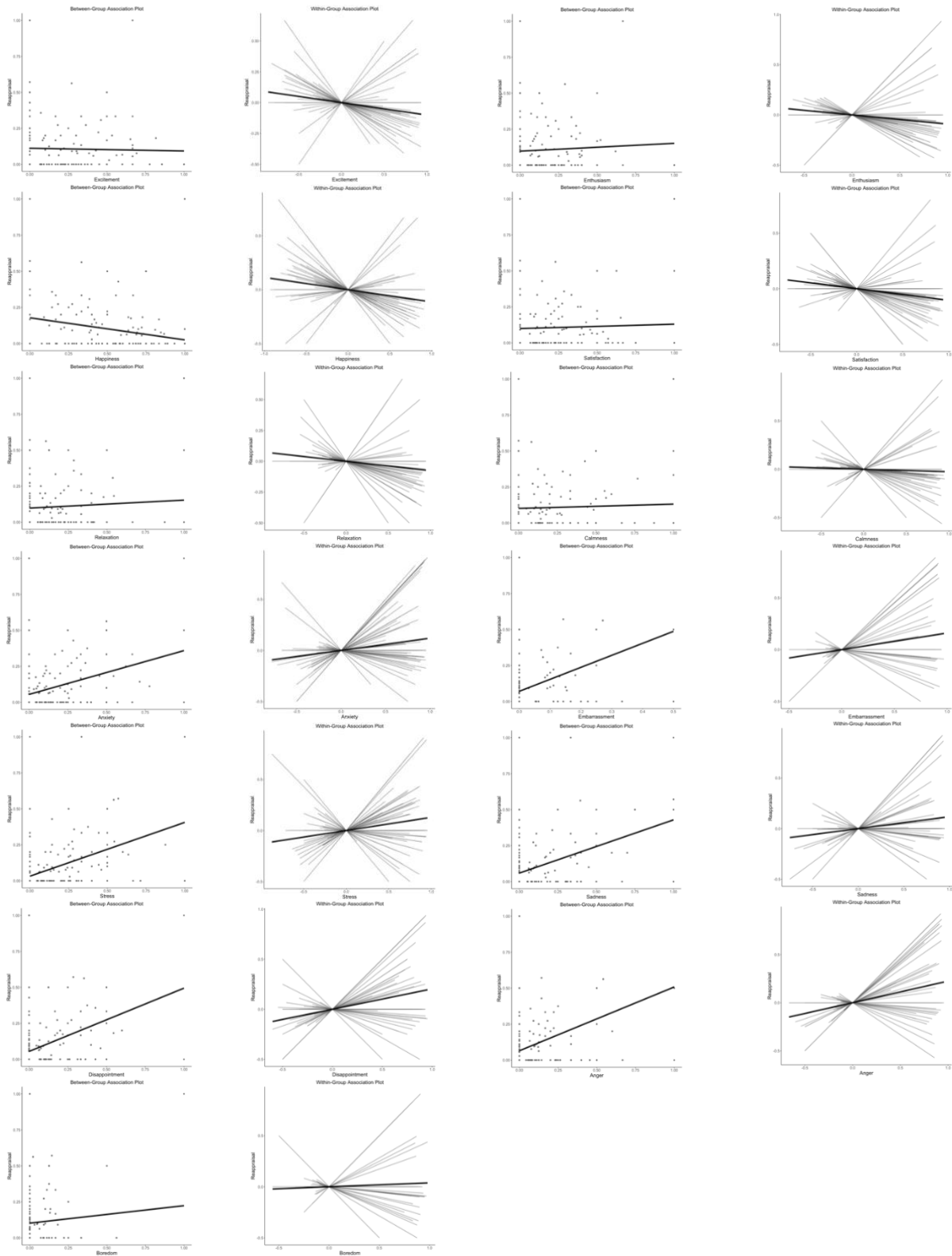


Figure 23

Between- and within-person association plots of emotion predicting distraction

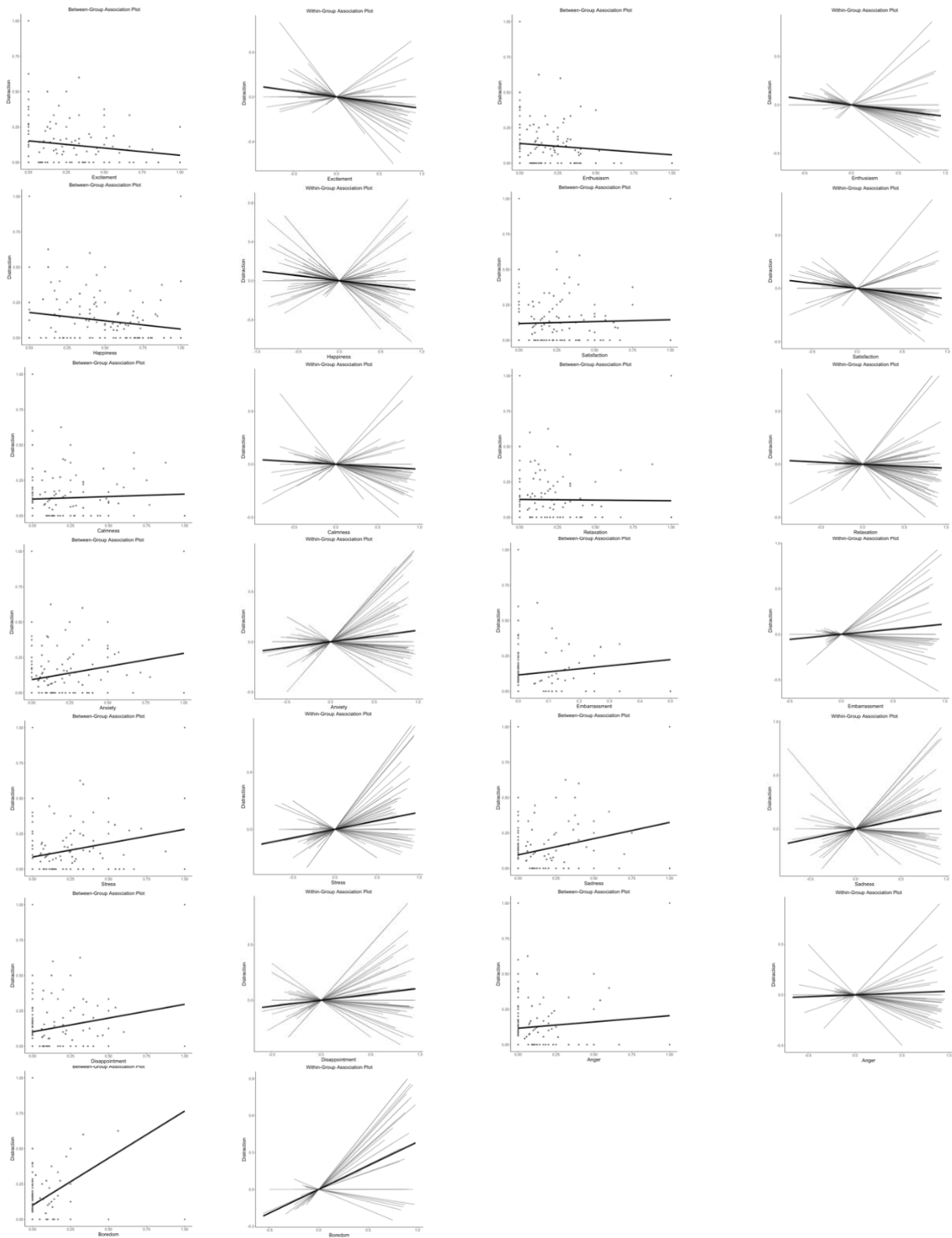


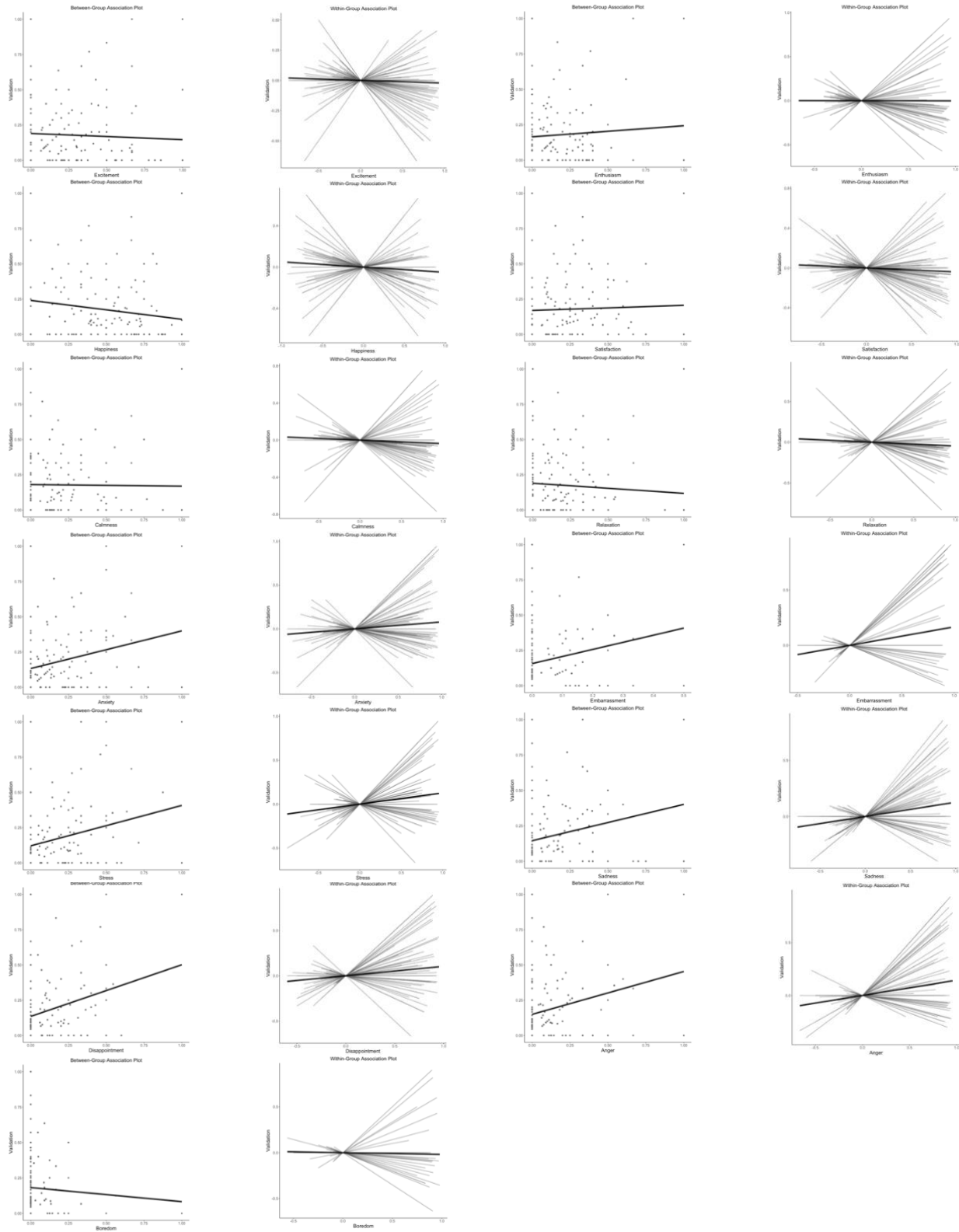
Figure 24*Between- and within-person association plots for emotion predicting validation*

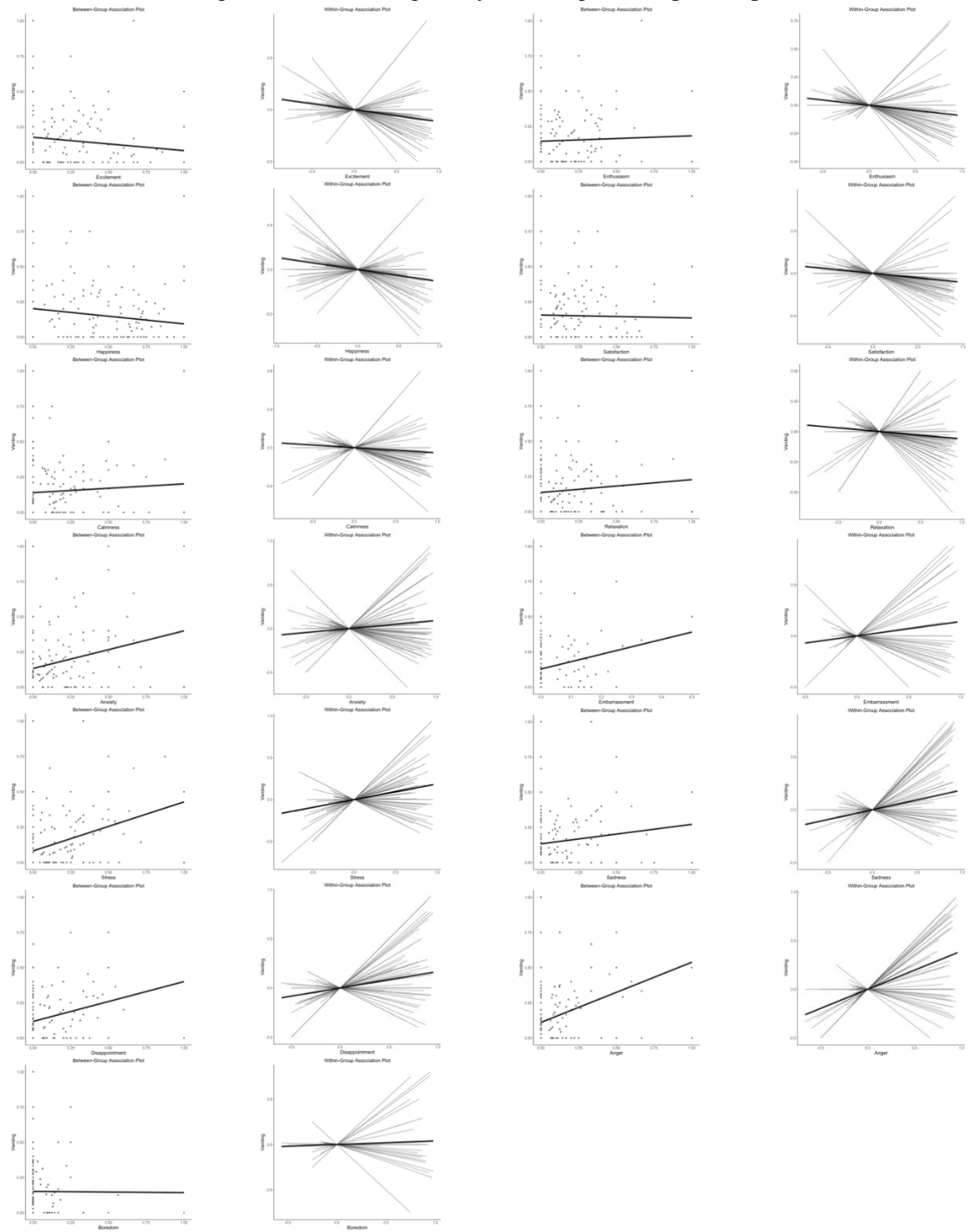
Figure 25*Between- and within-person association plots of emotion predicting venting*

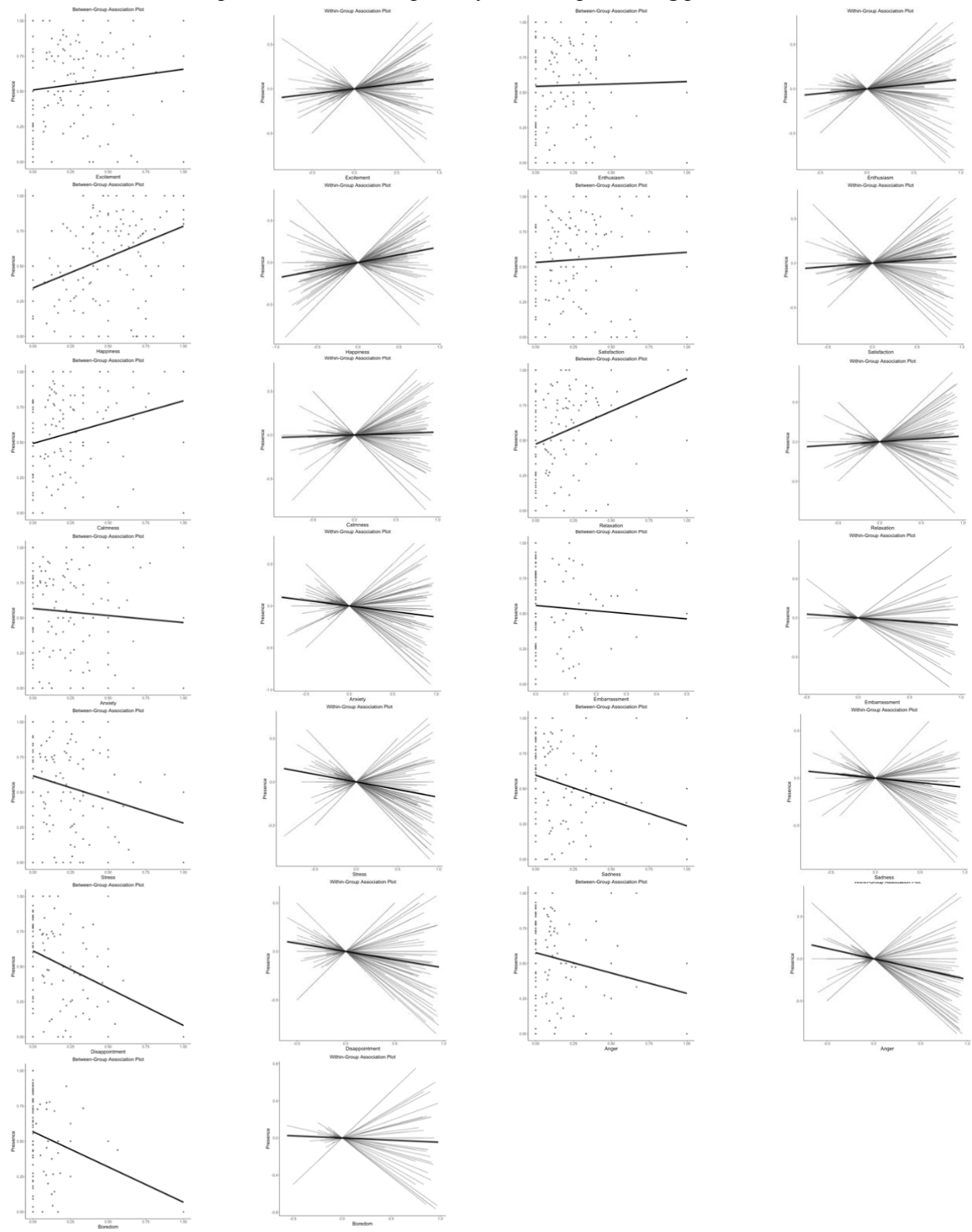
Figure 26*Between- and within-person association plots of emotion predicting presence*

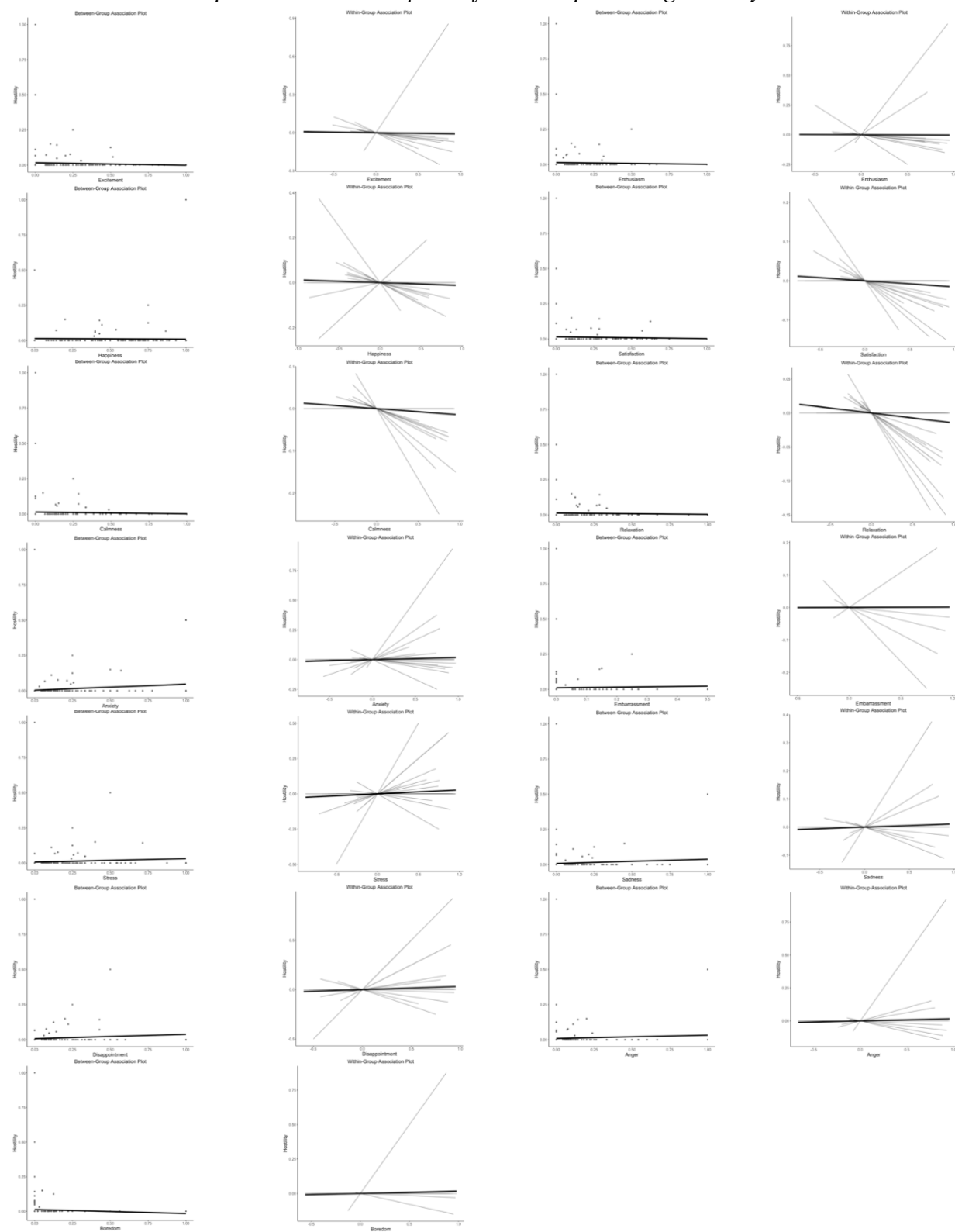
Figure 27*Between- and within-person association plots of emotion predicting hostility*

Figure 28

Between- and within-person association plots of emotion predicting rumination

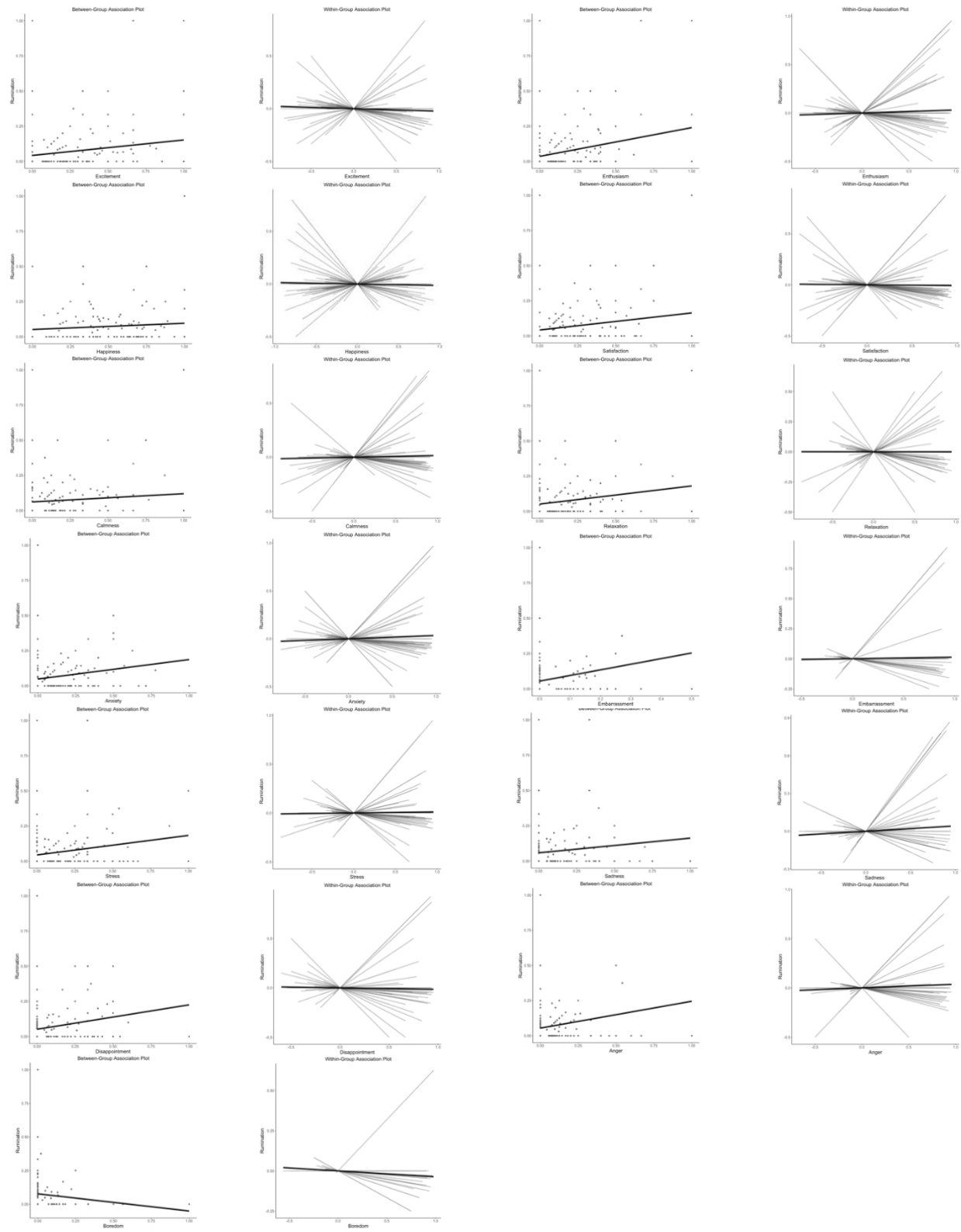


Figure 29

Between- and within-person association plots of emotion predicting social modelling

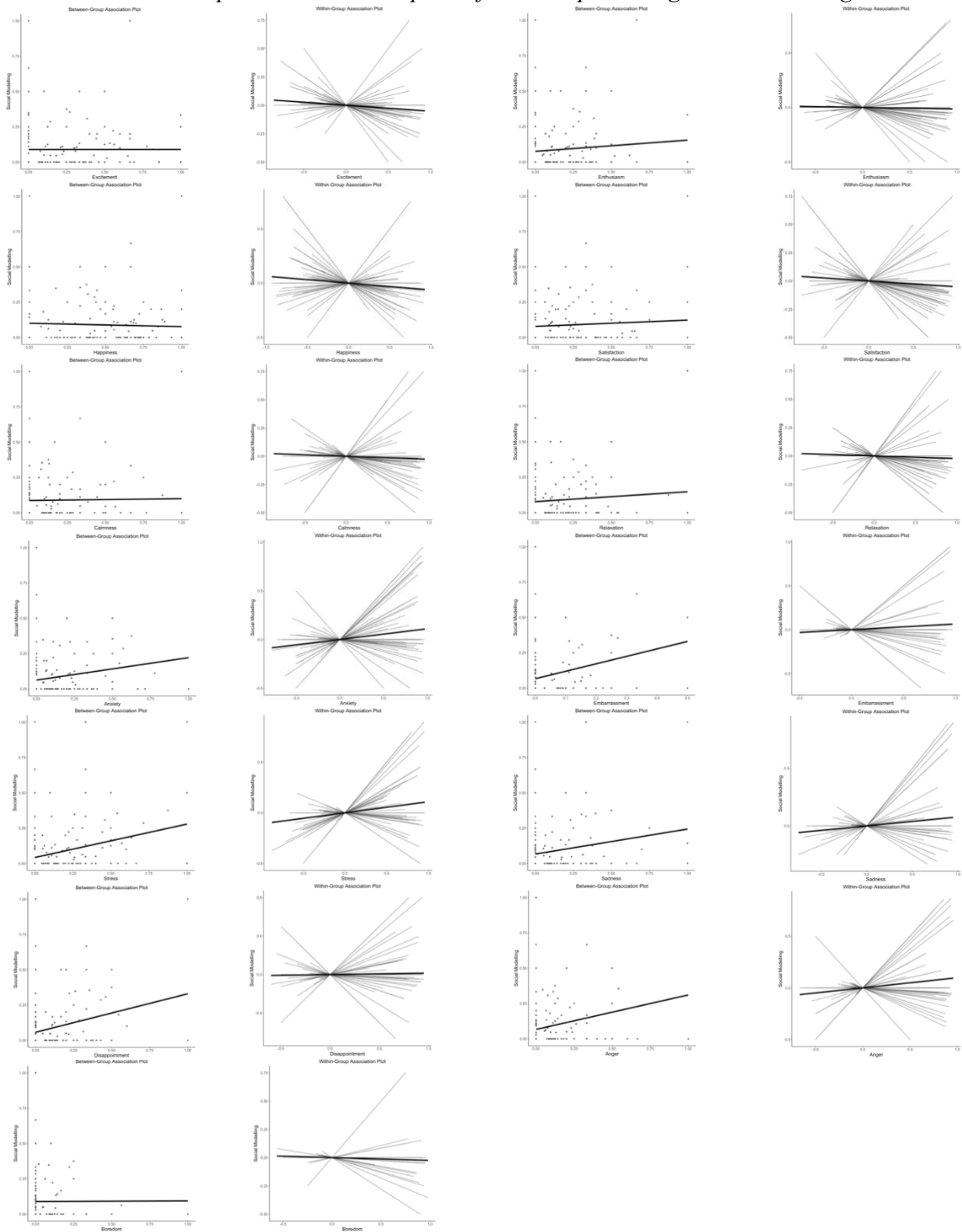


Figure 30

Between- and within-person association plots of emotion predicting sharing

