Turkish Adaptation of Emotional Dysregulating Questionnaire: Reliability and Validity Study

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This study aims to conduct a Turkish adaptation of the Emotional Dysregulation Questionnaire (EDQ), which is theoretically grounded in the concept of emotional dysregulation and intended for use in both research and clinical settings. The study further seeks to investigate the psychometric properties of the adapted instrument. The study was conducted with a sample of 642 adult individuals between the ages of 18 and 65. The adaptation of the scale into Turkish followed a systematic process including forward and backward translation, expert evaluations for content validity, a pilot study, and subsequently, confirmatory factor analysis (CFA). Criterion-related validity was assessed through correlation analyses with the Psychological Well-Being Scale (PWBS). Reliability analyses were conducted by calculating Cronbach's alpha and McDonald's omega internal consistency coefficients. The findings of the study revealed that there was a statistically significant correlation between the English and Turkish versions of the EDQ, with Pearson correlation coefficients ranging from .30 to .84 ($p < .05$), indicating adequate linguistic equivalence. The results of the confirmatory factor analysis (CFA) confirmed that the Turkish version of the EDQ retained the original eight-factor structure and demonstrated acceptable model fit for the Turkish sample (CFI = .85, RMSEA = .062). The overall Cronbach's alpha internal consistency coefficient was calculated as .93, and the internal consistency values for the subdimensions ranged from .68 to .86. McDonald's omega coefficients ranged between 69 and 87, indicating satisfactory reliability across all subscales. This study demonstrates that the Turkish version of the Emotional Dysregulation Questionnaire (EDQ) measures level of emotional dysregulation. It offers a unique contribution to the literature by enhancing the identification, monitoring, and intervention planning of emotional dysregulation, thereby supporting both clinical and research applications.

Keywords: Emotional dysregulation, scale adaptation, validity, reliability, factor analysis

INTRODUCTION

Emotions are essential for navigating social interactions, guiding responses to environmental stimuli, and maintaining psychological well-being (Gratz & Roemer, 2004; Gross & John, 2003). While individuals naturally strive to enhance positive emotional states such as joy and satisfaction, they also seek to reduce distressing emotions like anger, fear, or sadness (Tamir, 2016). Emotion regulation flexibility, conceptualized as the capacity to adapt regulatory strategies based on situational context and personal goals, represents a key feature of adaptive functioning (Southward & Sauer-Zavala, 2018). However, the capacity to regulate emotional responses varies widely across individuals and plays a central role in mental health (Aldao et al., 2010; Ludwig et al., 2019). Persistent emotional distress due to ineffective emotion regulation in everyday contexts is considered a precursor to the development of psychopathological symptoms (Campbell-Sills & Barlow, 2007). In this context, insomnia symptoms have also been found to predict elevated levels of emotional dysregulation and associated clinical outcomes such as impulsivity and suicidality, particularly in populations with mood disorders (Palagini et al., 2019). Emotion regulation difficulties have been linked to various psychological disorders, including depression, anxiety, substance use, and personality pathology (Berking & Whitley, 2014; Gratz & Roemer, 2004). Emotion dysregulation has been increasingly conceptualized as a core transdiagnostic mechanism contributing to the development and persistence of diverse psychiatric disorders. Emotion dysregulation has also been shown to mediate the negative psychological effects of life stress, particularly when individuals demonstrate deficits in mentalization, further supporting its role as a transdiagnostic mechanism (Barcaccia et al., 2023). While individuals often strive to decrease the frequency of unpleasant emotions such as anger, sadness, or fear, they aim to increase the experience of pleasant emotions such as love, joy, and satisfaction. However, emotional reactions may not always be proportional to or consistent with the situations encountered, which is closely related to an individual's capacity to regulate their emotions. It is well-documented that individuals who face difficulties in emotion regulation are more likely to experience psychological problems.

Difficulties in emotion regulation have increasingly become a critical focus of research in mental health. Moreover, emotion dysregulation has been increasingly recognized as a transdiagnostic vulnerability marker that contributes to the onset and maintenance of various psychiatric disorders across both internalizing and externalizing spectrums (Saccaro et al., 2024; Sloan et al., 2017). Recent comprehensive reviews and meta-analyses have demonstrated the central role of emotion regulation processes in the development and maintenance of psychopathology (Aldao et al., 2010; Bellato et al., 2024; Ludwig et al., 2019; Saccaro et al., 2024). Emotion regulation difficulties refer to deficiencies in recognizing, understanding, and managing emotional experiences (Gratz & Roemer, 2004; Saritaş & Gençöz, 2012). Such difficulties significantly impair

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individuals' abilities to manage emotional challenges encountered in daily life, often leading to pronounced issues in stress management, interpersonal relationships, and academic or occupational functioning.

One of the most widely used instruments in this field is the Difficulties in Emotion Regulation Scale (DERS), developed by Gratz and Roemer (2004). The DERS has demonstrated strong psychometric properties, including high internal consistency across its six subscales—emotional awareness, clarity, non-acceptance, impulse control, goal-directed behavior, and access to regulation strategies—and has been adapted into various cultural contexts (e.g., Yiğit & Yiğit, 2017). However, while the DERS effectively captures the capacity for emotion regulation, its focus remains primarily on regulatory competencies rather than the broader and more complex patterns of emotional dysregulation. This distinction limits its utility in identifying dysregulatory dynamics such as emotional lability, excessive intensity, or maladaptive emotional responses that are central in certain clinical populations.

Recent theoretical work emphasizes the distinction between emotion regulation difficulties and emotional dysregulation. Whereas regulation refers to managing emotions effectively, dysregulation encompasses heightened emotional reactivity, instability, and maladaptive regulation attempts (Carpenter & Trull, 2013). In their model of emotional dysregulation, Shaw et al. (2014) further conceptualize emotion dysregulation as encompassing excessive and context-inappropriate emotional expressions, rapid and poorly controlled emotional shifts (lability), and anomalous allocation of attention to emotional stimuli. Mennin et al. (2005) conceptualize this construct as comprising four interrelated components: heightened emotional intensity, poor understanding of emotions, negative reactivity to emotions, and maladaptive emotion management strategies. Recent empirical findings also show that emotional dysregulation is a highly prevalent and impairing feature in adults with ADHD, with rates ranging from 34% to 70%, significantly contributing to functional difficulties and comorbidities (Hirsch et al., 2019). Despite the relevance of emotional dysregulation in various clinical conditions, especially borderline personality disorder (Linehan, 1993), existing Turkish adaptations primarily address regulation rather than dysregulation. Moreover, emotional dysregulation has often been conceptualized narrowly as a subdimension within broader personality assessments (Aluja et al., 2014; Taymur & Türkçapar, 2012). The assessment of emotional regulation difficulties has led to the development of various tools, including both short forms and comprehensive evaluation instruments, which, as of 2024, aim to measure distinct dimensions of these challenges (Wycoff et al., 2024). These tools primarily focus on key components such as recognizing emotions, accepting them, maintaining impulse control, and employing effective strategies (Bellato et al., 2024). Gratz and Roemer (2004) developed the DERS to comprehensively assess challenges in emotion regulation, which has become a widely used tool in the literature. This scale includes six subdimensions: "awareness," representing the lack of awareness of emotional responses; "clarity," representing the lack of understanding of emotions; "nonacceptance," representing the rejection of emotional responses; "strategies," referring to the absence of appropriate emotion regulation strategies; "impulsivity," indicating difficulties in impulse control during negative emotions; and "goals," representing challenges in achieving objectives when experiencing negative emotions. However, difficulties in emotion regulation differ conceptually from emotional dysregulation. While emotion regulation difficulties focus on reactions to emotions or how emotions are managed, the concept of emotional dysregulation reflects the underlying irregularities, intensity, and integration of emotions (Gill et al., 2021).

Given this gap, the present study aims to adapt the Emotional Dysregulation Scale (EDS) into Turkish and evaluate its psychometric properties. By offering a multidimensional tool to assess dysregulation beyond mere regulation failures, this adaptation seeks to contribute to clinical practice and research in Turkish settings. Establishing a valid and reliable measure will allow for more nuanced assessments of emotional functioning and may inform interventions targeting emotion-based psychopathology.

METHOD

Research Design

This study is a cross-sectional and methodological investigation aimed at adapting the Emotional Dysregulation Questionnaire (EDQ), originally developed by Gill et al. (2021), into Turkish and examining its psychometric properties. The adaptation process involved the evaluation of translation validity, content validity, linguistic equivalence, and application-based validity of the scale. Additionally, since the main data

collection included analyses across different demographic subgroups, the study also incorporated descriptive analyses as a secondary aim.

Participants

During the pilot implementation, 30 students from Sakarya University participated to assess the clarity and comprehensibility of the translated scale items. For the linguistic equivalence testing, 38 senior students from the English Language Teaching department, who were proficient bilinguals (in Turkish and English), were recruited. A preliminary power analysis using G*Power 3.1 indicated that a minimum sample size of 160 participants was required, assuming a medium effect size ($f^2 = 0.15$), 95% statistical power ($1 - \beta = 0.95$), and eight predictor variables. Additionally, according to Daniel Soper's SEM Sample Size Calculator—one of the recommended tools for estimating sample size in confirmatory factor analysis (CFA)—the suggested minimum sample size was approximately 500 participants, based on 40 observed variables (items), eight latent variables (factors), a medium effect size, and a power level of .95 (Soper, 2024). The sample size used in this study (N = 642) exceeds these recommendations and is sufficient to evaluate the structural validity of the model.

The main data collection was conducted online using convenience sampling, with 642 adult participants aged 18 years and older from various demographic backgrounds. The adapted scale was tested across different demographic groups to ensure its applicability. The inclusion criteria for the study were the ability to read and write in Turkish, being within the specified age range, and voluntary participation in the research.

Among the participants, 199 were male (31.0%) and 443 were female (69.0%). The age distribution revealed that the majority of participants were in the 35–45 age group (35.0%). The distribution across other age groups was as follows: 18–25 years (16.2%), 25–35 years (17.0%), 45–55 years (23.4%), 55–65 years (6.9%), and 65 years and older (1.6%). Regarding educational levels, most participants were university graduates (69.3%). The remaining participants had varying levels of education: postgraduate education (22.6%), high school (6.4%), primary school (0.9%), and middle school (0.6%).

Data Collection Tool

Emotional Dysregulation Questionnaire (EDQ)

The Emotional Dysregulation Questionnaire (EDQ) used in this study is a self-report instrument designed to assess individuals' difficulties in emotional regulation processes. The scale is formatted on a five-point Likert-type response system ranging from 1 (Strongly disagree) to 5 (Strongly agree). The EDQ consists of 40 items, grouped into eight subscales, each containing five items. Higher scores on the scale indicate greater levels of emotional dysregulation. The subscales and associated item numbers are as follows: Emotional Engagement – Harmful Attitudes (Items 1, 9, 17, 25, 33); Emotional Engagement – Low Emotional Adaptation (Items 2, 10, 18, 26, 34); Emotional Engagement – Low Emotional Control (Items 3, 11, 19, 27, 35); Emotional Interference – Reduced Attentional Capacity (Items 4, 12, 20, 28, 36); Emotional Interference – Diminished Behavioral Control (Items 5, 13, 21, 29, 37); Emotional Response – Avoidance (Items 6, 14, 22, 30, 38); Emotional Response – Externalization (Items 7, 15, 23, 31, 39); and Emotional Response – Internalization (Items 8, 16, 24, 32, 40).

Items 19, 27, and 35 in the third subscale, and item 36 in the fourth subscale, are negatively worded and were reverse-coded prior to analysis (i.e., 6 minus the item score). In the original study, the internal consistency of the subscales was reported with Cronbach's alpha values ranging from .77 to .94. Additionally, McDonald's omega coefficients, a more flexible indicator of internal consistency based on factor loadings, were also calculated. The omega values were found to be $\omega = 78$ for Harmful Attitudes, $\omega = 81$ for Low Emotional Adaptation, $\omega = 76$ for Low Emotional Control, $\omega = 83$ for Reduced Attentional Capacity, $\omega = 87$ for Diminished Behavioral Control, $\omega = 84$ for Avoidance, $\omega = 93$ for Externalization, and $\omega = 95$ for Internalization. These results indicate that all subscales possess high internal consistency. Validity and reliability analyses of the Turkish version are presented in detail in the Results section. The adaptation process included forward and backward translation, expert evaluations for content validity, a pilot study, and linguistic equivalence analysis.

The Emotional Dysregulation Questionnaire (EDQ) used in this study is a self-report instrument developed by Gill et al. (2021) to assess difficulties in emotional regulation processes. It consists of 40 items across eight

subscales, rated on a five-point Likert scale. Higher scores indicate greater levels of emotional dysregulation. The scale was administered to 642 adult participants aged between 18 and 65, with 69% female and 31% male, representing a broad range of educational and demographic backgrounds.

For construct validity, a Confirmatory Factor Analysis (CFA) was conducted, confirming the original eight-factor structure with acceptable model fit indices (CFI = .85, RMSEA = .062, SRMR = .074). As the original structure had already been theoretically established and empirically validated, no Exploratory Factor Analysis (EFA) was performed in this study. Reliability analysis revealed high internal consistency, with a Cronbach's alpha of .93 for the overall scale and subscale alphas ranging from .68 to .86. McDonald's omega coefficients ranged between .69 and .87, indicating strong reliability across all subdimensions.

Psychological Well-Being Scale (PWBS)

In addition, the Psychological Well-Being Scale (PWBS) was utilized in this study to assess individuals' general psychological well-being levels. This scale evaluates psychological resources related to functioning such as finding meaning in life, a sense of competence, and positive interpersonal relationships. It comprises eight items rated on a seven-point Likert scale ranging from 1 (Strongly disagree) to 7 (Strongly agree). Total scores range from 8 to 56, with higher scores indicating greater psychological well-being.

The Turkish adaptation of the PWBS was conducted by Telef (2013). Exploratory factor analysis revealed a unidimensional structure, with item factor loadings ranging from .54 to .76. Confirmatory factor analysis indicated the following model fit indices: RMSEA = .08, SRMR = .04, GFI = .96, CFI = .95, and NFI = .94.

Reliability analyses yielded a Cronbach's alpha of .80, a test-retest correlation of .86, and item-total correlations ranging from .41 to .63. Additionally, McDonald's omega coefficient was calculated at $\omega = 81$, demonstrating strong internal consistency within the single-factor structure. All items were found to be statistically significant in distinguishing between high and low scorers. These findings confirm that the scale is a valid and reliable instrument for assessing psychological well-being. In the current study, the Turkish version of the scale also demonstrated strong reliability, with a Cronbach's alpha of .88 and a McDonald's omega of .89.

The Turkish version of the PWBS was administered to the same sample of 642 adults aged 18 to 65, including both males and females from diverse educational and demographic backgrounds. Reliability analysis within this sample yielded a Cronbach's alpha of .88 and McDonald's omega of .89, indicating strong internal consistency.

Procedure

The data collection tools were administered via an online form. Considering post-pandemic conditions and the aim for wide geographic reach, the data collection process was fully conducted in a digital environment. The scales were prepared and deployed through the Google Forms platform. The form link was distributed across several platforms during the data collection period: University student communities (particularly those based in Sakarya), Social media platforms such as Instagram, X (formerly Twitter), and LinkedIn, Psychology, education, and health-related forum groups on Facebook, Relevant academic and professional communication networks via WhatsApp.

Participants were all aged 18 and above and voluntarily completed the form following informed consent at the beginning of the survey. Confidentiality principles were strictly adhered to throughout the process. The EDQ, PWBS, and the demographic information form were presented in a single administration set. Participants completed the full form within approximately 8–12 minutes. Measures such as IP address tracking and duplicate response filters were implemented to ensure that each participant completed the form only once Ethical Approval.

This study was conducted in accordance with the principles of the Declaration of Helsinki and was approved by the Ethics Committee of Sakarya University (Approval No: 2020-35443). All participants were informed about the study, and written informed consent was obtained from those who voluntarily agreed to participate.

This study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of Sakarya University (Approval No: 2020-35443). Additionally, formal written permission to adapt and use the Emotional Dysregulation Questionnaire (EDQ) was obtained from the original scale developers prior to the commencement of the adaptation process.

Data Collection

The adaptation process of the Emotional Dysregulation Questionnaire (EDQ), originally developed by Gill et al. (2021), began after obtaining formal written permission from the original authors. To ensure translation validity, a forward–backward translation methodology was employed. Initially, the scale was translated into Turkish by two independent professional translators. These translations were then reviewed and integrated by two academic experts in the field of psychology, with an emphasis on conceptual and contextual consistency.

The preliminary Turkish draft was then back-translated into English by two additional independent translators who were fluent in both languages. The back-translated items were compared with the original English version to identify potential semantic discrepancies, which led to minor linguistic revisions in several items to ensure conceptual equivalence.

For the content validity assessment, four experts specializing in educational measurement and evaluation reviewed the translated items. Based on their feedback, linguistic refinements were made to enhance clarity and relevance. To assess inter-rater agreement, Fleiss's Kappa coefficient was calculated and yielded a value of 88, indicating a high level of consistency among the expert raters.

A pilot study was conducted with 30 undergraduate students from Sakarya University to evaluate the comprehensibility of the Turkish items. Participants were asked to provide qualitative feedback on the clarity and interpretability of each item. Based on these responses, several minor wording adjustments were implemented without altering the original meaning of the items.

To evaluate linguistic equivalence, the final Turkish version of the EDQ was administered to a bilingual sample of 38 senior students enrolled in the English Language Teaching program. Participants first completed the original English version of the scale, followed by the Turkish version approximately 15 days later. To minimize memory or learning effects between administrations, participants were informed that the assessments were independent, and additional unrelated instruments were included to redirect their focus.

The degree of linguistic equivalence between the English and Turkish forms was assessed using Pearson product-moment correlation analysis. A statistically significant and positive correlation was found at the high level, indicating a high degree of conceptual and structural consistency between the two language versions.

Data Analysis

Following the translation, expert evaluations, and pilot testing, the psychometric properties of the Emotional Dysregulation Questionnaire (EDQ) were examined using data collected from 642 adult participants. All statistical analyses were conducted using RStudio software (version 2023.09.1+494; R Foundation for Statistical Computing, Vienna, Austria).

Initially, the linguistic equivalence of the scale was assessed. To this end, the original English and Turkish versions of the EDQ were administered to 38 bilingual participants (fluent in both Turkish and English) with a 15-day interval. The relationship between the total scores was evaluated using Pearson product-moment correlation, which yielded a statistically significant and strong positive correlation, indicating conceptual and structural equivalence between the two language versions. This procedure is among the fundamental approaches recommended in cross-cultural validation studies (Hambleton vd., 2005).

Construct validity was tested through Confirmatory Factor Analysis (CFA). The analyses employed the maximum likelihood estimation method, and model fit was evaluated using the following fit indices: Root Mean Square Error of Approximation (RMSEA), Standardized Root Mean Square Residual (SRMR), Comparative Fit Index (CFI), and Tucker-Lewis Index (TLI). The acceptability of the model fit was interpreted based on the threshold values proposed by Hu and Bentler (1999), which suggest that RMSEA values below .08 and CFI and TLI values above .90 indicate acceptable model fit.

Criterion validity was examined by assessing the relationship between the EDQ and the Psychological Well-Being Scale (PWBS). Pearson correlation analysis revealed a statistically significant negative association between total scores of the two scales, supporting the external validity of the EDQ.

Reliability analyses were performed using both Cronbach's alpha coefficient (Cronbach, 1951) and McDonald's omega (ω) coefficient (McDonald, 1999). While Cronbach's alpha assumes equal contribution from each item, omega is considered a more robust estimate of internal consistency. For the eight subscales of the EDQ, omega values ranged between 76 and 87. The omega coefficient calculated for the PWBS was .89. These results indicate that both scales demonstrate satisfactory internal consistency.

Prior to analysis, the dataset was examined for missing values. Given the minimal level of missing data, the pairwise deletion method was employed. The assumption of normality was evaluated based on skewness and kurtosis values. As the standard deviations and distribution indices of the variables were within acceptable limits, parametric statistical tests were utilized. All statistical findings—including test statistics, p-values, effect sizes, and interpretations—were reported in accordance with APA-7 formatting guidelines in the Results section.

FINDINGS

Descriptive Statistics

Descriptive statistics including means, standard deviations, skewness, and kurtosis values were calculated for the dataset obtained from the participants. The results indicated that the skewness and kurtosis values of all variables fell within the acceptable range of -1 to +1. This suggests that the variables were normally distributed (Tabachnick & Fidell, 2013), thereby meeting the assumptions required for parametric analyses (e.g., CFA and Pearson correlation).

Descriptive indicators were separately calculated for each of the eight subdimensions of the Emotional Dysregulation Questionnaire (EDQ), including mean, standard deviation, skewness, and kurtosis. Distribution characteristics were also analyzed for the Psychological Well-Being Scale (PWBS), which served as the second measurement tool in the study. The distribution values of both EDQ and PWBS subscales met the normality assumption, with skewness and kurtosis values falling between -1 and +1.

Table 2 presents the descriptive statistics (M, SD) of EDQ subdimensions and their correlation coefficients with PWBS. However, since skewness and kurtosis values were not included in the table, they were reported separately in the text. These findings demonstrate that the scales have robust psychometric properties.

Linguistic Equivalence

To assess the linguistic equivalence of the EDQ, the Turkish and English versions of the scale were administered at a 15-day interval to a group of 38 bilingual participants who were senior students in the English Language Teaching program at Sakarya University. Item-level data obtained from both forms were compared using Pearson product-moment correlation analysis.

The calculated correlation coefficients ranged from 0.30 to 0.84, and all were statistically significant at the α = 0.05 level. These results support the notion that the Turkish version of the scale exhibits high conceptual and structural equivalence with the original English form.

Additionally, in line with APA-7 guidelines, a supplementary appendix (Appendix A) was prepared, displaying the item-by-item comparisons of the original English and Turkish versions of the scale. This comparison was designed to demonstrate item-level conceptual and linguistic equivalence.

An examination of Table 1 shows that the Pearson correlation coefficients between the items of the Turkish and English versions of the Emotional Dysregulation Questionnaire ranged from 0.30 to 0.84. Furthermore, all coefficients were found to be statistically significant at the α = 0.05 level. These findings indicate that a high degree of linguistic equivalence has been achieved between the two language versions of the instrument.

Table 1. Pearson Correlation Coefficients for the Linguistic Equivalence of the Emotional Dysregulation Questionnaire

TUR1	ENG1	0.757	TUR21	ENG21	0.633
TUR2	ENG2	0.616	TUR22	ENG22	0.579
TUR3	ENG3	0.574	TUR23	ENG23	0.674
TUR4	ENG4	0.528	TUR24	ENG24	0.757
TUR5	ENG5	0.577	TUR25	ENG25	0.511
TUR6	ENG6	0.575	TUR26	ENG26	0.753
TUR7	ENG7	0.756	TUR27	ENG27	0.469
TUR8	ENG8	0.603	TUR28	ENG28	0.602
TUR9	ENG9	0.480	TUR29	ENG29	0.389
TUR10	ENG10	0.745	TUR30	ENG30	0.401
TUR11	ENG11	0.481	TUR31	ENG31	0.647
TUR12	ENG12	0.620	TUR32	ENG32	0.835
TUR13	ENG13	0.681	TUR33	ENG33	0.578
TUR14	ENG14	0.405	TUR34	ENG34	0.410
TUR15	ENG15	0.740	TUR35	ENG35	0.627
TUR16	ENG16	0.614	TUR36	ENG36	0.571
TUR17	ENG17	0.568	TUR37	ENG37	0.304
TUR18	ENG18	0.728	TUR38	ENG38	0.314
TUR19	ENG19	0.574	TUR39	ENG39	0.649
TUR20	ENG20	0.627	TUR40	ENG40	0.674

Construct Validity

Confirmatory Factor Analysis (CFA) was conducted to assess the construct validity of the Emotional Dysregulation Questionnaire (EDQ). An Exploratory Factor Analysis (EFA) was not performed because the structure of the scale had been theoretically predetermined and empirically confirmed in the original development studies. CFA was preferred as it allows the testing of a predefined theoretical structure within the framework of covariance-based structural equation modeling. Given the large sample size, the robust maximum likelihood (MLR) estimation method was employed in the analysis.

The analysis preserved the original structure of the scale and yielded the following fit indices: Chi² (x^2) = 2479.58, df = 712, $p < .05$. The chi-square to degrees of freedom ratio (χ^2/df) was calculated as 3.48, indicating an acceptable level of model fit. Additional fit indices were reported as follows: Normed Fit Index (NFI) = 0.80, Non-Normed Fit Index (NNFI) = 0.84, Comparative Fit Index (CFI) = 0.85, Relative Fit Index (RFI) = 0.78, and Incremental Fit Index (IFI) = 0.85. The Standardized Root Mean Square Residual (SRMR) was found to be 0.074, and the Root Mean Square Error of Approximation (RMSEA) was calculated as 0.062, with a 90% confidence interval ranging from 0.060 to 0.065. These results indicate that the overall model fit falls within acceptable limits [19].

In summary, the original structure of the EDQ, consisting of 40 items and eight factors, was validated for the Turkish context. The path diagram derived from the CFA is presented in Figure 1.

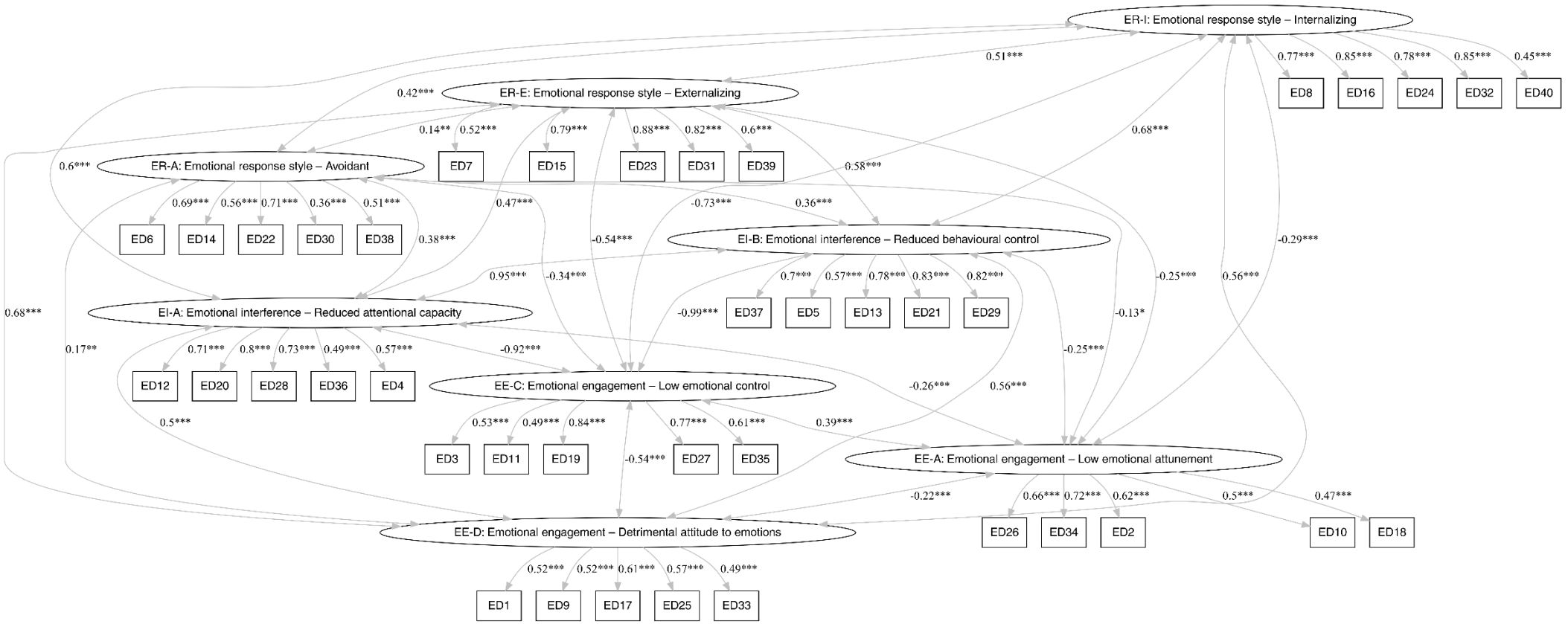

Figure 1. Standardized Factor Loadings and Inter-Factor Relationships of the Emotional Dysregulation Questionnaire

Note. $p < .05$, ** $p < .01$, *** $p < .001$

Upon examining Figure 1, it can be observed that the factor loadings for items under the "Emotional Engagement – Detrimental Attitude to Emotions" factor range from 0.49 to 0.62; for the "Emotional Engagement – Low Emotional Attunement" factor, from 0.46 to 0.72; and for the "Emotional Engagement – Low Emotional Control" factor, from 0.53 to 0.84. The factor loadings for items under the "Emotional Interference – Reduced Attentional Capacity" factor range from 0.49 to 0.80, while those under the "Emotional Interference – Reduced Behavioral Control" factor range from 0.57 to 0.82. The "Emotional Response Style – Avoidant" factor has loadings ranging from 0.36 to 0.71, the "Emotional Response Style – Externalizing" factor ranges from 0.52 to 0.87, and the "Emotional Response Style – Internalizing" factor ranges from 0.45 to 0.85.

Reliability

The reliability of the Emotional Dysregulation Questionnaire (EDQ) was assessed through internal consistency analyses, using both Cronbach's alpha (α) and McDonald's omega (ω) coefficients for each subscale. The overall Cronbach's alpha for the entire scale was calculated as .930, indicating a high level of internal consistency. The Cronbach's alpha values for the subscales ranged from .678 to .855. Although the omega coefficients were computed during the analysis. The reliability coefficients and descriptive statistics for each subscale are presented below: Emotional Engagement – Detrimental Attitude to Emotions: α = .678, ω = 681; M = 2.00, SD = 0.66. Emotional Engagement – Low Emotional Attunement: α = .728, ω = 733; M = 2.02, SD = 0.67. Emotional Engagement – Low Emotional Control: α = .796, ω = 797; M = 2.85, SD = 0.85. Emotional Interference – Reduced Attentional Capacity: α = .795, ω = 791; M = 3.05, SD = 0.86. Emotional Interference – Reduced Behavioral Control: α = .851, ω = 853; M = 2.88, SD = 0.94. Emotional Response Style – Avoidant: α = .830, ω = 834; M = 3.03, SD = 0.81. Emotional Response Style – Externalizing: α = .689, ω = 683; M = 1.93, SD = 0.80. Emotional Response Style – Internalizing: α = .855, ω = 861; M = 2.48, SD = 1.05.

These findings indicate that most subscales exhibit adequate to high levels of internal consistency. Notably, the "Emotional Interference – Reduced Behavioral Control" and "Emotional Response Style – Internalizing" subscales demonstrated particularly strong reliability coefficients. Although the Cronbach's alpha value for the "Emotional Engagement – Detrimental Attitude to Emotions" subscale was slightly below the commonly accepted threshold of .70, it is still within an acceptable range and supports the overall structural integrity of the scale.

Criterion Validity and Correlation Analyses

As shown in Table 2, there were statistically significant and negative correlations between the subscales of the Emotional Dysregulation Questionnaire (EDQ) and the Psychological Well-Being Scale (PWBS). All subscales of the EDQ demonstrated negative associations with the PWBS, with correlation coefficients ranging from -0.19 to -0.48. These findings indicate that the EDQ is significantly and directionally correlated with an external criterion, thus supporting its criterion-related validity.

PWBS and Emotional Engagement – Detrimental Attitude to Emotions: $r = -0.22$, $p < .05$ (low level). PWBS and Emotional Engagement – Low Emotional Attunement: $r = -0.48$, $p < .05$ (moderate level). PWBS and Emotional Engagement – Low Emotional Control: $r = -0.47$, $p < .05$ (moderate level). PWBS and Emotional Interference – Reduced Attentional Capacity: $r = -0.40$, $p < .05$ (moderate level). PWBS and Emotional Interference – Reduced Behavioral Control: $r = -0.39$, $p < .05$ (moderate level). PWBS and Emotional Response Style – Avoidant: $r = -0.19$, $p < .05$ (low level). PWBS and Emotional Response Style – Externalizing: $r = -0.26$, $p < .05$ (low level). PWBS and Emotional Response Style – Internalizing: $r = -0.36$, $p < .05$ (moderate level).

The direction and statistical significance of these correlation coefficients demonstrate that the EDQ is inversely associated with psychological well-being, as expected. These results provide additional support for the criterion-related validity of the scale.

Table 2. Means, standard deviations, and correlations with confidence intervals

Variable	*M*	*SD*	1	2	3	4	5	6	7	8
1. Psychological Well-Being	5.29	0.89	-							
2. EDQ Emotional Engagement – Detrimental Attitude to Emotions	2.00	0.66	-.22**	-						
3. EDQ Emotional Engagement – Low Emotional Attunement	2.02	0.67	-.48**	.16**	-					
4. EDQ Emotional Engagement – Low Emotional Control	2.85	0.85	-.47**	.41**	.32**	-				
5. EDQ Emotional Interference – Reduced Attentional Capacity	3.05	0.86	-.40**	.35**	.22**	.77**	-			
6. EDQ Emotional Interference – Reduced Behavioral Control l	2.88	0.94	-.39**	.40**	.20**	.83**	.82**	-		
7. EDQ Emotional Response Style – Avoidant	3.03	0.81	-.19**	.13*	.20**	.30**	.27**	.32**	-	
8. EDQ Emotional Response Style – Externalizing	1.93	0.80	-.26**	.52**	.16**	.47**	.43**	.50**	.23**	-
9. EDQ Emotional Response Style – Internalizing	2.48	1.05	-.36**	.41**	.22**	.64**	.58**	.66**	.40**	.48**

Note. M and *SD* are used to represent mean and standard deviation, respectively. * indicates $p < .05$. ** indicates $p < .01$.

RESULT and DISCUSSION

This study examined the validity and reliability properties of the Turkish adaptation of the Emotional Dysregulation Questionnaire (EDQ). The findings demonstrated that the Turkish and English versions of the scale achieved linguistic equivalence, and the original eight-factor structure of the scale was validated for the Turkish cultural context. Internal consistency coefficients indicated that the scale is a reliable measurement tool for both subdimensions and total scores. Moreover, criterion validity analyses revealed significant negative relationships between the EDQ and the Psychological Well-Being Scale (PWBS), supporting the notion that increased levels of emotional dysregulation negatively impact psychological well-being. These findings align with previous research and suggest that the scale is a valid and reliable tool for both research and clinical applications. These findings can also be interpreted through the lens of Gross's (1998) process model of emotion regulation, which posits that difficulties in identifying, understanding, and modulating emotional responses undermine adaptive functioning and psychological well-being. The EDQ's subdimensions, such as low emotional attunement and poor emotional control, reflect key stages in this regulation process, supporting the theoretical link between emotion dysregulation and psychological distress.

The significant negative correlations observed between the EDQ and PWBS further indicate that emotional dysregulation adversely affects individuals' levels of psychological well-being. This finding is consistent with prior studies demonstrating the relationship between emotional dysregulation and reduced psychological functioning (Aldao et al., 2010; Gratz & Roemer, 2004). The observed negative relationship between emotional dysregulation and psychological well-being is consistent with previous studies using similar measurement tools. For example, Gratz and Roemer (2004) reported that difficulties in emotion regulation, as measured by the DERS, were significantly associated with increased psychological distress. Similarly, Aldao et al. (2010) found that emotion regulation deficits were strongly linked to various forms of psychopathology. The consistency of our findings with these established results supports the validity of the EDQ and highlights the central role of emotion regulation in mental health. Emotional dysregulation is known to negatively influence individuals' capacity to balance emotional experiences and maintain a sustainable emotional state.

Similarly, the study's findings highlight varying levels of relationships between the subdimensions of emotional dysregulation and psychological well-being, further supporting the importance of emotional awareness and control deficits frequently emphasized in the literature (Ludwig et al., 2019). Notably, the strong negative relationships observed between the "Emotional Engagement – Low Emotional Attunement" and "Low Emotional Control" subdimensions and psychological well-being confirm the impact of these dimensions on emotional balance and adaptability. These findings emphasize the critical role of emotional dysregulation not only in shaping emotional experiences but also in managing these experiences and sustaining a positive psychological state. Recent research has also demonstrated that emotional dysregulation is not only related to general psychological distress but plays a pivotal role in the emergence of insomnia and anxiety symptoms, particularly among individuals with comorbid substance use disorders (Vancappel et al., 2021). Specifically, disruptions in recognizing, accepting, and managing negative emotions severely weaken overall well-being.

The relationship between emotional dysregulation and psychological well-being also highlights the consistency of the EDQ with similar scales as a valid and reliable measurement tool. For example, studies using the Difficulties in Emotion Regulation Scale (DERS) have also clearly demonstrated the negative effects of emotional processes on psychological well-being (Gratz & Roemer, 2004). This parallel suggests that the EDQ retains criterion validity during cultural adaptation and can be effectively applied in various contexts. Furthermore, the reliability of the EDQ in assessing emotional processes signifies its broad applicability in both research and clinical settings.

Additionally, the effects of emotional dysregulation extend beyond individual well-being to interpersonal relationships and daily functioning (Carpenter & Trull, 2013). Dysregulation in subdimensions such as emotional response styles and behavioral control negatively impacts

individuals' abilities to maintain social connections and fulfill daily responsibilities. These findings suggest that the EDQ is not only critical for evaluating emotional processes but also valuable for identifying areas that require intervention. Emotion dysregulation has also been shown to interfere with daily functioning, such as occupational performance, interpersonal relationships, and problem-solving abilities (Daros et al., 2021). Thus, the scale has significant potential for identifying emotional dysregulation and guiding psychological interventions aimed at addressing these issues.

The predictive validity of the EDQ supports its application as both a diagnostic and therapeutic tool. Specifically, it can be effectively used to assess and intervene in psychopathologies associated with emotional dysregulation, such as borderline personality disorder (Carpenter & Trull, 2013). In line with the current findings, recent evidence suggests that emotional dysregulation serves as a key mediating mechanism between depressive disorders and suicidal behaviors in adolescents with borderline personality traits, highlighting its role as a central target for clinical intervention (Mirkovic et al., 2021). The scale's ability to differentiate levels of psychological distress demonstrates its utility for tracking progress in therapeutic settings and personalizing interventions (Wycoff et al., 2024). Similar instruments have been successfully employed to monitor therapeutic outcomes, supporting the clinical utility of assessing emotional dysregulation over time (Schreiber et al., 2021). In this context, the EDQ emerges as a valuable tool for developing targeted and effective therapeutic plans that consider individual differences.

While the findings contribute significantly to the literature on emotion regulation assessment tools, certain limitations should be considered. The reliance on self-report methods may introduce bias, as participants might underreport maladaptive emotional responses. This limitation warrants careful interpretation of the findings. Future research should incorporate longitudinal designs and physiological or behavioral measures of emotion regulation. Such methodological approaches could enhance our understanding of the dynamics of emotion regulation strategies over time. Furthermore, applying the scale across different age groups and clinical populations may provide valuable insights into developmental and contextual variations in emotion regulation strategies.

The Turkish adaptation of the Emotional Dysregulation Questionnaire not only contributes to scientific research but also offers new opportunities to explore the impact of cultural differences on emotion regulation strategies. The application of the scale in mental health interventions and deeper examination of cultural variations in emotion regulation processes can enhance the effectiveness of mental health services.

In conclusion, the Turkish adaptation of the Emotional Dysregulation Questionnaire (EDQ) demonstrated strong validity and reliability, confirming the scale's theoretical structure and linguistic equivalence. The significant associations with psychological well-being support its criterion validity and emphasize the negative impact of emotional dysregulation on mental health. These findings highlight the EDQ as a valuable tool for assessing emotional processes across research and clinical settings within the Turkish cultural context.

Declarations

Conflict of Interest

No potential conflicts of interest were disclosed by the author(s) with respect to the research, authorship, or publication of this article.

Ethics Approval

The formal ethics approval was granted by the Social and Human Sciences Research and Publication Ethics Committee of Sakarya University. We conducted the study in accordance with the Helsinki Declaration in 1975.

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Research and Publication Ethics Statement

The study was approved by the research team's university ethics committee of the Sakarya University (Approval Number/ID: 2020 - 35443. Hereby, we as the authors consciously assure that for the manuscript the following is fulfilled:

- This material is the authors' own original work, which has not been previously published elsewhere.
- The paper reflects the authors' own research and analysis in a truthful and complete manner.
- The results are appropriately placed in the context of prior and existing research.
- All sources used are properly disclosed.

Contribution Rates of Authors to the Article

Author 1 and 2 conceptualized and designed the study. Author 1 performed data collection and analysis. Author 1 and 2 contributed to manuscript writing and revisions. All authors read and approved the final manuscript.

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Appendix A-1

Duygusal Düzensizlik Ölçeği

Aşağıda duygusal durumunuzla ilgili cümleler verilmiştir. Lütfen her bir ifadenin sizin için ne kadar geçerli olduğunu ilgili kutucuğa çarpı (X) işareti koyarak belirtiniz. Hiçbir maddenin doğru ya da yanlış cevabı yoktur. Önemli olan her cümle ile ilgili kendi durumunuzu içtenlikle yansıtmanızdır.

		Neredeyse hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Neredeyse her zaman
		1	2	3	4	5
1	Üzülmekten hoşlanırım					
2	Duygularımın farkındayım.					
3	Duygularımla başa çıkmak benim için kolaydır.					
4	Üzüldüğümde net düşünemem.					
5	Üzüldüğümde duygularımın kontrolden çıkmasından korkarım.					
6	Üzüldüğümde duygularımı bastırmaya çalışırım.					
7	Üzüldüğümde suçlayacak birini ararım.					
8	Üzüldüğümde, üzgün olduğum için değersiz hissederim.					
9	Üzgün olmak bana yakışır.					
10	Duygularıma dikkatimi vermeye çalışırım.					
11	Duygularım üzerinde tam kontrole sahibim.					
12	Üzüldüğümde dikkatim dağılır.					
13	Duygusal olduğumda kendimi kontrol etmekte zorlanırım.					
13	Duygusal olduğumda kendimi kontrol etmekte zorlanırım.					
14	Üzüldüğümde duygularımı başkalarından saklarım.					
15	Ne kadar üzgün olduğumu başkalarına abartarak anlatırım.					
16	Üzgün olmak beni değersiz hissettirir.					
17	Üzüldüğümde üzgün hissetmeyi sürdürürüm.					
18	Duygularım benim için önemlidir.					
19	Üzüldüğümde duygularımı kontrol etmekte zorlanırım					
20	Üzüldüğümde hiçbir şeye odaklanamam.					
21	Üzüldüğümde kendimi kontrol etmekte zorlanırım.					
22	Üzüldüğümde duygularımı engellemeye çalışırım.					
23	Üzüldüğümde ne kadar üzgün olduğumu abartırım.					
24	Üzüldüğümde işe yaramaz olduğumu düşünürüm.					
25	Üzüldüğümde üzüntü hissimi değiştirmek istemem.					
26	Ne hissettiğimi anlayabilirim.					
27	Üzüldüğümde duygularımı kontrol edemem.					
28	Üzüldüğümde öğrenmekte güçlük çekerim.					
29	Üzüldüğümde davranışlarımı yönetmekte zorlanırım.					
30	Başkalarının, benim ne hissettiğimi anlamamaları önemlidir.					
31	Ne kadar üzgün olduğumu, başkalarına durumu büyüterek anlatırım.					
32	Üzüldüğümde, duygusal olduğum için kendimi değersiz hissederim.					
33	Sinirli olmak hoşuma gider.					
34	Ne hissettiğimi fark ederim.					
35	Üzüldüğümde daha iyi hissetmekte zorlanırım.					
36	Üzgün olsam da, başka şeyler hakkında düşünebilirim.					
37	Üzüldüğümde duygularımın yoğun olması beni bir şeyler yapmaktan					
38	Üzüldüğümde duygularımı kendimden uzaklaştırmaya odaklanırım.					
39	Üzüldüğümde durumu aşırı dramatik hale getirme eğiliminde olurum.					
40	Üzüldüğümde duygusal olduğum için utanırım.					

Appendix B-1

Emotional Dysregulation Questionnaire

Using the scale below, please indicate next to each statement how much the statement applies to you:

1 = Almost never
2 = Sometimes
3 = About half the time
4 = Most of the time
5 = Almost always

___1. I find that I enjoy being sad
___2. I am aware of my feelings
___3. Dealing with my emotions is simple
___4. When I'm upset, I can't think clearly
___5. When I'm upset, I am afraid of my emotions getting out of control
___6. When I'm upset, I try to shut down the feelings
___7. When I'm upset, I look for someone to blame
___8. When I'm upset, I feel that I am not worth much for feeling that way
___9. Being upset agrees with me in a funny sort of way
___10. I try to pay attention to my feelings
___11. I have complete control over my emotions
___12. When I'm upset, I lose my focus
___13. I have trouble controlling myself when I am emotional
___14. When I'm upset, I hide my emotions from others
___15. I over-exaggerate to others how upset I am
___16. Being upset makes me feel worthless
___17. When I'm upset, I try to stay that way
___18. My emotions are important to me
___19. When I'm upset, I have trouble controlling my emotions
___20. When I'm upset, I can't concentrate on anything
___21. I have difficulty controlling myself when I am upset
___22. When I'm upset, I try to block the feelings out
___23. When I'm upset, I exaggerate how upset I feel
___24. When I'm upset, I think that I am useless
___25. When I'm upset, I don't want to change how I feel
___26. I can usually understand my feelings
___27. When I'm upset, I can't seem to manage my emotions
___28. When I'm upset, I have trouble learning
___29. When I am upset, I have trouble managing my behavior
___30. It is important for me to make sure others can't tell how I am feeling inside
___31. I overstate to others how upset I feel
___32. When I'm upset, it makes me feel that I am worthless for becoming emotional
___33. I enjoy being angry
___34. I am usually in touch with what I am feeling
___35. When I'm upset, I find it hard to feel better
___36. When I'm upset, I am still able to think about other things
___37. When I'm upset, my emotions are so overwhelming they prevent me from doing things
___38. When I'm upset, I focus on pushing the feelings away
___39. When I'm upset, I tend to become melodramatic
___40. When I'm upset, I feel humiliated for becoming emotional